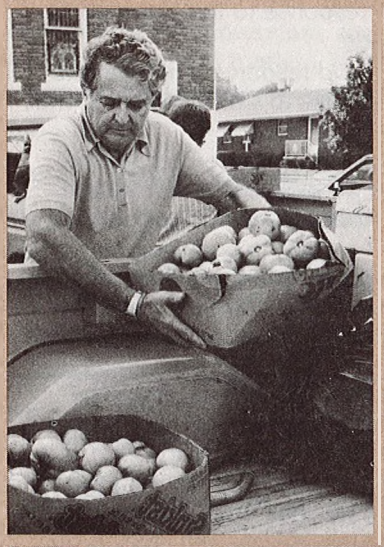
Light

THE CHRISTIAN LIFE COMMISSION OF THE SOUTHERN BAPTIST CONVENTION APRIL 1987

FEEDING THE HUNGRY



HUNGER FUNDS—Southern Baptist hunger funds paid for food distributed by Home Mission Board missionary John Ross (above left) in Florida and in community centers throughout the United States (above right). Hungry people were fed through such Foreign Mission Board programs as the Jordan Valley Baptist Church feeding center in Comas, Peru (lower photo).

Southern Baptists Gave $9 Million to World Hunger Relief in 1986

By Robert Parham

Southern Baptists in 1986 gave more than $9 million to worldwide hunger relief, the second-largest amount ever given through the Foreign and Home Mission Boards.

The 1986 total of $9,089,279 was 23 percent less than the record $11.8 million given in 1985, but nearly a $2 million increase over the amount given in 1984 and more than an $8 million increase over the contributions given in 1977.

For 1986, the Foreign Mission Board reported receipts of $7,790,128, compared with $10,625,897 in 1985 and $6,548,901 in 1984. Thirty-four percent of the 1986 receipts came during the last two months of the year after the observance of the denomination's World Hunger Day in October.

Unlike the FMB, the Home Mission Board's hunger contributions climbed slightly to $1,299,151 in 1986 from $1,204,249 in 1985. In 1984, the HMB received $617,817.

This increase in domestic hunger giving, beginning in 1985, reflects in large measure the implementation of the 1981 Southern Baptist Convention recommendation that undesignated contributions to world hunger be divided, with 80 percent going to the FMB and 20 percent going to the HMB. Several state conventions,

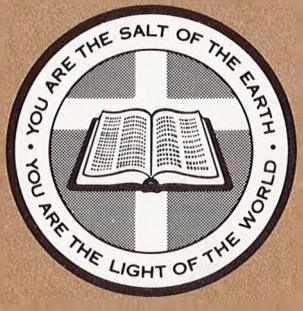
(Continued on Page 3)

Startling Facts About Teen Pregnancy • 12

IN LIGHT

LIGHT, a Christian ethics publication for pastors, teachers, state and national denominational workers, and other persons with special interest in applied Christianity, is published 10 times a year by the Christian Life Commission. *LIGHT* is sent free to individuals who request it. *Voluntary subscriptions, for persons who wish to help defray costs for printing and mailing and to help underwrite a growing mailing list, are $5.00 annually (10 issues).* Checks should be made payable to *LIGHT*. Your cancelled check will serve as your tax deductible receipt.

Larry Baker, Executive Director
Tim Fields, Interim Managing Editor



Christian Life Commission
Of The Southern Baptist Convention
901 Commerce, #550
Nashville, TN 37203-3620

PERSPECTIVE

Reflections

Three years—1947, 1953, 1960—have new importance for me. Then, turning points; now, milestones. In those years, Hugh Brimm, A.C. Miller and Foy Valentine took the reins of leadership for the Commission.

In God's grace and his calling, in 1987 I am recipient of that heritage. I recently wrote to a cherished friend and trusted colleague, "The calculus of providence defies my understanding. Nevertheless, I have concluded that the shape of my discipleship means "Go!"

To be in this place at this time in our history is profound privilege. To assume this task is awesome opportunity and high challenge.

We, at the Commission, have a strategic mission. I hold it as sacred trust and pledge to be faithful steward of it.

The Commission symbolizes a forty-year heritage of helping Southern Baptists deal with thorny moral issues. In response to the clear call of God, I accept this assignment with gratitude.

The Commission can provide guidance and resources for believers living in our age of moral upheaval. In response to Christ's "Follow me!," I shoulder this responsibility with gratitude.

Through its assignment, the Commission can provide courageous moral leadership for Southern Baptists as we look into an uncharted future. In response to the Pioneer of our faith, I grasp this opportunity with gratitude.

With the image of the Kingdom shaping our vision, we shall call changed people to change the world. Powered by commitment to the One filled with grace and truth, we shall call clearly and passionately for high and holy living.

In obedience to the Prophet from Nazareth, we shall proclaim the prophetic vision. With our hearts tuned firmly to the Prince of Peace, we shall speak and work for peace. With concern instilled by the God who cares for all and all alike, we shall cry out for justice for all. With our hearts tuned firmly to the Champion of our faith, we shall resist the principalities and powers of our age. With conviction in our voices, with steel in our determination and boldness in our action, we shall call God's people and our nation to personal and civic righteousness.

We shall listen to, talk with and learn from Southern Baptists of all kinds. We shall hear them, identify with them and respond to them. We shall forge ways and means for them to put their faith to work. Within the bounds of our capacity, we will act in their behalf and speak to them in the moral realm.

A prayer undergirds me: "O God, by whom the meek are guided in judgment, and light riseth up in darkness for the godly, grant us the grace to ask what thou wouldst have us to do; that the Spirit of wisdom may save us from all false choices, and that in thy light we may see the light, and in thy straight path may not stumble: through Jesus Christ our Lord. Amen."

That prayer expresses my heart's desire. With profound confidence in God's leading and his provision, we are on the Way.

Larry Baker

FEEDING THE HUNGRY

Continued from Page 1

however, still send almost all their hunger receipts to the FMB.

Texas, the largest of the state conventions, led all states in hunger contributions with $1,334,888 in 1986, down 31 percent from 1985.

Two other state conventions also topped the $1 million mark in 1986: Georgia ($1,175,952), up 10 percent from 1985 and Virginia ($1,047,967), up one percent. In 1985, four state conventions surpassed the $1 million mark.

Several state conventions still send almost all their hunger receipts to the FMB.

The state conventions with the largest percentage increases in giving over the previous year were Hawaii (30.99%), Wyoming (15.44%) and Pennsylvania-South Jersey (11.91%). Conversely, state conventions with the largest decreases were New England (66.69%), Tennessee (60.46%), Colorado (58.46%), New York (58.13%) and D.C. (48.49%).

In terms of per-person hunger giving, Southern Baptists gave 63 cents, compared to 82 cents in 1985. Only one state convention cracked the $2.00 mark: Hawaii ($2.01). Another state broke the $1 per-person average: Virginia ($1.76).

Six state conventions averaged contributions of over $1 per person in 1985: New England ($1.76), Virginia ($1.75), Hawaii ($1.61), New York ($1.43), South Carolina ($1.31) and North Carolina ($1.14).

The 1986 figures do not reflect monies given for hunger that were utilized in local churches, associations and state conventions. Such information on a convention-wide basis currently is unavailable.

The available information, however, suggests a considerable amount of hunger money was either spent on the local level or used for special state mission projects related to hunger. Baptist state conventions in South Carolina and Virginia, for example, keep five percent of the hunger gifts which pass through their respective state offices. Georgia retains 10 percent of its hunger gifts, while North Carolina keeps 25 percent.

See Hunger Chart on Page 4

Several conclusions may be drawn from hunger giving in 1986. First, Southern Baptist concern about hunger and support of the hunger ministries of the convention's mission boards remains significant. Despite financial hardships in many of the oil- and farm-based economies and the dearth of U.S. media coverage of overseas hunger, Southern Baptists continue to give record amounts.

Second, Southern Baptists still are giving less than $1 per person to feed the hungry and to help them feed themselves through the Foreign and Home Mission Boards.

Third, the observance of World Hunger Day in October is one of the key events to Southern Baptist hunger giving. ■

Parham is director of hunger concerns for the Christian Life Commission.

A NUTRITIOUS MEAL—Children at a Baptist school in Haiti are fed with food purchased by Southern Baptist Hunger Funds.

For The Record

1986 World Hunger Receipts by States

State	Domestic (HMB)	Foreign (FMB)	1986 Total	1985 Total	% Increase /Decrease	1986 Per Capita Giving
Ala.	$116,199	$550,121	$666,320	$745,975	[-10.68]	.65
Alaska	846	3,466	4,312	4,745	[-9.13]	.25
Ariz.	5,386	24,805	30,191	47,731	[-36.75]	.26
Ark.	47,502	203,986	251,488	392,842	[-35.98]	.53
Cal.	612	151,325	151,937	146,066	4.02	.40
Col.	1,727	14,784	16,511	39,745	[-58.46]	.25
D.C.	0	8,305	8,305	16,123	[-48.49]	.28
Fla.	80,430	385,352	465,782	552,452	[-15.69]	.52
Ga.	141,259	1,034,693	1,175,952	1,067,411	10.17	.98
Hawaii	4,527	22,570	27,097	20,687	30.99	2.01
Ill.	21,859	104,127	125,986	171,491	[-26.54]	.54
Ind.	45	56,022	56,067	51,396	9.09	.64
Iowa	854	NA	854	1,061	[-19.51]	NA
Kan.-Neb.	8,221	46,083	54,304	59,167	[-8.22]	.68
Ky.	3,279	461,627	464,906	668,572	[-30.46]	.61
La.	52,600	215,490	268,090	302,559	[-11.39]	.47
Md.	2,389	58,984	61,373	52,739	.16	.63
Mich.	3,416	4,021	7,437	13,139	[-43.40]	.15
Minn.-Wis.	30	3,535	3,565	4,632	[-23.04]	.30
Miss.	55,318	258,253	313,571	402,673	[-22.13]	.48
Mo.	81,275	338,270	419,545	442,352	[-5.16]	.67
Nev.	271	4,401	4,672	4,325	8.02	.25
N. Eng.	305	7,826	8,131	24,410	[-66.69]	.59
N. Mex.	100	54,440	54,540	81,666	[-33.22]	.45
N. York	215	13,273	13,488	32,216	[-58.13]	.59
N.C.	120,327	693,326	813,653	1,309,421	[-37.86]	.70
No. Plains	545	3,388	3,933	6,095	[-35.47]	.25
Ohio	5,922	45,019	50,941	61,656	[-17.38]	.36
Okla.	27,082	142,087	169,169	320,990	[-47.30]	.23
Ore.-Wash.	7,917	24,010	31,927	41,467	[-23.01]	.40
Pa.-So. Jersey	2,216	10,919	13,135	11,737	11.91	.70
S.C.	65,339	600,918	666,257	904,120	[-26.31]	.97
Tenn.	66,483	157,806	224,289	567,269	[-60.46]	.21
Texas	237,412	1,097,476	1,334,888	1,921,962	[-30.55]	.56
Utah-Idaho	552	4,934	5,486	6,327	[-13.29]	.32
Va.	131,314	916,653	1,047,967	1,036,285	1.13	1.76
W. Va.	1,622	8,882	10,504	13,766	[-23.70]	.41
Wyo.	641	5,543	6,184	5,357	15.44	.51
Other States		4,520	4,520	10,761	[-58.00]	

Compiled from information provided by the Home and Foreign Mission Boards.
Figures rounded to nearest dollar. More than $52,001 also was received from foreign countries. (NA—Not Available)

PHYSICIAN MARRIAGES: THE SEARCH FOR INTIMACY

Physicians Must Balance Patient Care with Care for Self and Family

By Merville O. Vincent, M.D. and George R. Slater, Ph.D.

It seems as if, in addition to the Hippocratic Oath, physicians have adopted a stoic motto that says, "Doctors are supposed to care for others . . . we're not supposed to need care ourselves."[1]

Yet physicians have an incidence of depression and suicide, drug dependency and marital breakdown that is significantly higher than the general population. A Scottish study[2] found that physicians had twice the rate of admission to psychiatric facilities as other men of the same social class. Among physicians' wives seeking psychiatric care[3], depression was the most common presentation, and "the chief precipitating factor in the spouse's illness was absence of the husband—the feeling of being excluded or left out."

. . . an important indicator of general mental health was the quality of the marital relationship.

In these studies, an important indicator of general mental health was the quality of the marital relationship, and this finding offers an insight into the importance of the physician's personal needs.

If we can assume that the physician's marital difficulties are associated with the cluster of other problem behaviors to which he is prone, it would be helpful to determine what is unique about the marital problems of physicians. Also we need urgently to understand the frequent breakdown of physicians' marriages, and to discover "markers" for prevention or early treatment.

The focus of this paper on the physician as male is not meant to ignore medical women. In the U.S. the percentage of women earning medical degrees between 1970 and 1979 increased from 8.4 to 23.0 percent, and in 1981-82 the percentage of women enrolled in first-year medical training approached 33 percent.[4] However, to date, little attention has been paid to the marriages of female physicians as a separate phenomenon and the literature contains little on this subject.

Often we define the dimensions of interpersonal relationships in terms of boundaries, power and intimacy. Of these, intimacy is held to be paramount. Alexander[5] offers this definition: "Intimate contact is that close contact between two individuals in which they reveal themselves in all their weakness without fear. It is a relationship in which barriers which normally surround the self are down. It is a relationship which characterizes the best marriages and all true friendship. We often call it love."

If a relationship between two human beings is to mature into intimacy, it must meet at least two conditions: (1) the people concerned must see each other often—almost every day, although not necessarily for long at each time; and (2) they must see each other under informal conditions, without the special over-lay of role that we usually wear in public. Given these conditions, they likely will share the ultimate meaning of their lives as well.

An impressive body of work emphasizes the importance of the quality and quantity of interpersonal intimacy to marital adjustment, family functioning and psychosocial adaption. Waring[6] identifies eight facets of intimacy:

- *Conflict resolution*—the ease with which differences of opinion are resolved;
- *Affection*—the degree to which feelings of emotional closeness are expressed by the couple;
- *Cohesion*—a feeling of commitment to the marriage;
- *Sexuality*—the degree to which sexual needs are communicated and fulfilled by the marriage;
- *Identity*—the couple's level of self-confidence and self-esteem;
- *Compatibility*—the degree to which the couple is able to work and play together comfortably;
- *Expressiveness*—the degree to which thoughts, beliefs, attitudes and feelings are shared within the marriage and as well, the couple's level of self-disclosure; and
- *Autonomy*—the success with which the couple gains independence from their families of origin and their off-spring.

Often we define the dimensions of interpersonal relationships in terms of boundaries.

In working with troubled medical marriages, we have observed that one of the biggest handicaps is the failure to develop an intimate relationship. For one reason or another the couple are strangers to each other. Some years ago the novel *Not As a Stranger* told the story of a married

medical student and his wife who worked to help him through medical school. Then he found that he had outgrown her intellectually and socially. They had lived together, but they had not developed together. Eventually he dropped her. That pattern is familiar but, in our experience, the actual break usually does not come until they are in their 40s, when the "someday" of intimacy, which kept them going at first, never materializes.

Often the wife feels that emotionally she has been a widow for years . . . .

The physician's spouse accepts the hard work and loneliness of the years of medical school and tolerates the situation because she believes there is light "at the end of the tunnel." However, this does not come during the hard years of internship and residency. Immediately after that the physician becomes fully absorbed in establishing a medical practice and in wider medical activities. Finally, after he is well established, his wife finds that commitments to medical practice still do not decrease. It is then that she realizes that the hoped-for intimacy and sharing is a mirage. Often the wife feels that emotionally she has been a wifow for years, and has had a husband who just wants to be looked after when he is home.

The lack of intimacy is not unique to physician marriages, but at least four factors combine to impose particularly difficult stresses on physicians and their wives: role strain, role conflict, susceptible personality type and loss of self-esteem.

Within the medical environment, *role strain* can be defined as "the felt difficulty in fulfilling role obligations."[7] The profession of medicine sets before its practitioners the highest ideals of service to humanity, and the stress intensifies as each technological advance seems to increase the "miraculous" power of the physician and raise the social expectation of increased performance. Inevitably and realistically, the individual comes to the end of his resources and the physician recognizes that he has failed to fulfill his own ethical commitments and feels overwhelmed by society's expectations.

In a related way, the physician is caught between his altruism as a healer and his needs, as a self-employed entrepreneur, to operate a "business" in the face of escalating expenses and increasing governmental controls. Paradoxically, the freedom of being self-directed imposes great strain. Physicians in private practice attempt to respond to infinite needs, wants and demands without any clear-cut limits to their responsibilities. They have to set their own limits on time and responsibility. In contrast, most occupations have a definite time frame for work and a realistic standard of performance, which the public recognizes and accepts.

These role strains, ambiguous demands and the lifestyle imposed on the physician invite him (or her) to "cop out" when marital tensions develop. Properly faced, these tensions could lead to sharing and intimacy, but instead physicians may become more deeply involved in professional activities, which bring greater social admiration but less responsiblity at home.

Unlike lawyers, who respond to stress by reducing their activity, physicians typically respond with more activity.[8] This response aggravates the problem at home while failing to meet the physician's own and his spouse's need for intimacy. Frequently, when the physician does come home for respite, it is to recuperate from exhaustion rather than to contribute energy and life to the marriage. We need to recognize that one factor common to professional "burn-out" is the professional's excessive level of aspiration.

One factor common to professional "burn-out" is the professional's excessive level of aspiration.

A second factor is *role conflict,* that between the professional and the marital roles. The highly competitive selection system guarantees that those who get into medical school will have an abnormally high tolerance for delay of gratification and will be capable of sustained effort without immediate reward. They are likely to be self-critical and often critical of others. From medical school on, the professional role requires technical excellence and singlemindedness, an intelligent, logical, unemotional approach to life, combined with a capacity for hard work.

As Sargent[9] has noted, this environment may supress other less-valued traits, such as capacity for interpersonal warmth, generosity, gregariousness, emotional flexibility, and the ability to shift gears from high output to relaxation and self-indulgence. These traits are those needed for effective functioning in that other demanding system to which most physicians belong—the family. Thus it appears that the characteristics that enable high performance in medical school may handicap the individual in the family system.

. . . characteristics that enable high performance in medical school may handicap the individual in the family system.

Here is the core of the conflict between the values and personality traits needed by the "good" physician and those needed by a good spouse and parent. The good physician can control his or her feelings; a good spouse shares feelings. A good physician works hard; a good spouse and parent is available for companionship. A good

Intimacy suffers when the physician brings clinical detachment into the marital relationship.

Finding time for intimacy with spouse and family is a struggle for physicians who must strike a balance between self-sacrifice and self-nurture.

physician usually has the following needs: success, status, prestige, professional esteem and money; yet the fulfillment of these needs demands time away from the spouse and parent relationship. Thus the physician is pulled in two directions: Patients want a physician who is available, current and good-humored; families want a spouse and parent who is available, helpful and good-humored.

The conflict is not entirely explained as competition for time. The central issue seems to be the conflict between the typical "physician" personality and the personal qualities needed for intimacy within the family. Intimacy suffers when the physician brings clinical detachment into the marital relationship. As Fowlkes[10] noted, for example, when a physician treats his own family, usually he operates with his professional, rather than his personal, self; he is calm, detached and impersonal. She concluded that the structure of medicine makes the curing and caring roles mutually exclusive.

A third factor in the physician's struggle for intimacy is the individual *personality.* Miles et al.[11] reported that physician-husbands tend to be "professionally competent and successful, but to present as rigid, interpersonally distance and covertly or overtly controlling."

They go on to describe a basic pattern in physicians' marriages. "A dependent, histronic woman, with an inordinate need for affection and nurturing, [marries] an emotionally detached man. The fact that he is a physician, seen by society as the ultimate in caring, may have much to do with the wife's choice of a husband."

Undoubtedly the individual often learns to suppress emotion in the course of medical training. A physician learns to remain calm in the midst of crisis, and learns, like Rudyard Kipling's hero did, to keep his head while all about him are losing theirs. As a matter of proficiency and survival, physicians must distance themselves from suffering, although often they move from over-identification to aloofness—completely missing the experience of empathy.

Undoubtedly the individual often learns to suppress emotion in the course of medical training.

Finally, in both the physician and the spouse *loss of self-esteem* contributes to the difficulty in intimacy. In modern society, physicians may have lost some of their earlier elitist position. Some segments of society regard physicians as businessmen engaged in union-like activities—an important part of the high-earning health establishment. Some even suggest that physicians are bad for people's health; that they overoperate, overprescribe and attempt to deal with all of life's problems in medical terms. They get more media attention from malpractice than from good practice. In response to the inimical environment, many physicians work harder, with greater commitment to their patients and to the profession, at a cost to personal life which they may see, too late, is too high.

The spouses of physicians also feel the loss of general public esteem for the profession. As wives, they may be anonymous and forgotten in modern society, where not long ago they would have been visible and highly regarded. More tragically, however, many wives feel unneeded by their physician-husbands, who still get psychological support through work and public recognition. Thus, some physician's wives feel they can add nothing to their husband's welfare and self-esteem.

At the same time the physician has not taken enough time to show his wife that she is important to him. The deflated wife may complain that she is nothing but a cook and a prostitute, while the deflated husband may complain he is nothing but a breadwinner. At a time when society is withdrawing its respect for both physician and spouse, each has even greater need for the appreciation of the other.

Some measures for prevention and treatment may be summarized as follows:

1. Physicians must take responsibility for their own decisions, for shaping their own lives and for setting limits accordingly. If they desire marital satisfaction and personal health, many may need to work out a shift in values and accept a reordering of time and attention; in all this, they must give development of intimacy a

priority position. We need to be convinced that an intimate marital relationship gives substantial rewards, both personally and professionally.

2. Physicians need to be fully aware of their own vulnerability and that of their colleagues. Through its publications, associations and schools, the profession must

Physicians need to be fully aware of their own vulnerability and that of their colleagues.

encourage doctors to accept that vulnerability by encouraging them to seek help for personal and professional needs without stigma. We need ongoing peer support groups and growth-oriented programs for physicians, their spouses and other health-care professionals.

3. The growth of the patient advocacy movement and the appearance of books like those by Norman Cousins show that many patients are anxious to take responsibility for their own medical care, in consultation with the physician. If physicians can accept this new model without concluding that it sacrifices medical standards, they may gain in the the patient a highly motivated and responsible partner. This new alliance promises to ease the physician's burden of excessive responsibility and isolation.

4. Physicians and spouses should be encouraged to seek help for marital difficulties early, before the breakdown becomes chronic. The treatment of choice is marital or family therapy, which encourages individual growth within the context of changing the family or marital system, rather than individual therapy which tends to increase the separation of partners.

5. For the sake of marital intimacy, the physician needs to find a balance between self-sacrifice and self-nurture. "Cherish thyself" is a good motto for the physician's own health. When he recognizes the need to care for his own personal needs, both his marriage and his effectiveness as a physician will benefit.

Vincent is executive director, The Homewood Sanitarium, Guelph, Ontario. Slater is pastoral counselor and psychotherapist, Toronto and Waterloo, Ontario. *This article was adapted with permission from an article in the May 1986 issue of* Humane Medicine.

End Notes

[1]Gerber, L.A., *Married to their Careers: Career and Family Dilemmas in Doctor's Lives,* (New York: Tavistock Publications, 1983).

[2]Short, S.E.D., "Psychiatric Illness in Physicians," *Canadian Medical Association Journal* 1979, pp. 282-88.

[3]Waring, E.M., "Psychiatric Illness in Physicians: A Review," *Comprehensive Psychiatry* 1974, pp. 519-30.

[4]Myers, M.F., "Overview: The Female Physician and Her Marriage," *American Journal of Psychiatry* 1984, pp. 1386-91.

[5]Alexander, C., "The City as Mechanism for Sustaining Human Contact." In: Ewald W.R., ed., *Environment for Man* (Indiana University Press, 1967).

[6]Waring, E.M., "The Measurement of Marital Intimacy," *Journal of Marital and Family Therapy* 1984, pp. 185-92.

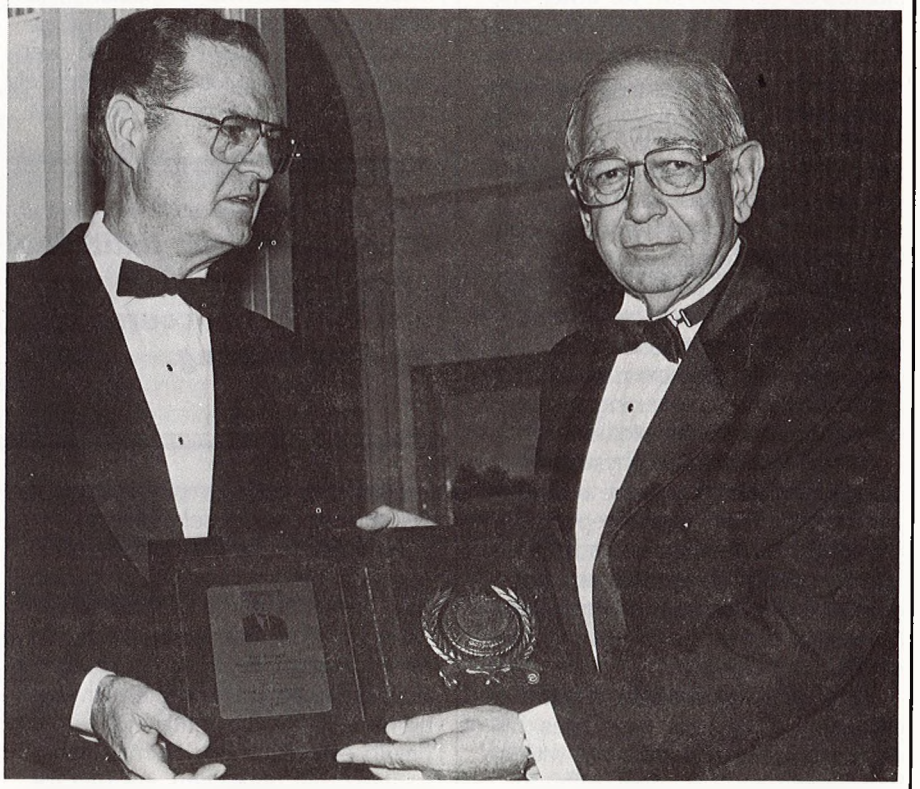
[7]Goode, quoted in Myers, M.F., "Overview: The Female Physician and Her Marriage," *American Journal of Psychiatry* 1984, pp. 1386-91.

[8]Krakowski, A.J., "Stress and the Practice of Medicine: Physicians Compared to Lawyers," *Psychother Psychosom* 1984, pp. 143-51.

[9]Sargent, D.A., "Work in Progress: Preventing Suicide among Physicians and Other Members of the Health-care Team," *Connecticut Medicine* 1981, pp. 583-86.

[10]Fowlkes, M.R., *Behind Every Successful Man: Wives of Medicine and Academe* (New York: Columbia University Press, 1980).

[11]Miles, J.E., Krell, R., Lin, T., "The Doctor's Wife: Mental Illness and Marital Pattern," *International Journal of Psychiatry in Medicine* 1975; pp. 481-48.



ACCEPTING AWARD—Foy Valentine, right, outgoing executive director of the Christian Life Commission, receives a 1987 Distinguished Alumus Award from Baylor University President Herbert H. Reynolds. A 1944 graduate of Baylor, Valentine was included in a group of three other honorees lauded for their distinctive contributions in their chosen professions. Valentine, who served as executive director of the Christian Life Commission for 27 years, stepped down from the top post March 15 for health reasons and will serve as executive development officer until his scheduled retirement date of July 1988.

AVOIDING THE PITFALLS IN CLERGY MARRIAGES

How to Avoid the Seven Marriage Traps Common to Ministers and Physicians

By James Hightower

Doctors Vincent and Slater have pointed to the pitfalls in physician marriages. These parallel the hidden traps of minister marriages. Seven areas of common concern merit notice.

First is the general state of mental health among ministers. Since biblical days God's servants have been known for exhibiting depressive behavior. Remember Elijah? He won a great spiritual victory then threw himself under the juniper tree, pleading with God to take his life.

Clergy, like physicians, often suffer from poor mental health. Several state conventions have instituted innovative programs to help clergy cope. One of these is in South Carolina under the direction of Charles Rabon. Rabon has a referral service of qualified counselors throughout the state. In a three-year span, 76 people were referred for in-depth counseling. This does not include people Rabon helped personally.

Clergy, like physicians, often suffer from poor mental health.

And this is the tip of the iceberg, Rabon declares. He estimates the number of South Carolinians seeking in-depth help was between 240 and 350 people. South Carolina and several other state conventions have opened the door for improved mental health among ministers, and this will aid clergy marriages.

A second common issue between the two groups involves the conditions of intimacy cited by Vincent and Slater. They are: (1) people seeing each other daily even if briefly and (2) seeing each other outside formal roles.

Ministers often find it hard to meet these two conditions. Add to this a two-career couple, and the problem is compounded. In a clergy marriage there is no 9-to-5 schedule. Oftentimes the wife works all day only to get home in time for her husband to dash off to a committee meeting or churchwide visitation. By the time they are back together, both are too tired to communicate meaningfully. So communication is reduced to who will pick the kids up from school tomorrow. In addition to not seeing each other are the times church emergencies "call off" a family outing, and the problem is compounded further.

A third area of common ground between physician and clergy marriages is failure to develop an intimate relationship. Ministers, like physicians, have a hard time giving someone their full attention for long periods of time. Yet this is precisely what is needed if intimacy is allowed to flourish. A pastor's wife often thinks that after seminary her husband will pay more attention to her. Then after that fails, she waits for him to launch his career in his first pastorate. Then children come calling for whatever supply of emotion the pastor may have left after congregational duties are complete. Finally one day she realizes her husband is married to a church or is more interested in being a "professional clergyperson" than he is in being her husband. Somehow intimacy never came with the marriage.

A fourth clergy-physician concern is role stress. Americans ask doctors to be omnipotent. They also ask ministers to do more and be more for others than they can possibly be or do. Both groups suffer from unreasonable demands.

Pastors' wives also suffer role stress. They always are compared to former pastors' wives or (even worse) to a model pastor's wife people carry in their heads. Clergy and their spouses need help negotiating role expectations, yet no seminary or continuing education events give substantive help in this delicate art.

Ministers, like physicians, have a hard time giving someone their full attention for long periods of time.

When so many people are asking so much, the minister's own family suffers. Ignoring children or yelling at one's spouse replaces an honest bid for role negotiation.

Vincent and Slater said physicians often bring a certain clinical detachment home with them. The fifth parallel is that some pastors have a hard time leaving their "holy man" image at the front door of their homes. This is not to suggest they turn into sub-Christians when they arrive home; rather, it is to say pastors need to choose to be attentive spouses and caring fathers at home. Most pastors' families get to see enough of the other side of their husband/father at other times and places.

Finally, clergy and physicians parallel one another's journey by

lowering self-esteem. Both have lost the status they once held in the community. As self-help has become more prominent in health care and television religion becomes an increasing force in modern America, the prestige of being "the Doctor" or "the Reverend" is not what it used to be. This lowering of self-esteem often damages marriages.

Measures for Prevention and Treatment

1. Clergy need to practice setting appropriate limits on their time. This would give time to make marital intimacy a priority.

2. Baptist clergy need to mobilize church members in believing they are priests before God. Then whether a church succeeds or fails would be a team effort, rather than "the preacher's job."

3. Clergy couples should be encouraged to seek marital counseling early when tensions arise. As noted, several state conventions have innovative counseling programs for clergy, clergy spouses and families. Pastors should contact the church-minister relations directors in their state conventions for details.

Some time ago the Southern Baptist Radio and Television Commission printed and distributed a personal declaration entitled "A Family Pledge." It identifies ways ministers can strengthen their family lives. It seems an appropriate way to close this article:

"I will do my part to make our home a happy place to work, love and worship.

"I will keep a sense of humor and learn to laugh even at myself, making it a habit to exercise my smiling muscles more and my tear ducts less.

"I will give religion an important place in my heart and in our home, with definite times for Bible study, prayer and family worship.

"I will seek to understand and enjoy members of my family and to appreciate each one for what they are and what they can do.

"I will never punish or criticize to relieve any inner feelings, but rather to bring good into the lives of my entire family.

"I will strive to lead my family to an appreciation of beautiful literature, music, art and the world of nature about us.

"I will strive to lead my family to appreciate and befriend people of all races, to live above petty grievances and neighborhood gossip.

"I will take time to read, talk and listen to every member of my family and to answer honestly all their questions about life.

"I will do all I can to prepare my family for happy, useful living." ■

Hightower is a specialist in pastoral ministry for the church administration department of the Baptist Sunday School Board.

When so many people are asking so much, the minister's own family suffers.

Sales of Anti-Abortion Resources Show Dramatic Increase for 1987

Sales of anti-abortion resources produced by the Christian Life Commission for the second annual observance of Sanctity of Human Life Sunday showed a dramatic increase over last year, according to Tim Fields, director of product development for the Commission.

The Commission sold more than four times as many Sanctity of Human Life bulletin inserts for the January 18, 1987 observance than it did in 1986. The insert was only one of eight new anti-abortion resources produced by the Christian Life Commission for 1987.

"Although we have no way of accurately determining how many churches observe Sanctity of Human Life Sunday, this dramatic increase in requests for the bulletin insert seems to indicate that far more churches observed the Sunday in 1987 than in 1986," Fields said. "Some of the increase is due to the fact that the Commission has had more time to promote the second annual observance than they did the first."

Sanctity of Human Life Sunday was approved for inclusion on the Southern Baptist Denominational Calendar by convention messengers in June 1985, just seven months prior to the first observance in January 1986.

"The Christian Life Commission has placed a high priority on developing new and helpful resources for Southern Baptists in working to prevent abortions," Fields said.

The Commission, with the help of Christian life and moral concerns offices in state Baptist conventions distributed a Sanctity of Human Life Sunday planning guide and resources order form to more than 20,000 Southern Baptist churches throughout the convention.

"In less than 30 days after the planning resource was mailed to churches, four of the new Sanctity of Human Life resources were in a second or third printing," Fields said.

Fields pointed out that the new resources are all undated and can be used throughout the year to help churches and individuals deal with the issue of abortion.

The new resources, available at cost from the Commission, are the bulletin insert, "A Dozen Facts About Abortion," "Issues and Answers: Abortion," "Alternatives to Abortion: Suggestions for Action," "Abortion and the Law," "Sanctity of Human Life Sermon Outline," the Sanctity of Human Life Sunday planning resource and "Issues and Answers: Teenage Pregnancy."

A "Sanctity of Human Life Resource Packet," which includes one copy of all of the above resources is available from the Commission for $1.25.

LEGAL ABORTIONS ON THE DECLINE

Analysis Shows A Decline in Legal Abortions for First Time Since 1969

By Robert Parham

The total number of legal abortions in the United States declined for the first time since 1969, and the ratio of legal abortions per 1,000 live births continued to decrease, according to a late 1986 analysis from the Centers for Disease Control.

In 1969 when the Centers began a program of abortion surveillance, 22,670 legal abortions were reported. The number steadily increased, reaching a high in 1982 of 1,303,980. But in 1983 the number decreased to 1,268,987, the fewest number of abortions since 1979.

This 2.7 percent drop was preceded by a steady decline in the percent increase since 1976. Between 1976 and 1977 the percentage increase was 9.2 percent, compared to 0.25 percent from 1981 to 1982.

Accompanying this decline in the total number of abortions has been a decrease in the ratio of abortions to live births. In 1969, 6.3 legal abortions occurred for every 1,000 live births. This ratio rose dramatically between 1969 and 1971, moving from 6.3 to 136.6, and reached a high in 1980 of 359.2. Beginning in 1981, the ratio dropped to 358.4, 354.3 in 1982 and 348.7 in 1983.

Accompanying this decline in the total number of abortions has been a decrease in the ratio of abortions to live births.

The Centers for Disease Control (CDC) reports that in 1983 women obtaining abortions tended to be young (under 25 years of age), white (67.6 percent) and unmarried (78.6 percent). CDC also reports that 49.7 percent of abortions occur within the first eight weeks and that 89.3 percent of abortions are performed in the first trimester (first 12 weeks) of pregnancy.

Again in 1983, as had been the case since 1970, California and New York reported the largest number of legal abortions. Texas was third, followed by Florida, fourth; Georgia, tenth; North Carolina, eleventh; and Virginia, twelfth.

As for the ratio of abortions in live births, New York reported 632 abortions for every 1,000 live births, compared to Rhode Island (555), Massachusetts (490) and California (480). Florida and Maryland reported abortion ratios above the 40 percentile mark, meaning that 400 or more abortions were performed annually in each of these states per 1,000 live births. North Carolina, Virginia, Georgia and Tennessee reported ratios above the 30 percentile mark.

The abortion ratio for teenagers in 1983 was 720, more than twice the national ratio of 349. The total number of legal abortions obtained by teenagers was 280,602, representing 27 percent of all abortions.

Although statistical data on the number of teenage abortions according to age was incomplete in 1983, 19-year-olds obtained the largest number of abortions at 70,963. Teenagers under 15 years of age obtained an estimated 9,171 abortions.

What conclusions may be drawn from this statistical data?

First, abortion is a form of birth control for a significant portion of the public, especially young, white, unmarried women.

Second, the number of abortions and the abortion ratio among teenagers suggests the urgent need for sex education in the home and church. It also indicates the need for better and more continuous communication about Christian values. Knowledge is essential, but moral values are fundamental.

Third, abortion is not a regional problem. It is a national problem which extends even to the Bible belt. Abortion is a significant area for Christian ministry.

. . . abortion remains a form of birth control for a significant portion of the public.

Fourth, the declining rate of increase in legal abortions resulting in the first actual decrease suggests that social and moral attitudes towards abortion as a form of birth control may be changing.

Abortion has been one of the most hotly debated social issues for over a decade. This debate has raised the level of moral awareness which is the first step toward changing public attitudes and practices. ■

Parham is director of hunger concerns for the Christian Life Commission.

TEENAGE PREGNANCY: AN AMERICAN TRAGEDY

Startling Facts about the High Cost of Teenage Pregnancy and Abortion

By Larry Braidfoot

American culture in many ways glorifies out-of-wedlock, teenage pregnancy. But for the vast majority, such pregnancy is a tragic experience. Many teenagers in desperation choose abortion over the traumas of single parenthood.

The facts about teenage pregnancy are startling, and they are not confined to any particular ethnic group:[1]

- The rate of increase in teenage pregnancy apparently is greatest among white teenagers.
- Each year more than 1 million teenage girls (about one of every 10) become pregnant, three-fourths of them unintentionally.
- Teenage abortions may number 450,000 annually.
- Only about half the young women who get pregnant before age 18 finish high school.
- Thirty percent of pregnant teenagers become pregnant again within two years.[2]
- Both teen pregnancy rates and teen abortion rates in the United States are about double those of other industrialized nations, such as Britain, Canada, France and Sweden.[3]

Teenagers are victimized not only by the promiscuity of culture but also by the ignorance of American adults about sexual matters.

The economic costs of teenage pregnancies to society are extremely high:

- Medicaid pays for 30 percent of hospital deliveries of pregnant teenagers.
- About 80 percent of out-of-wedlock births to teenagers are to girls whose mothers also had been unmarried, pregnant teenagers.[4]
- State and federal governments in 1985 spent $16.65 billion in welfare outlays related to teenage pregnancy.[5]

The personal costs of teenage pregnancy are incalculable but great. Children having children eats at the fabric of family life in America and produces shame, frustration, guilt, hopelessness, dependency, incredible costs, educational deprivation and devastated careers.

Teenagers are victimized not only by the promiscuity of culture but also by the ignorance of American adults about sexual matters. Of adults surveyed recently, only 4 percent knew fertilization of the female could occur only during one day per month (although most women have difficulty ascertaining that day with accuracy), only 10 percent could define ovulation, only 6 percent knew that sperm live for 72 hours and only 7 percent knew that a woman's egg lives for 24 hours after ovulation.[6]

Many Americans now are beginning to realize the seriousness of problems posed by teenage pregnancy. What remains to be seen, however, is if this new degree of concern will produce plans of action acceptable to the different groups without our pluralistic society.

Training in Sexual Values

Many teenagers and children are not developing the personal resources to resist peer pressures to engage in sexual intercourse. A complicating factor is the proliferation of one-parent families, home to about 25 percent of America's children.

Three different groups within American society have some formal role in training children about their sexual identity and behavior—parents, churches and schools.

Primary responsibility for education related to sexual values and personal sexuality rests with the child's parents.

Parents.

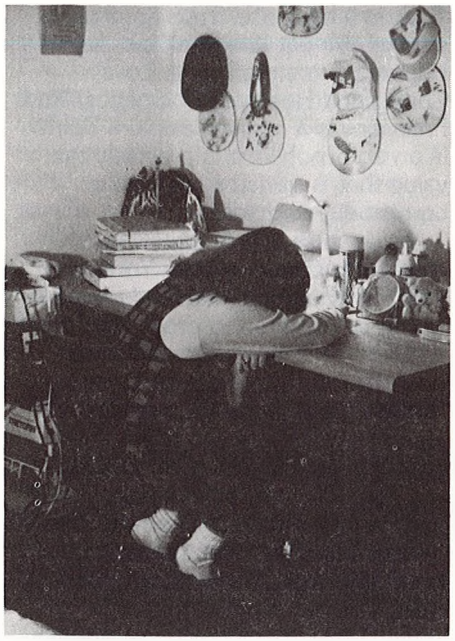
Primary responsibility for education related to sexual values and personal sexuality rests with the child's parents. Sex education can best be done within the family.

Many genuinely concerned Christian couples have difficulty in fulfilling this responsibility. Sexual matters remain unmentioned and unmentionable. However, parents have the moral responsibility of being sure that their children are receiving balanced, wholesome training in sexuality and sexual values.

Churches.

Sex education within churches has met with varied response. The issue has been somewhat controversial because of different expectations of what should be taught.

In most Baptist churches, basic



PERSONAL TRAGEDY—Children having children eats at the fabric of family life in America and produces shame, frustration, guilt, hopelessness, dependency, educational deprivation and devastated careers.

teaching about sexual values is included in various parts of the total church program.

Explaining the relationship between biblical values and adolescent development has been particularly difficult in many churches. Some churches and some parents find these kinds of educational emphases acceptable. Others do not.

One major way in which churches may address the problem of teen pregnancy and teen abortion is with educational emphases that equip parents as the primary teachers. They then can provide sex education for their children in whatever ways they choose.

The task is not easy. But the consequences of not finding ways for parents to help children develop healthy sexual attitudes and Christian sexual values are devastating.

Schools.

Efforts at including sex education in school curricula call for informed dialogue on the part of educators and parents attempting to avoid two extremes. One extreme would be to avoid sex education altogether. The other extreme would be for the instruction to be "valueless," which would imply simply sharing information about the physiology of sex and pregnancy.

A level of value education should be included. Teenage pregnancy is detrimental to the future development of the female. The emotional circumstances of teenage development lend themselves to manipulative rather than committed sexual relationships. Giving in to peer pressure to engage in premarital sexual activity undercuts personal autonomy. Parenthood carries with it enormous responsibilities. The capacity to have a loving relationship is developed slowly, and early pressures toward sexual promiscuity distort this growth process. It's OK to say "no." These kinds of values can be supported by Christians and non-Christians alike.

By late 1986, 71 school-based clinics had been established to combat teen pregnancy and another 100 were in the planning stages. Some clinics claim success in reducing the teen pregnancy rate dramatically and in encouraging postponement of the first sexual encounter.[7]

Responses to the few existing clinics have been mixed. Some report strong parental approval. But opposition has been expressed to such clinics by some parents and Christian groups. Questions about the legitimacy of providing contraceptives, the adequacy of parental notification and consent, the implicit encouragement of sexual activity and the possibility of abortion referrals have understandably given rise to concerns on the part of some parents and groups.

Giving in to peer pressure to engage in premarital sexual activity undercuts personal autonomy.

This possible trend deserves further analysis. Great care is called for so that a proposed remedy for teenage pregnancy does not become a stimulant for even more sexual promiscuity.

Drugs, alcohol, suicide and sexual promiscuity are major threats which face America's teenagers.

Conclusion

The strength, stability and future of America's families depend in large measure upon success or failure in addressing the many crises which beset teenagers. Drugs, alcohol, suicide and sexual promiscuity are major threats which face America's teenagers.

The Bible provides a vision of parents preparing their children to face the challenges of life with values and wisdom sufficient for the test. Certainly one of the great challenges of this day which Christian parents must face is the crisis posed by the epidemic in teen pregnancies and abortions.

The responsibility is great. The problem cannot be ignored. The values, futures and very lives of our children are at stake. ■

Endnotes

[1]"Preventing Children Having Children." A pamphlet published by the Children's Defense Fund, Washington, D.C. (1986), p. 3.
[2]*Time,* 12/9/85, p. 87.
[3]*Time,* 12/9/85, p. 84.
[4]*The Christian Century,* 10/16/85, p. 907.
[5]*The Washington Post,* 2/19/86, p. A22.
[6]*USA Today,* 10/2/86, p. D1.
[7]*USA Today,* 10/9/86, p. D1.

Braidfoot is legal counsel and director of Christian citizenship for the Christian Life Commission. The Christian Life Commission has a new resource on this issue, "Issues and Answers: Teenage Pregnancy," which sells for 20 cents each. Write to the Christian Life Commission for a free illustrated catalog listing this pamphlet and other resources.

IDOLS OF THE MARKETPLACE

How Media and Advertising Form Our Values and Relationships

By John Kavanaugh, SJ

She said that the only thing she really wanted for Christmas was a pair of Sasson jeans.

—a blue-collar worker, speaking of his nine-year-old daughter

The human person cannot be relinquished. We cannot relinquish the place in the visible world that belongs to us. We cannot become slaves of things, slaves of economic systems, slaves of production, slaves of our own products. A civilization purely materialistic in outline condemns the human person to such slavery.

—Pope John Paul II, Redemptor Hominus

If we ask ourselves what values we would like to see illuminating the lives of our children, students, parishioners and co-religionists, I think that designer jeans would fall pretty far down the list.

We might speak of human dignity, compassion, a well-grounded individual identity and an ability to relate to others as people and not as things.

Our young friend has reversed this standard. Instead of basing her identity on her potential and qualities as a person, her value in her own eyes rests upon a purchased object. As a child of media-centered, late 20th century capitalist culture, this woman-child with her Sasson jeans is operating out of an already fashioned culturally determined belief and behavior system that has implications for every area of her life.

The things she buys determine her identity. The formation of her social identity is based upon commercial imagery and acceptance. Her relationship to her parents is fixated at this level. Sensibilities for right order, simplicity, compassion are already deadened. A coalition of pressures from commercialism, advertising and social programming dominates her consciousness. She is manipulated, educated and propagandized. Much of that manipulation is attributable to media.

Before she had ever gotten to primary school—if she is an average child in the United States—she had spent as much time in front of a television set as she would spend in classroom lectures throughout four years of college. Her home life is dominated by television.

The preponderance of programming and advertising in the United States delivers a continual message to the viewer: Human beings in relationship to each other (in soap operas, series, talk shows, game shows) are trivialized and alienated. People are most likely to be unfulfilled, unfaithful, unhappy, frustrated, foolish. The only times that persons are presented as uniformly happy and ecstatically fulfilled are in commercials—purchasing, collecting or consuming products that resolve problems, deliver self-assurance, win friends.

And television and magazine content is interlaced by the financial fabric of advertising and its covert ideology of happiness through commodities. A commodity-like identity is the end result of the cultural education system in North America. We are taught to relate to persons as if they were expendable objects and to relate to things as if they were substitute persons.

Value formation is achieved by the very names we give to products. Merit is a cigarette. True goes up in smoke. We eat Life in a box. Joy and Happiness are perfumes. Love, Caring and Hope are cosmetics. New Freedom is a sanitary napkin. Spirit is an automobile. It is precisely the value that is transformed into a commodity and sold.

As Joan Evans of the Evans Marketing Group in New York has said: "Any industry that sells hope is going to continue to grow. And that's what we're selling." Or as another advertiser said in *Advertising Age*, "Calvin Klein jeans are not blue jeans, they are a sex symbol. Miller isn't a beer. It's blue-collar macho. . . . Polo doesn't sell clothing. Polo sells fashion status." The marketeers realize a fact we often repress: It is precisely value that is bought and sold, that has a price, that is quantifiable, that is reduced relative to the status of trinkets.

This value-marketing of objects is enhanced by the personalization of products that appears in so much advertising. Products are not "Just Born"—they have mothers and fathers. Affection is continually poured out over mouthwash, toilet paper, diapers, dogs, Mustangs and paint cans. "This much squeezable softness deserves a hug," the woman says to the toilet paper with a baby's face on the package. Your brandy or your blue jeans are called your "friends."

Fidelity and commitment are words describing our relationship to washers and dryers and car stereos.

The language of family relationship is subsumed into corporate identity. "Think of her as your mother." Fidelity and commitment are words describing our relationship to washers and dryers and car stereos.

While this personalization of products is taking place, the actual image of family life in advertising, young women's magazines, rock

music and best sellers is fragmented severely. Soap operas, articles in *Cosmopolitan* and preteen music portray men and women as being unfaithful to each other. Sexuality is rarely related to covenant or committed intimacy or family. Married people are rarely portrayed as being fulfilled or happy. As an ad for furniture in the *New York Times* had it, "If your husband doesn't like it, leave him."

For over two years now, the most significant advertising phrase for Saks Fifth Avenue has been "We Are All the Things You Are." Wouldn't they love us to believe it? If everything we are is found at a department store, if we have to purchase our identity, then we are in a condition of servitude, the slaves of products.

The ultimate moral imperative is to consume as a matter of identity. Our very meaning is wrapped up in the economics of production and consumption of more products. Products are portrayed as the condition of happiness: "Nikon: What would life be without it?" "Money buys everything" (Polaroid). The media and the economic system coalesce into a book of religious revelation. "Because she believes in us, she'll believe in you. Her Bible is your Bonanza," *Seventeen* magazine boasts to the corporate readership of *Advertising Age*.

Buying is made into a religious experience in products called "Spirit" and "Jesus Jeans;" in diamonds that assure possession of the supernatural; in perfection that can be bought with Beefeaters; in Calvin Klein, whom women are said to "believe in."

The theological virtues have become commodities. Buicks are "something to believe in." "Hope (cosmetics) is all you Need." "Trust Woolite." Love is a diaper, a bottle of Amaretto, a carpet shampoo.

Thus the media-culture-economy formation is complete. We have not only a philosophy of human identity and human relationship collapsed into the world of buying and selling, we have a full-blown theological system. The result is cultural ideology as idolatry.

The cultural information system is the religious formation system. We form our young in the image and likeness of the products and production systems we have created by our own hands.

> Their idols are silver and gold,
> the work of human hands.
> They have mouths but do not speak; eyes, but do not see;
> They have ears but do not hear, noses, but do not smell;
> They have hands but do not feel; feet, but do not walk;
> And not a sound comes from their throat.
> Those who make them become like them;
> So do all who trust in them.

As Psalm 115 suggests, we become like the products we worship. Since our identity and fulfillment is wrapped up in the possessing and consuming of our commodities, we "style" ourselves after products, and where we're not good enough, we are replaced or remodeled.

We form our young in the image and likeness of the products and production systems we have created by our own hands.

Everything about our natural bodies is wrong: We're too fat, too thin, we have split ends, pimples, bad breath, body odor, our breasts or hips are too large or too small, we're not manly enough so we need a Brut's perfume or a diet macho beer. "Want a Better Body?" the ad for Formfit says, "Let us rearrange it for you."

In these references to advertisements, I am attempting to suggest that there is an economics to issues of identity, relationship, family, commitment, human sexuality, human anxiety, the devaluation of chastity, the rejection of one's natural body. There also is a latent formation system in a culture economically based upon the continual expansion of products, consumer goods and productivity.

This formation system, whether deliberately constructed or not, has a tendency to educate human persons into a mode of thinking, believing and acting that serves the imperatives of the economic system itself.

Perhaps this may be suggested by a set of questions: In an economic system founded upon continually expanding consumption, in a society that already has a surfeit of goods, in a culture whose people are already overconsuming, what kind of person will best fit, what kind of formation will be most appropriate?

How can people be convinced that they must produce and possess more? Is it better to have people with stable and happy lives or unstable and dissatisfied lives? Is it better for them to have a sound personal identity and fulfilling relationships, or to experience a personal and relational emptiness that must be filled in some way?

What kind of person would be considered an economic liability? One who is at home with himself or herself? One who has a sense of justice and compassion? One who is capable of delayed gratification for the sake of longer-range values?

Awareness of the effects of these messages on ourselves and our families is the first step in counteracting them, with efforts to educate a wider public and associated discussions a useful corollary.

Beyond that, however, we must consciously seek to help those with whom we work to uncover cultural ideology and instill methods of solitude, self-understanding and experiencing of the interior life. A commitment to relationships, the reversal of the culturally taught insensitivity to human suffering and contact with those the culture rejects as worthless can help counter our built-in biases.

Only direct experience and self-discovery can help us reach beyond the limited script that our objectified values systems writes for us. With this transcendence, we will better relate to each other as we learn to savor and appreciate—not merely to collect and consume—the goods of the earth. ■

Fr. John F. Kavanaugh, SJ is associate professor of philosophy at St. Louis University. *This article was condensed and reprinted from* Media&Values, *an interfaith resource published especially for pastors, teachers and youth leaders. Trial subscribers may receive a free sample with an invoice for one year by writing* Media&Values, *1962 S. Shenandoah, Los Angeles, Calif. 90034.*

Teens More Likely To Be Crime Victims

Teenagers are more than twice as likely as adults to be robbed, raped and assaulted, a government study shows.

More than 60 of every 1,000 teens are victims of violent crime annually. That compares to 27 of every 1,000 adults.

The Justice Department's Bureau of Justice Statistics study reveals teen victims of violent crime usually know their assailants.

Teens from ages 12 to 15 know their attackers 45 percent of the time, compared to adult victims who know their attackers only 25 percent of the time.

Sixty percent of violent teen crimes are committed by offenders under 18 years old. But 70 percent of violent crimes committed against adults are committed by offenders who are at least 21 years old.

Crimes against teens are reported less frequently than crimes against adults. However, rapes of girls from 12 to 15 years old are more likely to be reported than those of older age groups.

—Associated Press

Most Latchkey Kids Live In Fancy Homes

More than 2 million U.S. children spend some time unsupervised after school, and the largest group is from white, upper-income house-holds, according to the Census Bureau.

The 2,065,000 youngsters left to care for themselves comprise 7.2 percent of the population from ages 5 to 13. The share of self-care is smallest among younger children and increases steadily as children get older.

Although black mothers are more likely to be working full-time than white mothers, black households are less likely than white ones to leave children on their own, the bureau's research indicates. Black children are more likely to be watched over by relatives or other adults, while white youngsters more often are left by themselves.

And in families where the mother works full-time, the bureau notes, the share of children on their own after school varies from 10 percent for those with incomes of $10,000 or less to 16.6 percent for incomes over $35,000.

—Associated Press

Prenatal Cocaine Use Can Damage Infants

Research with laboratory animals suggests cocaine use during pregnancy can produce long-term abnormalities in infants.

Affected brain systems include control of sensation, movement and emotions, researcher Diana Dow-Edwards discovered.

In related research, pediatrician Ira Chasnoff found that cocaine use by pregnant women may retard brain growth in their children. Results include an increased rate of seizures during the newborn period, smaller head size, jitteriness, rapid mood changes and hypersensitivity to noise and other stimuli.

—Associated Press

Drug Abuse Touches Most U.S. Companies

Almost all companies in the country have had to deal with on-the-job drug or alcohol abuse, according to a survey of 60 American companies.

- 95 percent have had "direct experience" with employees using either drugs or alcohol on the job, up from 82 percent in 1981.
- 42 percent claimed alcohol and drug abuse among women is escalating, up from 34 percent in 1981.
- 42 percent test employees or applicants for drugs, 12 percent will start testing this year and 38 percent are considering tests.

—USA Today

Centenarians To Number 1 Million By Next Century

By the middle of the next century, more than 1 million Americans may be alive after their 100th birthday.

Reasons for long life will be better medical care, nutrition, hospital facilities and scientific advances, reports demographer Stanley Kranczer in "Statistical Bulletin," published by Metropolitan Life Insurance.

The "Journal of the American Medical Association" adds that by 2030, 21 percent of Americans will be 65 or older, up from 11.3 percent in 1980. Instead of "retirement age," 65 will be "middle age."

Predictably, caring for older Americans will be the nation's No. 1 health priority during the next century.

—USA Today

'Glass Ceiling' Bars Women From Top Executive Positions

Several factors comprise the "glass ceiling" that bars women from America's executive suites. Among them:

- Influence of male managers who do not want to promote women within their own departments or corporate structures.
- Corporate cultures patterned on male models. For example, most boards of directors are dominated by males. Male CEOs decline to accept women as peers.
- Unspoken male assumptions, especially that a woman will refuse a transfer because of her husband's career and that a woman will become less ambitious after having children.
- A self-imposed barrier, such as women opting for personnel or public relations jobs rather than line jobs that lead to CEO status.
- Women's general tendency to be less aggressive than men about negotiating salaries or sharing salary information among peers.

—U.S. News & World Report

Christian Life Commission
Of The Southern Baptist Convention

901 Commerce, #550
Nashville, TN 37203-3620

Non-profit
Organization
U.S. POSTAGE PAID
Nashville, Tennessee
Permit No. 518