Mental health and criminalization of abortion: emotional experiences in restrictive scenarios

Saúde mental e criminalização do aborto: experiências emocionais nos cenários restritivos

DOI:10.34117/bjdv9n1-224

Recebimento dos originais:12/12/2022
Aceitação para publicação: 12/01/2023

Raquel Silva Barretto
PhD Student in Public Health, Subarea Violence and Health
Institution: Escola Nacional de Saúde Pública Sérgio Arouca (ENSP - Fiocruz)
Address: Avenida Brasil, 4365, Manguinhos, Rio de Janeiro - RJ
E-mail: psi_quel@yahoo.com.br

Ana Elisa Bastos Figueiredo (In Memoriam**)**
PhD in Health Science
Institution: Escola Nacional de Saúde Pública Sérgio Arouca (ENSP - Fiocruz)
Address: Avenida Brasil, 4365, Manguinhos, Rio de Janeiro - RJ
E-mail: aebfigueiredo@yahoo.com.br

ABSTRACT
This article brings together the central results of an investigation, carried out since 2017. Through an online questionnaire, linked in virtual groups during the period of June - August 2019, it was possible to understand the emotional issues of 55 Brazilian women, who interrupted voluntarily at least one pregnancy. Respondents highlighted depression, anxiety, guilt and shame as present suffering, however, most reported feeling relief from the experience. The narratives were worked on by Discourse Analysis, which enabled discussions in the fields of psychoanalysis and social sciences. The investigation reinforced previously found results, given that suffering is more linked to criminalization than to the interruption and, each woman will re-signify the experience in a unique way. In addition, qualified listening was rated as fundamental in the decision and reframing process.

Keywords: abortion, psyche, discourse analysis, mental health, women, criminalization.

RESUMO
Este artigo reúne os resultados centrais de uma pesquisa, realizada desde 2017. Por meio de um questionário, vinculado em grupos virtuais, durante o período de junho a agosto de 2019, foi possível compreender as questões emocionais de 55 mulheres brasileiras, que interromperam voluntariamente ao menos uma gestação. As entrevistadas destacaram a depressão, a ansiedade, a culpa e a vergonha como sofrimentos presentes, porém, a maioria informou ter sentido alívio a partir da experiência. As narrativas foram trabalhadas pela Análise do Discurso, o que permitiu discussões no campo da psicanálise e das ciências sociais. A investigação reforçou os resultados encontrados anteriormente, dado que o sofrimento está mais vinculado à criminalização do que à interrupção e, cada mulher ressignificará a experiência de uma forma singular. Ademais, a escuta qualificada se qualificou como fundamental no processo de decisão e reformulação.

Palavras-chave: aborto, psique, análise do discurso, saúde mental, mulheres, criminalização.

1 INTRODUCTION

Abortion is a public health issue. In a study published in the magazine The Lancet by Ganatra et al. (2017), it was estimated that between the years of 2010-2014, 25 million abortions occurred per year, in conditions considered insecure. A new division was attributed to the illegal abortions, permitting them to be classified as "less safe" or "not safe". The less safe are those performed by health professional with the use of non indicated methods or, by people without qualification, that suggest the use of safe methods. The not safe represent elevated risks, generally by the use of invasive methods or methods that have no scientific proof. 97% of these (unsafe) abortions in the time reported, happened in Asian, African and Latin-American countries.

It is acknowledged that the incidence of unsafe abortions in Brazil is relatively high; according to the data of DATASUS in the interval of time defined between the years of 2008-2016, 912.260 hospitalizations due to "pregnancies that ended in abortions" occurred (Brasil, 2013). This total excludes the legal and spontaneous abortions. In 2018, abortions occupied 3rd place between the main causes of maternal deaths in the country. The physical compromises that are predominantly reported in the less safe or not safe abortions involve hemorrhaging, perforation, pelvic pain and infertility. According to the WHO (2013) the physical and/ or mental dysfunctions compromise up to 5 million women per year. However, the publications about mental issues implied in the interruption of gestation are still incipient. In Brazil, they are limited to small groups and leave questions about the repercussions of abortion to women's mental health, especially in a long term (Menezes & Aquino, 2009; Romio, Roso, Cardinal, Basso, & Pierry, 2015).

2 MATERIALS AND METHODS

Aiming to discuss and fill in the gaps on emotional issues of women who have induced at least one abortion during their lifetime in a country with highly restrictive (impeditive) laws, a descriptive and analytical research was carried out. The project was initially sent to the Ethics and Research Committee (CEP) of the institution of which the

researches belong and, in 05/2019 received a favorable deference, of the number CAAE 06099418.2.0000.5240.

The instrument used for the data collection was a Survey. For which, the researchers opted for the utilization of a platform that is internationally known, where they inserted 14 questions structured into 03 semi structures. The link for the questionnaire was passed along between the months of June – August of 2019 in social media groups. For the selectin of these groups, we considered in the search the terms: *abortion, abortion legalization, unsafe abortion, clandestine abortion, sexual and reproductive rights*.

Through her profile, (with restricted personal data), one of the researchers entered the groups, presented the research and invited the participants to click on the link and answer the questionnaire. As inclusion criteria, the participants should be Brazilian, have inducted at least one abortion throughout their lives, be 18 years of age or older during the moment of the research and demonstrate awareness and agreement to the points established in the Informed Consent Form.

Over the 03 months, the researchers received 81 answered questionnaires. However, 23 omissions were verified in the semi structured questions and, besides that, 03 questionnaires were ignored, because the participants did not satisfy all of the inclusion criteria. The structured questions regarded the profile of the respondents and the agreement or disagreement, when faced with some affirmations about abortion. The semi structured questions invited the participants to tell their experiences and to describe the emotional issues connected to those experiences. Given that the analysis in question is about the production of meaning, the researches opted to keep only the 55 questionnaires that were fully filled, considering that the semi structured questions being filled in was essential for the analysis.

The narratives described by the participants were worked in the scope of Discourse Analysis and discussed in light of psychoanalysis. Due to ethical issues, the participants received fictitious names.

2.1 DESCRIPTION OF THE PARTICIPANTS

Of the 55 participants, 35 were in the age range between 18 and 25 years old; 07 were between 26 and 30 years old; 05 women were in between 36 and 40 years old; 05 women were in between 31 and 35 years old; two were between 41 and 50 and only one

woman said she was older than 55 years of age. About their civil state, 33 said they were single, 04 married, 16 in a stable union and 02 were divorced.

About their level of education, 18 women were said to possess higher education, 26 said they concluded high school and 11 concluded post-graduation. About the ethnic and racial matter, 20 women self-declared themselves as brown, 13 as black and 22 as white. Regarding religion, 27 affirmed they do not have one, 08 defined themselves as evangelical, 06 catholic, one atheist, 03 did not define any denomination, one said to be mystic, 04 spiritists, one was defined as a Buddhist, one Jew, 02 pagans and one umbandista. About the regions of residency, 29 women reside in the Southeast, 05 in the Northeast, 07 in the Midwest, 03 in the North, 09 in the South, one resided outside of Brazil and one did not answer. About the maternity: 39 women did not have children, two preffered not to answer and 14 were mothers. 48 women referred to the interruption of one gestation throughout their lives, 06 women performed more than one abortion and one ignored the question.

Regarding the profile of the respondents, some elements differ from the elements found in the biggest researches about abortion in Brazil, however, an important caveat concerns the field of research. According to the data disclosed by IBGE (2018), it was found that the biggest users of social medias in Brazil were young and young adult women. Between the regions with the most number of inhabitants connected, the Southeast was placed in 1st, followed by the Midwest and the South. The North region appeared last. The “A” and “B” classes are the ones that stay connected for the most amount of time. The preferred devices for access were cellphones. Regarding the level of education, a higher degree facilitates access. While the techniques of interview and urn can reach women in the countryside, which have a bigger lack of resources, a smaller degree of education, the internet provides a bigger geographical range, however, the most active groups hardly possess the profile found in using other techniques, seen as the sociocultural inequalities hinder the democratization in the access of technology and information.

3 RESULTS

The results presented are related to the questions open in the questionnaires: About some sort of physical complication due to the abortion, 05 women answered “yes”. Two did not detail what the complications were, one had urinary complications, one had a

missed abortion and had to seek health service and, one mentioned a uterine complication, present to this day. When asked about the experience, nowadays, of an emotional suffering due to the abortion, 18 women answered "yes", which draws attention as it represents over 30% of the respondents.

In the key question of this research, the participants were invited to say if they "believed that the abortion or abortions in question caused some sort of suffering and, how they experienced this process". Considering the emotional reports as *discursive formations*, the *significant discursive nuclei* were the points evidenced by the respondents. These points will not always be delimited by words or terms more present in the discourses, but, they are present in the context of the narratives and, were interpreted by the analysts. In this case, the ***significant discursive nuclei*** that emerged from the discourse of the respondent women were:

3.1 DEPRESSION AND LONELINESS

Due to the criminalization and, because it is a social taboo, most women reported difficulty in having reliable people near. The interruptions were mainly described in the 1st person: *"It was desperate, lonely, (I) could not count on my conservative family"* (Jaqueline). As was reported by Jaqueline, most women also described "a loneliness" of the interruption, even if they obtained abortive methods with others. Some discourses give account to the abandonment by the partners, faced with the confirmation of gestation. Lilian narrated that she had been through a depression before the interruption and, the loneliness present in the choice, as well as the guilt, made the depression aggravated.

Irene reported the, the depression was posterior to the interruption and abandonment by the partner, that not only left her, but also exposed the situation to everyone: *"(...) he exposed me when I had the abortion, I developed anxiety and depression, I felt alone (...) it is still hard to this day and, I seek to bring awareness to other women"*.

When referring to the present moment, usually the "loneliness" of the interruption is not an issue for all of them, but, the suffering due to the feeling of grief continues to exist. If this suffering aggravated or generated depression for some, the anxiety itself was also or continues to be present, alongside or dissociated from the depression.

3.2 ANXIETY

Different from the depression, that was defined a few times through a sadness prior to the interruption, that was amplified after it, the anxiety was narrated in all cases as posterior to the interruption. The anxiety was commonly related to shame and guilt.

Laura, while remembering the abortion, refers to the process as *"lonely because the partner left her (...) the intercourse occurred with protection but there was a pregnancy and the abortion was performed with a toxic plant (...) I see that today I have anxiety crisis and have closed myself up to the world"*.

Maria, Irene, Shirley and Renata also experience symptoms of anxiety, and consider the experience of interruption as a "trigger" for suffering. For Maria, this suffering reaches other areas of her life to this day: *"(...) I felt an immediate relief, then guilt, anxiety and, I have difficulty in obtaining pleasure in sexual relations"*.

3.3 GUILT AND SHAME

The guilt and shame were not dissociated from the "sadness", "depressions" or "anxiety". In the case of the "anxiety", guilt and shame were joint elements for the experience of the crisis. However, the discourses reflect two perceptions of guilt and of shame. Both are related, however, they appear separately in the speeches, and where analyzed in two ways:

3.3.1 Guilt and shame perceived in external judgment

Guilt and shame did not appear in the same way for all participants. Flávia, Sílvia, Patrícia, Angela, Irene and Bruna when synthetizing guilt or shame, related these perceptions to the fact that they were, in some way, socially exposed and judged. The last two were targets of exposition by their ex-partners, that not only abstained from assuming the decision, but also reported the context of the abortion to colleagues and/ or family members, which produced anguish in the women that were in a situation of frailty and, they felt "the condemnation" by these groups.

Flávia said that she is fine with the guilt issue nowadays. However, in a first moment she experienced this feeling: *"Maybe the guilt came from the law, and not from the fact (...) In Brazil we do not have autonomy over our bodies, we are treated as properties"*.

Whereas Laura had the sensation of guilt when looking for a public health service, due to an unsuccessful interruption. During the consult, not only did she feel neglected, but she also felt as a "*sinner"* by those who attended her. This report is similar to Roberta's, that while looking for a public hospital, bleeding, reported that *"The treatment was precarious, the human beings were rotten in a job that involves women's health"*. A report of searching for a health service (this time private) with an inadequate treatment, permeated by judgements that led to the perception of guilt, were also pointed in Ingrid's speech.

3.3.2 Guilt and shame of the self

Guilt and shame were common inside a self-judgement. Sandra reported that she felt guilt and sadness and, the way she found to "liberate" herself from this suffering is doing a tubal ligation. Janaína also brought to herself a prevention issue and, in her speech it is implied that if she had prevented herself, she would not have gone through this situation so, the guilt is due to the fact that she did not prevent the gestation by some means. The feeling of *"having permitted that the gestation occurred"* is not exclusive only to this participant. Besides her, Angela also put herself in the 1st person and, accepted a guilt *"due to her choices of not preventing herself"*.

The reports of Camila and Teresa brought words that were more pejorative in terms of a self-definition. In these situations, the participants (that are religious) used the following words: *"death", "murderous, "sinners"* and *"criminals"*. Teresa reported that the guilt is bigger, when she sees that today she would have possibilities to have maintained the gestation and to have been a mother to one more child. She was the only participant that brought a speech connected to the possibility of wanting the child to be present today so, the perception of loss accentuated the feeling of grief. Estér sees the guilt as coming from a past interruption as an obstacle to the maternal relation – given that the memory propitiates difficulties in establishing current bonds with her daughter.

3.3.3 Relief

Not always are the emotions and/ or feelings experienced by the interruption of a gestation marked by some type of suffering. If the guilt and shame were the most present sufferings, other perceptions were bigger, such as the well-being. Outside of the scope of

depression, anxiety and guilt, relief was significantly described by 23 respondents, representing the majority of answers.

However, Discourse Analysis itself assists in the reflection that relief is not the same for all of those that experience it. Relief is felt in the face of the expectations and places of which these women speak.

Sarah, Júlia, Thaís and Helena reported their anguish in facing sexual violence that they endured and the difficulties and impossibilities suffered in the guarantee of a legal abortion, which culminated in illegal abortions. With different narratives, Júlia and Helena talk about the relief in interrupting gestations that were the product of violence. For Sarah, that interruption is what guaranteed the possibility of continuing to live, given that *"I had planned suicide, in case the abortion did not work"*. In this situation, the interpretation of the interruption is that of an action that gave her back life. For the others, the abortion was a path to guarantee rights, that they did not have. But, not all felt the same way. The relief was brought by two and, still, each one resignified their relief.

It was the case of the resignification of relief described by 21 other respondents. For Doria, the relief emerged in front of the certainty of being alive, after another attempt of interruption being painful and unsuccessful. In various situations, relief occurred inside the impossibility of having a child due to financial, study or professional issues or, due to already being a mother. Relief was also described when it was necessary to seek a health service and, the professional respected the patient, believing her version. Or even, when there was not a registered complaint. In the context of Gisele, relief came due to the fact *"of performing the abortion outside of Brazil (...) of having felt taken care of and respect by the team"*.

Relief was brought in moments in which the women were certain of their decision, as was the case of Rafaela that *"was unhappy with the beginning of the gestation and, knew what she wanted from the beginning, feeling safe and relieved"*.

For most, relief was pointed as a unique perception. For 06 respondents, relief was described as paradoxical because it contemplated initial moments of "regret", "trauma", "frustration" or "pain", interspersed by tranquility, having prevailed "relief" as the central feeling.

Other two participants, Renata and Célia, brought a few points of this "relief" and "well-being" that caused discomfort. In Renata's words: *"Although I am at peace with the decision, I have difficulties in thinking about and seeing pregnant women, it was the*

worst day of my life". Célia puts in question the guilt that she did not feel: *"I felt bad for not feeling guilt and, I went to treat this absence (of guilt) in therapy"*.

3.3.4 Not belonging to the body

Two participants exposed critiques to the way in which women are objectified in Brazil and evidenced a discomfort for not having the decisive power over their bodies (which results directily in their lives).

Sílvia claimed feeling discomfort due to the law and, completed: *"(...) in our society, women can not decide over their bodies, we are judged by other women"*. The same had already been reported by Flávia, when feeling that female bodies are properties and, are regulated by the law, in such a way that women lose their autonomy, when they should have it.

This issue was present in the discourse of those who suffered sexual violence. Sarah was abused by a family member, during a big part of her life and, when she decided to seek her rights with a public agency, she was not credited by those that received the allegation. In closing, she interrupted the gestation herself.

"Not belonging to the body" was also felt by Júlia, when seeking help after a rape in her adolescence. For her: *"The State did not believe in the report of rape and in what I had been through, denying the abortion request"*. After a suicide attempt that did not work, she was able to interrupt the gestation. Thaís, that also reported sexual violence, without understanding what happened, submitted herself to the decision of her abuser (her father), that obliged her to take medication, in contesting the possibility of gestation.

Joyce, Roberta, Denise and Michelle affirmed that the decision or financing for the interruption started from the ex-partners or people close to them. On the other hand, Vera omitted the abortion from her husband, because if he knew beforehand, it was possible that he would not agree with it.

This nucleus permits the reflection on how much women feel directly or indirectly that there is a control over their bodies and a regulation over their lives, that takes from them the decisive power, even in situation in which, theoretically, they should have the final word.

3.3.5 The chosen maternity

A central point in the narratives of some mother participants was the differentiation between a child that was not possible or chosen and, the acceptable maternity. Caroline referred that she was already a mother of a previously accepted pregnancy and, she knew that she did not have a financial condition to maintain another child, so, she felt safe to interrupt this prior gestation. Patrícia, Vera, Estér and Teresa were already mothers and, comprehended that the interruptions occurred in moments in which they did not feel able to accept that maternity.

Rosa did not have children. She said that in the moment that she had the abortion she was very young, she was not in a stable relationship and, in her words: *"(...) a few years later, I got pregnant and raised the child with all of my dedication because this one, I wanted to have"*. Prior to the abortion, Célia planned carefully a future pregnancy: *"(...) a few years later we had our wonderful son, that came in a structured phase"*.

3.3.6 The qualified listening

The seventh nucleus evidenced in some discourses, fundamental in the debate about the mental health of women that interrupted one or more gestations was the necessity of qualified listening and attention. Gabriela said she missed a doctor do accompany her during the procedure. Natália reported the lack of listening and access to qualified information before and after the procedure.

Psychologists were the professionals mostly cited in the discourses. According to Lia: *"Even though I counted on a clandestine network, I lacked, I lacked the accompany of a professional psychologist to assist me in my decision, to accompany me in the emotional process in which I engaged (and am still seeking). If I had been well oriented since the first time I got pregnant, maybe I would not have aborted (...) it is sad, it is painful, it is lonely, it is an opportunity for rebirth such as going into labor"*. Natália also affirmed the impacts of this absence: *"I prefer to burry my feeling but, I would have liked to have spoken to a field professional, while facing the decision"*.

The criminalization also prevents a bigger offer of psychological care for this finality, facing all social classes and realities. For the women that had access to qualified listening, the therapeutic work was fundamental after the interruption experiences, as pointed by Camila: *"Sometimes I feel like a monster, I carry traumas due to this (the abortion). I am in therapy with a psychologist that has helped me a lot"*.

Therapy will not always approach the suffering but, the comprehension of the process and the feelings that come from it: *"(...) I went to resolve the lack of guilt in therapy"* (Célia).

Multidisciplinary teams, with professional apt to caring, listening, open to the sharing of information, are essential in a process that is, itself, invasive. In situations of decriminalization, the professionals are more humanized and respectful with the patients. This is a discourse common to women that have had abortions in other countries. In the research, we had a Brazilian participant, that performed the abortion abroad and, felt "cared for", "safe" and "respected".

4 DISCUSSION

The form of analysis of the interviews happened through Discourse Analysis (AD). Of European origins, it has its roots in 1969, with Michel Pêcheux. The object of AD is the discourse, not necessarily systematized, that suffers modifications in determined times and, gains new meanings. Orlandi (2001) emphasized its three branches of knowledge, mainly: the Marxist studies, Linguistics and Psychoanalysis. In order to comprehend the perspective of the subjects, that is, the subjective productions present in the experiences of interruption, it was necessary to dialogue with authors that speak of correlated themes in the social sciences and in psychoanalysis.

As a founding base for the debates about abortion, we have the debates about maternity and women's role. Freud, in the XIX century elaborated que question: "After all, what do women want?"

His question remained unanswered however, another one would fit in the intention of complementing it: "What are the limits of women?". In the first there is the comprehension of women in their want, in the second, the reflection allows us to think directly in the subjection of women. We can say that all types of subjection are derived phenomenon, that are mere consequences of other economic and social processes: production forces, class struggles and ideological structures that determine the form of subjectivity. No doubt, the mechanisms of subjection cannot be studied outside of their relation to the mechanisms of exploration and domination (Foucault, 1995, p.236).

Up until the XVIII century, women where subject to the trials of "maternal love", that occurred via care, breastfeeding, individualized attention with their children. Badinter (1985) described the images of maternal affection as expendable in most cases,

given that the children had a social representation of "embarrassment", "shame" and, the high infant mortality rates until the end of that century made it so the intense attachment of the mother to each one of their babies led to pain in facing loss.

Being a mother did not give any special status to women, it was only a complementary role to the role of wife. Despite few women (especially English and French) having opted for not becoming mothers, this was a practically impossible possibility for the others. Women were "subject" to marriage and maternity, even if these roles did not imply positive affections.

Badinter (1985) analyzed the year of 1760 as a mark in the change of the social mentality about motherhood. With the interest of the State, focused on the early infancy and in the reduction of mortality rates, many publications associated love to maternity and, pointed this feeling as natural and instinctive. Women, by answering social demands, were recognized as "good mothers" and, for the first time, gained a status that they did not have before. It was also in the XVIII century that the notion of "maternal sacrifice" emerged; this one had its beginning since the gestation, when it was expected that women take care of their bodies, their feeding and, posteriorly give up their own desires and customs that were previously practiced in favor of the life of their children. If love was above all, the life of the child should also be and, it depended on the maternal cares so it could have its wants attended. The author reinforces that the new exercise of maternity did not occur at the same for all women; the wealthy countrywomen took longer to encompass these notions.

With the resignification of the maternal role, the bodies and desires were also put in question. Nunes (2011) situated that the social imposition of an "acceptable" sexuality for women, in the beginning of the XIX century, whose body should be guarded for the potentiation of the fruitful and reproductive duties. Women that were not able to regulate their desires or behaviors as was expected, commonly presented symptoms diagnosed by Freud later on as hysterias. Freud described the imprisonment of women to their homes and social functions as obstacles to the consolidation of desires and fantasies, causing the repression to produce sickness. For a long time, the father of psychoanalysis generated controversy, by legitimizing maternity as a porpoise of women, inside a normal and expected condition. In his last works, the psychoanalyst opens up the possibility of thinking about femininity. This notion surpasses the differences between both sexes (Birman, 1999). And, explains the desiring being, that deposits the belief of his/her

completeness in the other and, still continues to desire. With the change in some conceptions, the father of psychoanalysis left the initial question: "What do women want?".

Nunes (2011) also a psychoanalyst sought out to answer Freud's questioning in light of contemporaneity and concluded that the weight of maternity is still very big and, directly associated with the female. Regardless of the idea of abortion still provoking many polemics in the Brazilian society, a society that is impregnated in the jewish-christian values, that maintains rigid positioning regarding social roles. The interruption of gestation goes towards a rupture to the notion of sacrifice of the self in favor of the child. Many definitions used by women, especially those that cultivate a religion, suggest that they are *"sinners", "murderous", "monsters"*. In the debates about abortion two extremes, that fundament the beginning of life, are observed: one from science, with embryology and, one from religion, with the notion of soul (and of life) since fecundation. In spite of some gestations having been interrupted in the first two weeks, for the religious women the notion of death is more perceptible than the biological logic.

On the other hand, the experience of grief was not associated with one religion. Some authors (Cavalcanti, Samczuk & Bonfim, 2013) recall the grief postulated by Freud (1917) as a reaction to loss, not necessarily of a loved one but, of something that has the same proportions, generating a profound sadness and, Klein (1940) as a process that reactivates an archaic depressive position. The concepts of psychoanalysis make sense in the discourses and relate with the internal desires, as well as with the external ones. If women are attributed a role and, in order to have a higher status, most fulfil and external desire, in their feminine construction there is inevitably the introjection of these demands, which is affirmed by Chauí (1985) according to the logic that women themselves did not initiate the discussion on maternity, that was fit for the patriarchy and, facing the difficulty of escaping this social format, they reaffirmed their desires. When in some way the interruption of gestation symbolizes and interruption of plans for oneself or, of what is expected from the other, it is passible that the subject can suffer with the loss of an objective that was introjected through this construction. In the scope of sufferings, "sadness" already represents an anticipation of rupture and, "depression", the comprehension of a bigger grief.

Anxiety, also in the scope of sufferings, is perfectly comprehensible as prior to interruption, since it is the symptom or excess, of that which was badly elaborated. If

society condemns abortion, its own understanding becomes difficult to the subjects that live it, gathering elements such as helplessness, anguish, fear (of your own body, of the choice or of the vision interposed by an other). Laplanche (1988) categorized anxiety as an accumulation, that was not able to seek a symbolic expression.

Guilt and shame, on the other hand, can have a direct relation. Freud (1974) worked guilt in the analysis that a subject performs an act, as "bad". This bad comes from a social construct – of laws and norms. In the action, the "I" can predominate in facing the *super I*, however, for all action a reaction is expected. This subject can come to suffer with fear of helplessness and the loss of love then, the *super I* fulfils the function of an authority that punishes entirely. In shame, there is the anticipation of being exposed to a negative judgement. La Taille (2002) situates that the judgement of another while being legitimated, provokes a negative self-judgement, that generates displeasure.

Lastly, still in the scope of feelings, the most present in the discourses was relief. Relief did not have the categorization of suffering, which does not mean the absence of such. Some respondents reported the experiencing of conflicts and feelings that generated displeasure prior to or parallel to relief. It is important to highlight the polysemy attributed to relief. It usually came with other defining synonyms, such as: "tranquility", "reflection", "well-being" and 'certainty". In some reports, relief happened after the *"fear of death or, of something going wrong"* or even facing the certainty of *"not having a registered report"*. This feeling was also evident for those that said they *"did not question the decision"*. Therefore, relief gained a special contour according to each report. Depression, anxiety, shame and guilt possess a larger similarity in the discourses, different from relief. As well as the elements that motivated the interruption for each woman, relief came as a subjective reorganization or a closure for each story.

In spite of not agreeing with the same theoretical logic, Freud and Foucault throughout their lives gave important arguments to think about the *"not belonging of the bodies"*. If the first evaluated that women in hysteria did not evince the symptoms of imprisonment to the roles that were imputed in matrimony and maternity, the second devolved the notion of docilized body. Foucault (1976) analyzed the massification of individuals through biological reality. The regulations of the body-species and the regulation of the human phenomenon, through medicalization, the migration fluxes, as well as the interventions on birth rates and sexuality. And, the biopolitcs is still present in current society, notwithstanding the State having a relevant position in the

criminalization of abortion and the permission of assisted reproduction. There is a joint process in the sharing of ideologies between certain social groups end political representatives. Some ideas shared in past decades continue to exist and are endorsed by part of society, under a new "guise", such is the case of the valuation of maternity. When Nunes (2011) searched for answers to question, she concluded that nowadays, maternity is still a desire for many women and factors in the sense of plenitude; in an analogy known in which great leaders can be seen as great mothers. The romanticization of maternity continues to be prejudicial in many ways, among them in denying real rights to women, concerning their choices, including the choice of maternity.

The penultimate nucleus reunited all the other and the AD permitted us to come to various "non saids", according to Pêcheux (1988) the sense of a text can be comprehended even if they are not present, it has to do with what is implicit and can be signified. The theme of this work by itself says a lot about the not wanting of maternity. For about three centuries, Occidental society attributed importance to women in the performing of maternity. Maternal love was constructed by State demands, related to the necessity of preserving births in order to have available labor in the future. This notion of maternal love gained force and, to this day has an important place. In spite of the social importance of maternal love being present, the structuring of the familial nucleus has suffered modification, that augmented the overcharge of women, to them the double or triple work journeys fit, they perform between maternity, carrier, studies, etc. Marcos (2017) sees in the distancing of the paternal function some critical situations, such as the loss that these children represent: in regards to time, beauty, carrier investments; on the other hand, some mothers put their children on a pedestal of attention, while others forget this function. The expected love is not always concreted in the mother-child relation and the child can be seen by the mother as her lost part, which can generate sufferings and even a pathological process. Maternity does not have "a field of roses" as a representation and, according to the author, the desire for maternity should be analyzed in a singular way. A central fact is that maternity needs to go through the order of desire and legitimation to minimize the subjective suffering that can be felt by the mother and that can impact the child. Presently, depression, anxiety, self-guilt and shame, as well as relief part from the finding of the lack of desire and the non legitimization of maternity deriving from pregnancy; That does not mean that other children, precious or prior, will not be desired. We conclude that the much before biological conception – bodily, involves the

consolidation of a desire and the legitimization of the same inside the space-time defined by the woman. In order for maternity to be consolidated, sexual conception is not enough, it is necessary to succumb, accept and generate the notion that in that moment, a "motherhood" experience will initiate, further beyond the body.

One of the questions problematized if in the opinion of the respondents the criminalization of abortion was capable of producing or intensifying the emotional sufferings. 52 respondents marked "yes" as an answer. Inside the discourses and, as a last nucleus, the necessity of a qualified listening was highlighted, in the decision process, and in the interruption. The most cited professionals were the psychologists. AD endorses what was pointed by Foucault (2007): in certain historical periods, certain condition define which happenings or ideas can be explicated in the enunciations and which must be silenced. In Brazilian society, the criminalization and social taboo are conditions that favor the "silencing" but, not the overcoming, therefore, the hypothesis is that the power-knowledge is legitimized to the professional that work with human "secrets and senses": the psychologist. In countries where abortion is decriminalized and treated as a sexual and reproductive right, women have this qualified listening, oftentimes in the very health system, which is the case of Portugal and Canada. In both, all of the involved professional are immersed in a perspective of humanization and commitment with listening. A priori, the treatment occurs including psychology and social service professionals that accompany the narratives, in the context of the decisions.

5 CONCLUSION

The literature review showed few investigations on the emotional issues that go through the interruption of pregnancy when this interruption occurs in countries with punitive, prohibitionist or highly restrictive legislation, as is the case of Brazil.

When performed in conditions that do not assure integral safety, it can entail diverse complications; the most discussed in scientific publications are the physical ones, however, the emotional ones possess relevance. Even though depression, anxiety, guilt and shame have been situated in the scope of psychic sufferings, relief was the most present feeling in the discourses. Thus, the investigation reaffirms some national and international findings concluding that, in a larger scale, abortion is not a generator of suffering but, it is the prohibition, that hinders the access to information and, makes the

process lonely, making it so that women many times do not resort to specialized help for fear of judgement or of being reported.

Inside a work ethics that predicts the overriding maintenance of the secrecy between professional and patient, the psychologist was the most contemplated professional in the discourses of the respondents. Some highlighted the lack of this professional in the purpose of welcoming them and participating in the decision making process before and after the abortion. For the women that searched for an accompaniment on their own, therapy has had an effect on the rework of the feelings prior to the abortion.

Through Discourse Analysis we were able to work with the spoken and unspoken, with the opacities and, the construction of the subjects inside their realities. This permits us to conclude that the experience of abortion implies different realities and contexts, that need to be analyzed separately. In spite of maternity being socially romanticized, not all women will be apt to take on these roles, given that many elements will influence their desires and the legitimization of this role. Thus, the sufferings introjected external, cultural and social, desires, however, each woman will answer psychically in a singular manner.

Lastly, the investigation proposed to answer existing gaps about perceptions, emotions and feelings, that arrived from the interruption, according to the discourse of those that have experienced it. Despite this research has contemplated a small number of respondents, with different profiles than those presented in larger researches about abortion, it is fit to highlight that it brought as a methodological innovation the virtual field, for the gathering of the participants, as well as for the construction, achievement and analysis of the questionnaires. It is expected that this work be used as a basis for other researchers, inside a theme that still has a lot to be worked on.

REFERENCES

Badinter, E. (1985). *Um Amor Conquistado: o mito do amor materno.* (W. Dutra, Trad.). Rio de Janeiro: Nova Fronteira.

Birman, J. (1999). *Cartografias do Feminino*. São Paulo: Ed. 34.

Brasil. (2020). *Hospitalization for abortion in the DATASUS Information System. DATASUS – Dados referentes às internações por abortamento*. Available online: http://tabnet.datasus.gov.br/cgi/tabcgi.exe?sih/cnv/niuf.def. (Acessed on 30 Mar 2020).

Cavalcanti, A. K. S., Samczuk, M. L. & Bonfim, T. E. (2013). O conceito psicanalítico do luto: uma perspectiva a partir de Freud e Klein. *Psicólogo informação*, 17(17), 87-105. Available online: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S141588092013000200007&lng=pt&tlng=pt. (Acessed on 28 Jun 2020).

Chauí, M. (1985). Participando do debate sobre mulher e violência. In: Cardoso, R., Chauí, M., Paoli, M. C. *Perspectivas Antropológicas da Mulher* 4 (pp. 25-62). Rio de Janeiro: Zahar.

Foucault, M. (1976). *The archaeology of knowledge*. New York: Harper & Row.

Freud S. (1917). *Mourning and Melancholia. The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIV (1914-1916): On the History of the Psycho-Analytic Movement, Papers on Metapsychology and Other Works*, 237-58.

Freud, S. (1974). O mal-estar na civilização (J. Salomão, Trad.). In S. Freud. *Edição standard brasileira das obras psicológicas completas de Sigmund Freud* (pp. 75-171). Rio de Janeiro: Imago. (original work published in 1930 (1929)).

Foucault, M. (1995). O sujeito e o poder. In P. Rabinow, H. Dreyfus, & M. Foucault (Eds.). *Uma trajetória filosófica para além do estruturalismo e da hermenêutica.* Rio de Janeiro: Forense Universitária.

Ganatra, B., Gerdts, C., Rossier, C., Johnson, B. R., Tunçalp, Ö., Assifi, A., Sedgh, G., Singh, S., Bankole, A., Popinchalk, A., Bearak, J., Kang, Z., & Alkema, L. (2017). Global, regional, and subregional classification of abortions by safety, 2010–14: estimates from a Bayesian hierarchical model. *The Lancet*, 390(10110), 2372–2381. Available online: https://doi.org/10.1016/S0140-6736(17)31794-4. (Acessed on 10 Jul 2020).
IBGE – Instituto Brasileiro de geografia e estatística. *National Household Sample Survey*. Available online: https://biblioteca.ibge.gov.br/index.php/biblioteca-catalogo?view=detalhes&id=2101705. (Acessed on 20 Jun 2020).

Klein, M. Mourning and its relation to manic-depressive states (1940). *Contributions to Psychoanalisis 1921-1945.* London: Hogarth Press.

Laplanche, J. (1988). *Problemáticas I: A Angústia*. São Paulo: Ed. Martins Fontes. (original work published in 1980).

La Taille, Y. (2002). O sentimento de vergonha e suas relações com a moralidade. *Psicologia: Reflexão e Crítica*, 15(1), 13-25. Available online: https://doi.org/10.1590/S0102-79722002000100003. (Acessed 28 Jun 2020).

Marcos, C. M. (2017). O desejo de ter um filho e a mulher hoje. *Trivium - Estudos Interdisciplinares*, 9(2), 246-256. Available online: https://dx.doi.org/10.18379/2176-4891.2017v2p.246. (Acessed 28 Jun 2020).

Menezes, G., & Aquino, E. M. L. (2009). Pesquisa sobre o aborto no Brasil: avanços e desafios para o campo da saúde coletiva. *Cadernos de Saúde Pública*, 25(Suppl. 2), s193-s204. Available online: https://doi.org/10.1590/S0102-311X2009001400002. (Acessed on 30 Jun 2020).

Nunes, S. A. (2011). Afinal, o que querem as mulheres? Maternidade e mal-estar. *Psicologia Clínica*, 23(2).

Orlandi, E. P. (2001). *Análise do discurso: princípios e procedimentos* (3ª ed.). Campinas: Pontes, 101-115. Available online: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S0103-56652011000200007&lng=pt&tlng=pt. (Acessed on 19 Jun 2020).

Pêcheux, M. (1988). *Semântica e discurso: uma crítica à afirmação do óbvio.* Campinas: Ed. da Unicamp.

Romio, C., Roso, A., Cardinal, M., Basso, S., & Pierry, L. (2015). Saúde mental das mulheres e aborto induzido no Brasil. *Psicologia Revista*, 24(1), 61-81. Available online: https://revistas.pucsp.br/psicorevista/article/view/24229. (Acessed 10 Jun 2020).

WHO – World Health Organization (2013). *Safe abortion: Technical and policy guidance for health systems.* Geneva. 2ª ed.