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There is no cry of protest sent from the victim. It is done where no eye can witness. There is no grave with marker to identify or incriminate. This quiet murder is abortion. But it is not completely quiet. Someone hears a noise. I should like to discuss the someone and the noise.

The problem of abortion is of special concern to doctors. For, although the legal and moral arguments grow daily in complexity and volume we, as physicians, are still left to face, in our service to the patient, our own personal argument. As Catholic physicians our medical convictions are shaped by our moral ones on this subject. We are, therefore, quite often reproached for a lack of objectivity on such a timely topic as abortion.

It is my hope in this article to present some considerations based on clinical experience. I believe these observations to be objective. No attempt will be made to enter the legal or moral arena. These are the thoughts of a Catholic who is a psychiatrist, not a "Catholic psychiatrist."

It is the workings of the human mind that we shall examine. It is the mind of one who is involved in a death. Such a mind is opened to a psychiatrist for examination and treatment when a pain becomes intolerable. Let us consider the process of the pain, a mental pain as it develops before, during and after the fact of murder.

What is the motive? There is no simple answer. To understand the possibilities we might look at the psychological soil into which the seed of pregnancy is sown. As with all soil it can nourish or reject. This latter possibility is at first repugnant and contradictory to our traditional views of motherhood. But it is essential to understand that there are forces at work in the unconscious mind of every expectant mother which tend on the one hand to complete the biological process of pregnancy and on the other hand to expel and be rid of the unseen life within a life. The pleasures of expectancy with the sometime magic of life-building and life-giving may be nudged by the apprehension of carriage and delivery with the inevitable discomfort and pain.

Psychological attitudes affect and are affected by biological attitudes toward the pregnancy. The early experience with nausea, vomiting, anorexia and other gastro-intestinal upsets are strong reminders of the altered physiology of the host organism. Hormonal adjustments trigger temporary changes in other systems such as the cardio-vascular, respiratory and genito-urinary systems. These processes may precede or proceed from powerful mental forces that are set in motion and tend to use the rejecting and retentive forces of the body as a language of ambivalence. Never is pregnancy accepted, biologically or psychologically, with complete passivity. The psychiatrist becomes more aware of the interaction of the psyche and soma from the pregnant woman than from any other patient.

Let us return to the psychological problems. The normal instincts toward motherhood represent the positive wish to participate in the process of life and to offer oneself to this natural aim completely. Yet, as already noted, there may exist strong unconscious counter-wishes which spring less from the dread of biological demands than from deep seated attitudes toward impregnation and child-bearing. These attitudes are often the remnants of childhood wishes and fantasies. But, pregnancy is not a fantasy. It is a real event and demands a real and substantial strength of ego. Otherwise, neurotic and even psychotic mental defenses are employed. For some these attitudes represent the emergence of unresolved hostility and aggression toward figures in one's own life.

Some interesting research has been done concerning such attitudes. A group of investigators studied seventy-five women with histories of habitual abortion (more than three miscarriages).[1] These women were found to have no related organic deficit such as hormonal imbalance or structural deformities. The results of the study indicated significant differences in the emotional makeup of this group and a control group of so-called normal women with several successful pregnancies. They found that the women of the group under study were overly compliant and dependent, usually to a mother or mother figure. This compliance served to present a socially acceptable facade. Behind the facade was a goodly amount of hostility and resentment. The tensions and frustrations which resulted from their constant efforts to please would only periodically erupt. But for fear of losing whatever dependent gratification was available these emotions were usually stifled. It was felt that a psycho-physiologic expulsive act was the result when these women were confronted with strong ambivalent feelings toward the pregnancy. The Rorschach responses were replete with ideas of competition, fighting and depreciation of human figures. There were an unusual number of responses concerned with weapons, fires, claws, blood, explosion, incomplete figures and violation of living tissue. The investigators concluded that there was certainly a significant relationship between the emotional structure of the studied group and their repeated unexplained miscarriages.

From this and similar studies one gains respect for the strange body compliance, as mental processes proceed to exert powerful directive forces. With this knowledge it becomes more understandable from whence the idea to abort emerges. The feelings behind a self-induced or assisted abortion are less mysterious. And one becomes more skeptical of the rationale for abortion. For behind every legitimate reason is the unreasonable potential for murder. For many the unconscious becomes conscious. The outer garment of logic, utility and practicability hides

an ugly impulse. And no one is above such an impulse.

A chilling picture now comes to mind. It is a picture I have come to recognize when treating some patients with histories of abortion. The patient describes the predicament of an illegitimate or unwanted pregnancy, but with emphasis on the advice and help offered by the patient's mother. Usually there is undisguised bitterness as the patient details the coaxing, suggestion and direction given by her mother towards ending the existence of the unwanted child. The patient ultimately reveals a deep resentment for such motherly advice. There are open and veiled references to mother's destructive potential. These emerge partly from the need to shift blame and partly as an unwilling expression of their own deep disappointment in an idealized person. They are sad and hurt.

The potential for murder is universal as we have seen it develop at the unconscious level. And the onset of pregnancy presents the psyche of some women with a possible victim. The unique privilege of motherhood can create an immense burden to the disturbed or confused mind. Let us follow the thought to the deed.

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 ars of extreme fear, ambivalence a doubt as the hour approaches.

Eagerness to end the p gnancy is dampened by fears both ealistic and unrealistic. Realistical things can and often do go wro . The complications of hemorrha sepsis, mutilation and death give fficient reason for apprehension a d fear. The irrational fears usual spring from the growing doubts, g ilt feelings and anticipation of pur hment. Added to this is another f r, usually vague and transient, s ared by most pregnant women, a d even their husbands. It has to lo with the strange feeling that give a life means to lose one. r some women this idea is so grip ng that they await labor and deli ry with absolute terror. This p cess of thinking is less strange a we try to appreciate the unique re tionship of the prospective mother d fetus. There is a certain biolog al unity in the sense of a sharing f tissue, blood, nutrients and m tabolites. There is a strong emoti al bond which begins with the ide of pregnancy and develops accord ng to the mother's self image and takes on shape and color accordi g to the individual's identification with the fetus and to the resolut n of her ambivalence about the pregnancy.

If there are those who fear sickness or death as a result of their decision to end a life within them, then there are others who seek such "punishment." For some women burdened by the emotional pressure of their conflict and overcome by the gravity of their decision proceed

with an unnatural deliberation to seek out the most dangerous ways to abort. This presents us with the grisly drama of murder and suicide.

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 psychophysiologic disorders. The phobic disturbances are perhaps the easiest to understand when one grasps the symbolism behind the feared 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 murderess.

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, se abasement and despondency.

These are but a few obs ations gathered from the histories those women whose guilt is not re gnized nor accepted in our court f law, nor by quite a large numbe of people outside the courts. C ability is not placed upon them b others. Yet it is felt. For in the mi a trial is always held. The verdict guilty and the sentence harsh. ey are sentenced to hear a noise, nstant and tormenting. It is an e o from the quiet murder.

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