

May 1967

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### Recommended Citation

Harrington, Paul V. (1967) "Abortion: Part V," *The Linacre Quarterly*: Vol. 34 : No. 2 , Article 16.  
Available at: <http://epublications.marquette.edu/lnq/vol34/iss2/16>

# ABORTION

## Part V

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Since we oppose abortion as a basic, fundamental and intrinsic evil, which can never be allowed or tolerated, whatever be the reasons or indications, it would seem to be unnecessary and useless to investigate the validity of the various indications — medical, psychiatric, socio-economic — which are presented by the proponents for more liberal abortion laws; because, regardless of how valid the indications might be proved to be, the *per se* essential evil of abortion would necessarily preclude the advocacy of abortion as a remedy for the problems of life.

This is true; but if the advocates of legal abortion completely ignore the moral evil of abortion and refuse to consider it as murder and a deprivation of life to innocent unborn children and if they present their case entirely on the basis of the validity of the indications, then, if these indications can be demonstrated to be false, the entire cause of the advocates thereby falls.

### MEDICAL INDICATIONS

Doctor Bayard Carter, Professor of Obstetrics and Gynecology at Duke University School of Medicine, presented a paper at the Conference on Contraceptive Research and Clinical Practice in December, 1936, entitled "Contraindications to Pregnancy." In this paper, he outlined seventeen categories of diseases and conditions which could be

counted as contraindications to pregnancy: too frequent and poorly spaced pregnancies, developmental defects in the mother, recent pelvic operations, malignant disease of the pelvis, pelvic neoplasms, diseases of the kidney, diseases of the heart, diseases of the lung, diseases of the blood, diseases of the skin, diseases of the nervous system and mental diseases, Eugenic Board patients, toxemia of pregnancy, metabolic disturbances, diseases of the eye, diseases of the ear and miscellaneous indications, e.g., varicosities, gall bladder disease, etc. After setting forth the list, he offered an outline of the last one hundred interruptions of pregnancies before five and one-half months because the contraindications to pregnancy were not followed and this list included: kidney diseases, heart diseases, disorders of the central nervous system, pulmonary disease, tumors, blood dyscrasias, disease of the ovum, skin disorders and a miscellaneous group consisting of gall bladder condition, colloid goiter and malnutrition, multiple lipomatosis, multiple varicosities.

In discussing Doctor Carter's paper, Doctor James A. Harrar, Associate Professor of Clinical Obstetrics and Gynecology, Cornell Medical College, observed: "At the Lying-In-Hospital in New York, we prefer and insist on the strictest interpretation of the term 'medical

indication' and impress upon the student that contraceptive advice should be pretty much limited to conditions warranting therapeutic abortion."

Doctor Benjamin T. Tilton, Director of Surgery, Broad Street Hospital, New York, had an important and perceptive observation to Doctor Carter's paper — particularly when one considers the year, 1936 — some thirty years ago: "the mere fact that one hundred cases sent to the Duke Hospital required the induction of an abortion, would certainly seem a most irrational condition, when we think that it could all have been prevented. The interruption of a pregnancy is a sign of defeat."<sup>1</sup> In April, 1953, Doctor Roy J. Heffernan with his associate, Doctor William A. Lynch, both of the Gynecological-Obstetrical Staff at Carney Hospital, Boston, delivered a paper in Boston before the combined Obstetrical Societies of Boston, New York and Philadelphia, entitled "What is the Status of Therapeutic Abortion in Modern Obstetrics?" and, in 1952, both had prepared a paper for the *LINACRE QUARTERLY*, entitled "Is Therapeutic Abortion Scientifically Justified?"

In this latter article, they consider the impact of many complicating conditions on pregnancy, e.g., tuberculosis, cardiac disease of all types, multiple sclerosis, chronic nephritis, glomerulonephritis, hypertension, benign pelvic tumors, malignancy of pelvic organs, tumors of gastrointestinal tract, lungs, kidneys and brain, secondary anemia, pernicious anemia of pregnancy, erythroblastosis, maternal otosclerosis, ulcerative

colitis, rubella and other viral diseases in pregnancy with possible congenital malformations, neurological complications and epilepsy, psychiatric involvement and mental disease. They conclude that tumors of the gastrointestinal tract, lungs, kidneys and even the brain can be successfully operated on during pregnancy with absolutely no deleterious effect on the pregnancy. With reference to malignancy of the pelvic organs, the authors admit that this poses a serious problem and add "when a diagnosis of malignant disease is made in the early months of pregnancy, it may be treated either by total extirpation of the pelvic organs or by the efficient use of radium or x-ray. The indirect interruption of pregnancy in these cases is the undesired, unintentional and inevitable result of the radical attack on the malignant disease and is not a therapeutic abortion."<sup>2</sup>

As to all of the other conditions, Doctors Heffernan and Lynch, after consulting the findings, results and conclusions of specialists in the various disciplines, and incorporating many excerpts from the relevant medical literature, state unequivocally that therapeutic abortion is not indicated, cannot be justified, does not contribute to a betterment of the basic condition and accomplishes only one thing — *the murder of innocent lives*. Their ultimate conclusion is now well known, having been quoted many times, in the intervening years, by authors and lecturers on the subject of abortion: "Anyone who performs a therapeutic abortion is either ignorant of modern medical methods of treating

the complications of pregnancy or is unwilling to take the time to use them."<sup>3</sup>

That conclusion has never been challenged. Thus, anyone who resorts to therapeutic abortion, because pregnancy threatens the health or life of the mother, had better be prepared to explain his ignorance or to justify his laziness.

In preparation for their presentation before the combined obstetrical societies, Doctors Heffernan and Lynch formulated a questionnaire and forwarded it to 367 hospitals in the United States. The hospitals were chosen because of accreditation for residency or intern training, of diversified geographical location and of the number of deliveries. 171 hospitals replied and, of these, 152 supplied detailed information. The study was divided into two five-year periods — 1941-1945 and 1946-1950 and covered over three million deliveries. One of the primary conclusions was very enlightening: "of special interest is the fact that the maternal mortality rates in the hospitals performing therapeutic abortions, while excellent, were not better than those in the hospitals wherein no therapeutic abortions were performed. In fact, a few more mothers died in the hospitals allowing therapeutic abortions."<sup>4</sup>

In this study, the authors refer to a very compelling statement by Doctor A. L. Jacobs in the *British Journal of Obstetrics and Gynecology*: "If abortion is to have any scientific justification, evidence must be sought showing that in general the harmful effects are avoided if

the pregnancy is being interrupted. A study of the literature will soon convince any impartial person that no such evidence exists."<sup>5</sup>

On the basis of this survey, Doctors Heffernan and Lynch conclude: "As therapeutic abortion involves the direct destruction of human life, it is contrary to all the rules and traditions of good medical practice. From the very beginning, the approach to the problem has been unscientific. In too many cases it was learned, after innumerable babies had been sacrificed, that interruption of the pregnancy not only caused 100 percent fetal loss but also increased the maternal mortality. . . . The incidence of the therapeutic abortion is disturbingly high. . . . A careful analysis of the indications for these operations makes it rather clear that with better prenatal care the lives of most of these infants could have been saved without necessarily increasing the maternal mortality. . . . The marked variation in rate in the incidence of therapeutic abortion throughout this country demonstrates the lack of unified opinion in these representative teaching centers. . . . The management of this important procedure has been uncritical and unscientific."<sup>6</sup>

In summary, the authors declare: "When the writings of interested specialists in allied fields are analyzed, grave doubts must arise concerning the validity of any of the listed indications for therapeutic abortion. Furthermore, many authorities have deplored the destruction of the fetus in certain complications where therapeutic

abortion was performed not so much because the condition endangered the mother's life but because of the expense and social hazards involved. The death of the fetus in these cases is rationalized on a medical basis; but actually the chief motive is the socio-economic factor. In such cases, the physician not only neglects to safeguard the unborn life entrusted to his care but actually becomes the deliberate executioner of an innocent human being. Surely this is unethical and unscientific. . . . No procedure which of its very nature violates the basic law of medicine 'to preserve life' and thereby carries with it such far-reaching implications should be perpetuated in the face of grave doubts as to its necessity and when its validity lacks scientific support."<sup>7</sup>

What Doctors Heffernan and Lynch pointed out to their colleagues with reference to the purpose of the medical profession also bears repetition: "The two great purposes of the art of medicine are to save life and to relieve suffering. Any situation wherein a physician not only witnesses death but is called upon to cause it must be doubly distasteful to him. A therapeutic abortion is such a situation. . . . In this one phase of medicine (therapeutic abortion) the life of the baby is unconditionally surrendered to the disease of the mother. . . . Therapeutic abortion is, therefore, a direct violation of the fundamental ideals and traditions of medical practice. It is distressing to find that it has received scant attention in obstetrical literature, whereas authorities in the appropri-

ate specialties concerned with the complications of pregnancy have been most articulate during the past twenty-five years in condemning abortion as a therapeutic measure. They have repeatedly emphasized that, as far as a complicating disease is concerned, the expectant mother presents a problem not greatly different from that of a non-pregnant sister with the same disease, and that furthermore, so far as her pregnancy is concerned, she is not greatly different from other pregnant women."<sup>8</sup>

Doctors Heffernan and Lynch are illustrious examples of the fact that the art, science and profession of medicine need not be and should not be separated from moral and ethical principles. In fact, good medicine is and must be solidly based upon God, His Creation of and Dominion over human life and His sole prerogative to terminate life. Their moral counsels to their medical confreres are worth noting: "Whatever nobility or esteem our profession may claim derives from the fact that its members have dedicated their lives to the preservation of human life. The argument against therapeutic abortion from natural law can be stated very briefly. The unborn child is an innocent human being; its life is inviolable. To destroy that life deliberately is *murder*. . . . It is submitted that therapeutic abortion derives its origin from a train of thought which is foreign to the entire medical tradition in that its only effect is the destruction of life and offers no constructive effort to the solution of disease and the hazards of living."<sup>9</sup>



In concluding their article, the same authors quote from Doctor Albert Schweitzer: "What shall be my attitude towards other life? It can only be of a piece with my attitude towards my own life. If I am a thinking being, I must regard other life than my own with equal reverence. For I shall know that it longs for fullness and development as deeply as I do myself. Therefore, I see that evil is what annihilates, hampers or hinders life. And this holds good whether I regard it physically or spiritually. Goodness, by the same token, is the saving or helping of life, the enabling of whatever life I can influence to attain its highest development. . . . A man is really ethical only when he obeys the constraint laid on him to help all life which he is able to succor, and when he goes out of his way to avoid injuring anything living. He does not ask how far this or that life deserves sympathy, is valuable in itself, or how far it is capable of feeling. To him life as such is sacred."<sup>10</sup>

Applying the sage advice of Schweitzer to modern medicine and more particularly to the evil that is abortion, Doctors Heffernan and Lynch conclude their article thusly: "Therapeutic abortion is an unworthy and unwholesome paradox in modern medicine. The 'unenlightened physician' of the pre-modern era with limited means, a faith in His Creator and an undying hope and optimism, challenged disease. Today, with so many of his dreams realized in the armamentarium of modern medicine, some of his successors would shrink from

the challenge, face difficulties with pessimism and, bowing to expediency, would destroy life. Therapeutic abortion is a deliberate destruction of innocent life, morally evil and scientifically unjustified. Therapeutic abortion is legalized murder."<sup>11</sup>

Increased medical knowledge, the perfecting of new techniques and the proliferation of new medications in the past thirteen years since they appeared before the combined Obstetrical Societies make the conclusions of Doctors Heffernan and Lynch that much more true and persuasive: there is no indication and no justification for therapeutic abortion because of complications in pregnancy. If the complicating condition is treated conservatively and in accordance with the best known methods, there is no reason why the expectant mother cannot do well during the pregnancy and, at term, deliver a normal, healthy child.

Never was this more true than in the recent exciting report of a 35 year old woman who, having suffered from rheumatic heart complications since childhood, gave birth to a healthy baby without any difficulties or problems. This patient had undergone closed-heart mitral surgery in 1959 and in 1962. In 1961, she married and had a tremendous desire to have children. In the spring of 1966, she became pregnant and, because of her heart condition, she could only walk on level ground and do only the lightest of household tasks. The doctors had three alternatives from which to choose: therapeutic abortion, risky medical therapy or a surgical procedure to insert the Starr-Edwards

valve. The patient rejected the idea of therapeutic abortion because it was morally repulsive and also because she wanted more than anything to have a baby and to become a mother. Between the remaining alternatives, the doctors elected surgery.

The doctors indicated that the risk to the child, by reason of the surgical intervention, was an unknown factor because it was necessary to continue the patient's circulation by open-pumping procedures for 80 minutes. The surgery was eminently successful and the pregnant mother indicated that she never felt better in her life, that she was able to go shopping and to climb hills during her pregnancy. She was hospitalized about 8 weeks before delivery so that anti-coagulant drugs could be administered regularly and so that a low-salt diet could be carefully supervised.

Following a normal labor, free from complications and difficulties, a healthy male child was born on the day before *Thanksgiving*, 1966. The new mother, with tears of joy, cried out "*Thank you, God.*"<sup>12</sup>

Look what would have been lost if therapeutic abortion, the easy solution, had been chosen. The child would have been murdered; the woman would have been robbed of her life-time dream to become a mother; the medical profession would have been deprived of a privileged opportunity to live up to its ideal and purpose and accept a challenge; the important knowledge and information would never have been learned; this brilliant and illustrious

page in the annals of medical history may never have been written.

The easy solution to a difficult problem is hardly ever the best solution; the short-sighted interest and the short-term perspective do very little for the long-range future; the negative approach never accomplishes or solves anything; physical death can never be fruitful in terms of new life.

In this instance, because the positive, constructive and challenging approach was chosen, the life-long dream of this woman to become a mother was realized and the medical knowledge, which will be so useful in similar future cases, was enhanced. If therapeutic abortion had been elected by the doctors and permitted by the patient, motherhood and medicine would have been the losers.

Doctor Herbert Ratner summarizes the situation well when he states: "With the . . . dramatic progress in medical science, there is virtually no need left to take this drastic, lethal measure (abortion) to protect health. . . . (It is) a peculiar paradox that pressure for easier abortion should come at this time. Precisely when medicine is most qualified to defend and preserve life, the advocates of abortion are accelerating their campaign to destroy it."<sup>13</sup>

The figures in the large Metropolitan area of Boston bear this out. From a high of about 18 maternal deaths in 1947, there were two maternal deaths each in 1955 and 1956 and not even a single maternal

death in 1957, when there were 16,325 babies born that particular year. This is the perfect year for which medical circles in Boston have been striving hard for many years. This was their hour of success; their efforts had been rewarded. Most assuredly, during the year 1957, there were many complicated pregnancies, which demanded great patience of the doctors and which taxed their medical knowledge and skill to the utmost, but the mothers survived and 16,325 babies were born alive. If emotion and hysteria are removed from the scene and if they give way to reason and sound medical knowledge, therapeutic abortions need not be performed, mothers will prosper and healthy babies will be delivered. With increased medical knowledge, 36,466 live births were recorded in 1964 and 1965 without a single maternal death.<sup>14</sup>

St. Margaret's Maternity Hospital in Boston is conducted under Catholic auspices and administered by Catholic religious. Obviously, this hospital and its staff do not allow or tolerate therapeutic abortions under any circumstance or for any cause, however grave or threatening. This hospital will not turn away a patient merely because she has a condition that will complicate her pregnancy; in fact, all patients are welcomed and treated with the highest caliber of medicine known to the obstetrical specialty. On February 4, 1960, the *Boston Globe*, in a feature article, carried the large, bold, black headlines "20,000 Births at St. Margaret's Without One Maternal Fatality."

The Catholic Church, the Catholic Faith, the Catholic Hospital are often labeled medieval, behind-the-times, living in the dark ages, reactionary, too conservative, obstructionist, impeder of progress — can any abortion-oriented hospital or clinic surpass the perfect record of 20,000 births for St. Margaret's Hospital in Boston?

Until recently, therapeutic abortion was considered to be the termination of a pregnancy when the continuation of it would pose a threat to the life or physical health of the mother. Abortion for any other reason, either in relation to the mother or the conceptus, or in relation to the family was classified as criminal. Now, the proponents of legalization of abortion under any and all circumstances would consider all abortions therapeutic and none criminal. After all, the word *criminal* is harsh and has implications which the proponents do not like to think about. This is the age of euphemisms, soft-sounding and nice-sounding words and phrases. We have abandoned the reality for the fanciful illusion.

Now, abortion that is called "therapeutic" is being advocated when there is a *stress* situation involving the mother-to-be — a problem of mental illness; a question of an illegitimate birth; a possibility of the child being born deformed or defective; socio-economic factors which might indicate that another child should not be born at this particular time. Abortion is even suggested as the best solution for the world population problem.

How an abortion for socio-economic factors or as a solution for the population problem can be classified as *therapeutic*, this writer cannot quite comprehend.

With reference to a pregnancy continuing in the midst of a stress situation or in the presence of mental illness, there is much hysteria and volatile emotion manifest in the popular writings and in the oral remarks and propaganda statements. The writers are clever; the picture they draw is heart-rending and pitiful; their appeal is strictly to the emotions to the complete abandonment of truth, reason, logic or fact.

#### RAPE

The typical case, presented in the literature, is that of a poor young girl, who has been raped and who is found to be involuntarily pregnant as a result. Some writers compound the tragedy by adding the circumstance that she is pregnant by a relative — father, brother, uncle or cousin — after a sexual assault. They draw out in vivid description the awfulness of the situation and the severe trauma, which the young girl is experiencing. They emphasize the mental stress from which the victim is suffering and relate the impact, in the form of continuing memories and dreams, that this incident has caused. From all of this, they jump to the conclusion that abortion is the only sensible and humane solution. Why? They do not give any adequate or substantial reasons.

All of us deplore the evil of sexual assault, rape and incest — even those of us who oppose the liberalization

of abortion laws. We wish these heinous crimes did not exist. We do not condone, allow or tolerate them, when they do happen. But we ask — after such has occurred — is abortion the only answer? Is abortion the best answer?

As a matter of fact, we oppose abortion just as vigorously as we oppose rape and incest and for exactly the same reason — all of them are contraventions of God's Commandments and the Divine Law. From the point of view of logic, reason and consistency, it is hard to see and understand how those who favor legalized abortion can be so much in favor of abortion and so much opposed to rape and incest. *How can sexual assault be so evil and murder be so virtuous?*

Although we oppose the liberalization of existing abortion laws as *per se* and necessarily sinful and evil, we do not lack in sympathy and we are not deficient in understanding and consideration. We appreciate the real plight of the young girl who has become pregnant by rape and assault. We have a clear insight into the nightmarish experience that she has had. We know exactly how much she is suffering. We have just as much empathy as the proponents of abortion. What we do not see, apart from the fundamental immorality of the abortion, is how an abortion is going to help the youngster; how she is going to be better off after the abortion than she was before.

This conclusion — that an abortion will solve all of her problems, remove all the nightmares from her



sordid experience, lessen the fear and fright, diminish the trauma and render her light-hearted and happy again — is not acceptable to a thinking person. The hysteria and the emotion is meant to cloud and obstruct the vision and impede the reason.

In addition to the awful memories, dreams and nightmares, the young girl will be compounding her problems by submitting to an abortion because then, she will be adding to her unenviable position the serious feelings of guilt, which necessarily and spontaneously follow the free, voluntary and deliberate decision to murder and kill the innocent child. These feelings of guilt gnaw constantly and consciously at the conscience and feelings of the individual. There is no surcease to them. They continue for decades, for a life-time — never decreasing always being magnified.

The person with such feelings of guilt can never be happy, can never be at ease, can never be free from the insidious, malignant feelings of guilt — and yet some in our midst advocate abortion as the only and the best solution. In this analysis, where is their sympathy? Where is their humaneness? Who is the true friend of the young girl who is the victim?

The Scriptural reference was never so clearly verified: "The last state of that man is worse than the first."

In a further consideration, why should the innocent child, who resulted from the rape or the incest, but who had absolutely nothing to

do with the assault, be the victim? Punish the rapist, by all means, but have compassion on the two victims — the mother-to-be and her child.

#### MENTAL ILLNESS

We are told by the hysterical proponents of legalized abortion that, where a mentally ill woman becomes pregnant, there is so real a danger of suicide that the pregnancy should be terminated by abortion. Again, much hysteria and emotion — but no facts and no studies to confirm or prove their conclusion. Again, they try to reach the non-thinking person, who is impressed by the problem and the situation and who easily accepts, without analysis, without reason, without proof, the illogical conclusion.

There is no necessary and inevitable correlation between pregnancy in a mentally ill woman and her suicide. A study — the only one of its kind reported in the medical literature — developed in Sweden clearly proved that not only was there no necessary relationship between a pregnant mentally ill woman and suicide but also not even one case of suicide was recorded.

Once again, the position of the proponents of legal abortion is illogical and inconsistent. They strenuously suggest that abortion be performed on a mentally ill pregnant woman to save her from suicide. Is suicide any more destructive than murder? Is suicide any more heinous, immoral, or unnatural than murder of the innocent? How can the abortionists fear and detest suicide as a great evil and propose and sug-

gest abortion as a great good? What are their standards concerning life and the value of life? Is the life of the existing, mentally ill adult of greater value than that of the innocent unborn?

Let us see what the authorities and the specialists have to say about pregnancy in a stress situation or in the presence of mental illness.

The available statistics and writings clearly indicate that the numbers of abortions for psychiatric indications have greatly increased in the past twenty-five years.

Doctors Kenneth R. Viswander and Morton Klein revealed that, in a survey study of therapeutic abortions in two Buffalo teaching hospitals, in the period of 1960 to 1964, seventy-five percent of the abortions among private patients were performed for psychiatric reasons and that abortion for psychogenic indications rose from thirteen percent of all abortions in 1943 to 87.5 percent in 1963.<sup>15</sup>

Doctor Herbert I. Posin, Associate Clinical Professor of Psychiatry at Boston University Medical Center, refers to a study of therapeutic abortions that demonstrated that psychiatric indications were given in 94 percent of one group of unmarried women but only in 50 percent of a group of married women and he notes that in the year of the German Measles epidemic in England twice as many pregnancies were legally terminated among single girls as married women, all on psychiatric grounds.<sup>16</sup>

In Scandinavian countries, psychological, as well as medical con-

ditions, are considered legal reasons for abortion. Denmark allows an abortion in cases of reactive depression and neurasthenia and the latter classification is the more prevalent in instances of psychotherapeutic abortions.

Father Vaughan, Chairman of the Department of Psychology at the University of San Francisco, states that neurasthenia "includes the 'worn-out' housewife who has already given birth to several children and appears on the verge of a psychological breakdown when faced with a new pregnancy and the threat of an additional child in an already stress-laden home."<sup>17</sup>

Sweden is more liberal in her laws since it is not required that the psychological condition actually exist at the time of the pregnancy; the threat is considered to be a sufficiently valid and legal reason.

How necessary is an abortion in the presence of mental illness or a stress situation? Is it merely a useful expedient that ignores the basic problem in order to "solve" the more evident surface problem? Does abortion accomplish anything worthwhile, positive and constructive? Does abortion leave the expectant mother in better health than if she were to continue to term?

These are very basic, fundamental and important questions and the answers to these questions will determine what, if any, validity exists for the recommendation of an abortion for psychiatric reasons.

Murdock reports the impression of one psychiatrist: "that pregnant

women are more apt to make a satisfactory recovery from their psychosis, and to do so more promptly than comparable patients who are not pregnant."<sup>18</sup>

Doctor Ratner indicates: "Actually, there are several studies to show that pregnancy decreases psychiatric illnesses."<sup>19</sup>

Doctor Howard C. Taylor, Jr., Director of Obstetrical and Gynecological Service, Columbia-Presbyterian Medical Center in New York has stated: "I am very much disturbed by the use of the indication of reactive depression with suicidal tendency as an argument for abortion. I have not in my experience ever run across a suicide in pregnancy in a patient who was suffering from anxiety depression."<sup>20</sup>

Father Vaughan relates: "In one report from Sweden, 344 women were refused legal abortions and 62 indicated that they would commit suicide. In fact, none ever did. Suicide is one of the most difficult things to predict. Understandably, psychiatrists prefer to play it safe. Actually, the rate of suicide among pregnant women is lower than among non-pregnant. The solution to the problem of suicidal depression is not abortion but effective treatment."<sup>21</sup>

Dr. Theodore Lidz, Professor of Psychiatry at Yale University School of Medicine declared: "Let us be frank about this. When the psychiatrist says that there is a suicidal risk, in many instances he does not mean that at all, but feels that there are strong socio-economic grounds for a therapeutic abortion.

Since the only ground for abortion in many states is if it is felt there is threat of death, suicidal risk is thus established as the only legal way out of the situation."<sup>22</sup>

The observation of Doctor John Marshall is worthy of careful consideration: "A non-pregnant woman who is depressed may be treated by drugs, electro-convulsive therapy or by a period in a hospital, and make a good recovery. Why should not a pregnant woman be similarly treated? Why, in this instance, should the life of a child be sacrificed, rather than the treatment applied which would be used in the non-pregnant state?"<sup>23</sup>

It is clear that the abortion will not cure the mental illness. Thus, if abortion is the only means adopted, the mental condition will still remain after the fetus has been killed. So, where has abortion made any positive, constructive contribution?

There seems to be much dishonesty, fraud and subterfuge in abortions performed for psychiatric indications.

Doctor Harold Rosen, psychiatrist at the Johns Hopkins Hospital, has demonstrated how pressures from a physician may force a woman into seeking, on psychogenic grounds, an abortion which she does not want. "A woman who says she wants an abortion sometimes comes to the psychiatrist not because she wants it but because she has come to sense that her obstetrician or her family physician or the uncle-physician who would never consciously think of suggesting an abortion to her,

nevertheless feels it a pity for her to be pregnant and somehow, without saying so, gets her to realize that he wants her to interrupt it. I have seen this on numerous occasions. Give that woman a chance to talk after she comes to the psychiatrist and asks for an abortion, and she herself will tell you this and talk herself out of wanting it!"<sup>24</sup>

Doctor Posin describes what does happen when a patient seeks a psychiatric interview: "The patient and her family are not asking advice as to what is the best thing to do. She comes with the decision made that intervention is the only thing. She usually sits grimly and persistently threatens suicide. Circumstances of the examination almost always involve a great sense of pressure, of time running out. The patient usually arrives within a few days of the critical point of gestation, beyond which intervention becomes much more dangerous. What happens to the patient's mental condition after the decision is made, is rarely known to the examining psychiatrist. If the physician decides there is not sufficient indication to interrupt the pregnancy, the patient usually does not feel friendly enough to let him know."<sup>25</sup>

In addition to the considerations of the fraudulent and deceptive situations, associated with abortion for "psychiatric" conditions and the fact that abortion does not, in any way, help or benefit the mental illness or the emotional disturbance, due attention must be given to the fact that recognized authorities in the fields of psychiatry and mental health clearly and unequivocally

teach that there is no condition in which an abortion must or should be done, that there is considerable hazard and danger that abortion will exacerbate an existing mental problem, that an abortion will seriously aggravate feelings of guilt and self-deprecation in the expectant mothers and that the "interruption of a pregnancy may do more harm than good to a person with a well-balanced nervous system and may cause considerable damage to the patient with a psychiatric difficulty."<sup>26</sup>

Arbuse and Schectman, in discussing the effect of pregnancy on mental illness, states: "there does not seem to be any one condition which absolutely indicates interruption of pregnancy. The mental state is seldom justification for induction of abortion. Abortion *per se* is unquestionably a shock. It may be conceivably more detrimental than continuation of the pregnancy. If it could be shown that conception may lead to permanent psychosis in certain definite cases, then the termination of pregnancy would clearly be in the best interests of the patient and the operation would conform to the desired standards but the contrary appears to be the rule. The psychosis initiated by pregnancy rarely persists but tends to recover after an apparently short period, and in some cases may clear up spontaneously before full term is reached. Women who show permanent impairment of mentality following childbirth belong to the class of potential psychotics for whom pregnancy is merely a subsidiary factor in the pathogenesis



of the psychosis. Upon the mentality of such women a therapeutic abortion cannot be curative and it may exert a deleterious effect that is more harmful than the continuation of pregnancy. . . . There is no psychiatric disorder that is hereditary to the degree that the occurrence of mental illness in the offspring of the patient can be predicted with reasonable certainty."<sup>27</sup>

In reporting on a study of 50 women in whom pregnancy was terminated for psychiatric reasons, 18 women manifested guilt feelings and 9 women, while not conscious of guilt feelings, demonstrated definite signs of such in somatic disturbances such as abdominal cramps, vomiting, pruritis vulvae, frigidity, dysmenorrhea, headache, insomnia or easy fatigue.<sup>28</sup>

The hazard and the danger in abortion for psychiatric reasons are clearly portrayed in this study, where 54 percent suffered adverse effects.

Ebaugh and Heuser issue a well-advised warning: "These charges coupled with ideas of guilt self-deprecation, some recurrent preoccupation centering around the abortion and the general theme of 'I let them kill my baby' might well disturb a poorly integrated personality even to psychotic conditions. Feelings of love, admiration and respect for the male partner in the result of pregnancy may well be distorted in the aborted woman to ideas of disgust, hate and disrespect; 'he gave me a baby then took it away.' The unconscious motivation and the even flow of emotions during the readjustments to a normal sexual

non-pregnant cycle may result in deeply engrained feelings of hostility toward the husband. Abortions we may say can produce psychologic cicatrix."<sup>29</sup>

Doctor Posin points out that "psychiatrists often see depressive reactions in patients who have undergone therapeutic abortions."<sup>30</sup>

Father Vaughan very forcefully considers the emotional upheaval which is suffered by women who seek a solution in abortion:

In any case, there arises at least the possibility of taking human life. To make matters worse, it is not just any life, but the life that she herself has brought into the world and that lives within her own body. It is a life that, if it were allowed to continue its development, would one day be called her son or daughter. Psychiatry speaks of the relationship that exists between mother and fetus as symbiotic, which means that the relationship is so close that the fetus, in a sense, is a part of the mother. Both gain from the relationship: the fetus, its environment and subsistence, and the mother, a sense of creativity and fulfillment.

At the time of an abortion, the woman loses a part of herself. It can even be said that she kills a part of herself. We should not be surprised, then, to find that the aborted woman feels profoundly guilty and experiences a loss of self-esteem. Responsibility for the act causes a fear of retaliation. It is not uncommon to hear such statements as "I am afraid something will happen to me for what I have done," or "I have committed a terrible crime and I will be punished for it," or "I am afraid I will never be able to have another baby because of what I have done." Women of deep religious convictions are often terrified at the thought of God's justice. Some become convinced that they have committed the unforgivable sin and are plagued with feelings of despair. Needless to say, reactive depression and suicidal thoughts can accompany profound feelings of guilt

and loss of self-esteem. Thus, what was supposed to be achieved through the medium of an abortion, namely, the improvement of mental health, can turn out the reverse and further destroy the very thing it sought to obtain.

One of the most devastating aspects of mental illness is the personal realization that one is afflicted with a disorder that is considered subhuman. In the minds of many, to be mentally ill is synonymous with being irrational. It is this aspect of the illness that heightens the already existing feeling of inadequacy. To tell a woman she should not continue a pregnancy and have her baby, because she is neurotic or psychotic, simply increases her feelings of worthlessness.

The psychological effects of an abortion are sometimes delayed. After the operation, the woman becomes so engrossed in the demands of daily living that she has little time for conscious reflection. She fails to realize the full import of what she has done. Many years later, when she encounters the menopausal period at 45 or 50, the meaning of what she has done hits her with its full impact. This realization, added to the usual physical and psychological reactions of that period, can become a major factor in precipitating an involuntal depression.<sup>31</sup>

Doctor Richard Curran, a psychiatrist, gives a graphic description of the psychiatric reaction and the traumatic damage that follows abortion, whether it be a so-called legal or illegal abortion:

Let us not limit our thoughts to the so-called illegal abortion. For we must keep in mind that whether the termination of pregnancy be at the hands of a surgical team with hospital approval or by self-administered tools and potions, or by clumsy, unsterile professional abortionists, the *psychological burden of guilt rests with the woman*. And it is no wonder that one hears of extreme fear, ambivalence and doubt as the hour approaches.

Once the deed is accomplished the mind is taxed anew. Ambivalence gave way to action. For some, there is nagging guilt of

a misdeed that cannot be undone. Others become painfully aware of the fearful hostility in themselves; a hostility that can be acted upon. Still others experience a mounting hatred and distrust directed toward any and all who advised or assisted in the misdeed.

It is disheartening to consider the damage to the emotional make-up of a young girl, who has not attained a reasonable maturity of ego. The concept of self in terms of ideal values and images is dealt a mortal blow. The event is recalled again and again. Soon it becomes necessary to drown out the noise that is heard, as she is forced to review her act of murder. Powerful repressive forces stir as the ego tries to preserve a mental equilibrium. What cannot be pushed back into the vaults of the unconscious must be defended against. Thus, the emergence of neurotic or psychotic reaction patterns.

The milder reactions may take the form of conversion reactions, phobias or obsessive-compulsive mechanisms. These patterns are usually not brand new, but represent a re-emergence of old traits. Thus the compulsive type will often become more rigid in habits of cleanliness, punctuality or parsimony. Those women given to the expression of emotional conflict via the body language will develop psychophysiological disorders. The phobic disturbances are perhaps the easiest to understand when one grasps the symbolism behind the fear situation. I have treated patients with irrational fears of crowds, of solitude, of foods, bugs, knives. Others avoid visiting certain places or performing certain acts. Some will shun the doctor who performed the abortion and for those women who performed the act themselves one is likely to hear, for example, of the panic that descends when the central plumbing breaks down and the pathway to disposal of the "dead one" backs up.

A fear of instruments and weapons is not uncommon. If one remembers that a phobia represents a displaced fear against a forbidden impulse, this phenomenon makes more sense. Knives are scrupulously placed out of reach, not because of the searching hands of toddlers, but because of the doubtful control of the murderer.



Further pregnancies may be quite upsetting. The normal fears, doubts, and feelings of ambivalence become weighted with the memory of weakness and betrayal. The wish to retain and the wish to expel meet and wrestle anew. But now the contest seems less even, for the former contestant, "expulsion" has won the first fall. The significance of other events may be overdetermined. Accidents, illnesses and reversals of one sort or another may be seen as punishment.

Then inescapably the menopausal years arrive. The child bearing years are past. For most women it is a difficult time. Hormonal and other physiologic systems undergo major alteration. These changes exact from the emotional make-up of each woman equal measures of adjustment and alteration. The process of reproductive involution stirs anew the serious deliberations about a woman's role, responsibility and purpose in life. The anxieties of youthful menarche are revisited, but the mystery and challenge of fertility is not the problem. Instead there is apprehension and reluctance over the changes leading to infertility. For the woman who has tampered with these natural functions and aborted, there is so often an extra burden. For there arises from the realm of repressed conflicts the haunting reminder of the dreadful act. When the miracle and privilege of procreation is denied by involution, she is forced to retrace old unsettled feelings. One sees unusual amounts of guilt, self-abasement and despondency. These are but a few observations gathered from the histories of those women whose guilt is not recognized nor accepted in our courts of law, nor by quite a large number of people outside the courts. Culpability is not placed upon them by others. Yet it is felt. For in the mind a trial is always held. The verdict is guilty and the sentence harsh. They are sentenced to hear a noise, constant and tormenting. It is an echo from the quiet murder.<sup>32</sup>

Father Vaughan raises a very valid point that if abortion is avoided and intensive psychotherapy is em-

ployed, a healthier, stronger, more secure and more mature patient emerges:

In caring for the mentally ill, abortion is the easier course of action; it puts a definitive end to a complicating factor. But in the long run it may cause new complications. Psychiatric treatment seldom is easy, since it demands of the patient the painful process of self-acceptance and personal growth in a world that is often threatening and demanding. The means most frequently employed to accomplish this end is psychotherapy — the person-to-person relationship established between therapist and patient. The function of the psychiatrist is to accompany the patient along the journey that life offers her. In the world of reality, this journey may present many stressful situations, not the least of which can be pregnancy, childbirth and motherhood. To allow the patient to run away from these roles is no solution. Help consists in aiding her to face existential reality and become equal to meeting it. In some instances, the pregnant patient may be so psychologically weak that she will need hospitalization as a support or protection against suicidal intentions; in other cases, more intensive out-patient psychotherapy suffices. Regardless of the type of treatment, the added complication of pregnancy is likely to tax the skill and understanding of the therapist; but if he is doing his job, the final outcome should be a more mature patient.<sup>33</sup>

Close attention should be given to the remarks of Doctor Nicholas J. Eastman, Professor of Obstetrics at Johns Hopkins University School of Medicine, in the foreword of a textbook on obstetrics:

By and large, obstetricians have performed therapeutic abortion on psychiatric indications begrudgingly. They have been inclined to regard the indications which their psychiatric colleagues bring to them as too esoteric and intangible to be convincing; and the thought has not infrequently crossed their minds that a clever, scheming woman is simply trying to hood-

wink both psychiatrist and obstetrician. The present volume goes far toward correcting those misapprehensions on the part of obstetricians. Indeed, from the statements and case histories which psychiatrists present in this volume, it is clear that their opinion is veering rapidly toward greater conservatism. The guilt complex which sometimes follows artificially produced abortion receives especial emphasis. Author after author uses such phrases as 'the sense of guilt or inadequacy which appears directly related to an abortion,' 'psychic hangovers from abortion,' 'traumatic experience of an abortion,' 'the effect of the termination on the integrity of the woman's personality structure,' 'emotional trauma which the woman will subsequently experience,' to say nothing of the stress laid on 'exceedingly depressed hysterectomized patients,' and suicidal tendencies in vasectomized men. The feeling is growing apparently among the leaders in psychiatry that therapeutic abortion on psychiatric grounds, is often a double edged sword and frequently carries with it a degree of emotional trauma far exceeding that which would have been sustained by continuation of pregnancy.<sup>34</sup>

In summary, abortion for psychiatric disorders is the easy, expedient, unimaginative, sterile, destructive and hazardous solution, which leaves the expectant mother *without* her baby but *with* her emotional or mental distress.

#### REFERENCES

1. *Journal of Contraception*, January, 1937.
2. LINACRE QUARTERLY, Vol. 19 — Number 1 (February, 1952).
3. *Ibidem*.
4. *American Journal of Obstetrics and Gynecology*, Vol. 66, number 2, (August, 1953).
5. *Ibidem*.

6. *Ibidem*.
7. *Ibidem*.
8. *Ibidem*.
9. LINACRE QUARTERLY, Vol. 19, number 1 (February, 1952).
10. *Ibidem*.
11. *Ibidem*.
12. *Boston Globe*, November 26, 1966.
13. N C W C News Report, *Boston Pilot*, April 2, 1966.
14. *Boston Globe*, January 1, 1958; *Boston Globe*, January 1, 1966.
15. *Medical Tribune*, July 26, 1965.
16. *Boston Sunday Globe*, February 20, 1966.
17. Rev. Richard P. Vaughan, S.J., *Psychotherapeutic Abortion, America*, October 16, 1965.
18. *Experiences in a Psychiatric Hospital* by Rosen, *Therapeutic Abortion* as recorded in *The Abortion Question* by Robert M. Byrn, *The Catholic Lawyer*, Vol. 11, No. 4 (Autumn, 1965).
19. N C W C News Report, *Boston Pilot*, April 2, 1966.
20. Russell B. Shaw, *Abortion and Public Policy*.
21. *America*, October 16, 1965.
22. *loc. cit.*
23. *loc. cit.*
24. *loc. cit.*
25. *Boston Sunday Globe*, February 20, 1966.
26. Heffernan and Lynch, LINACRE QUARTERLY, Vol. 19, n. 1 (Feb. 1952).
27. Heffernan and Lynch, *loc. cit.*
28. *World-Wide Abstracts*, October, 1964.
29. Heffernan and Lynch, *loc. cit.*
30. *Boston Sunday Globe*, February 20, 1966.
31. *America*, October 16, 1965.
32. LINACRE QUARTERLY, Vol. 23, No. 4, November, 1966.
33. *loc. cit.*
34. Foreword to the 1954 Edition of *Therapeutic Abortion*, by Harold Rosen, Ph.D., M.D.

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