

## Legal, Social and Psycho-Medical Effects of Abortion

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### Abstract

This work deals with the relationship between induced abortion and mental health with a special focus on the area of political controversy. This article explores the historical background of the abortion and its legislative implications in Europe with special reference to Bosnia and Herzegovina. This work is based on ethnographic, analytical and historical approaches. It explains abortion in medical terms and analyzes the psychological effects of the abortion. This is a significant and challenging topic for those who find themselves facing the moral dilemma of whether or not to terminate a pregnancy. Problems of controversy are numerous. Is abortion a murder or not? Is fetus a person or not? When it becomes the one if ever till the birth? If abortion is not morally wrong, that doesn't mean that it's right to have an abortion. If abortion is morally wrong, that doesn't mean that it is always impermissible to have an abortion. The common dilemma is whether having an abortion is less wrong than the alternatives. These are some of the questions this paper deals with.

**Keywords:** Abortion, mental health, psychological effects, responsibility, controversy

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**Introduction**

The abortion debate deals with the rights and implications of deliberately ending a pregnancy before natural childbirth. Different expert groups have found opposite scientific evidence of a causal relationship between abortion and poor mental health. Human life by itself poses different meanings. It may mean a member of the biological human species - having the human genetic code, or something different: a being that possesses certain human characteristics in addition to the human genetic code. What characterizes it is the ability to think, to imagine and to communicate. This goes on and explains the being as a 'moral person', the one that has rights and duties too. The time at which a fetus gets the right to life is achieved from the moment of conception to the time the baby is born.

Every woman is a unique individual and has her own intrinsic values and sense of morality. Despite suppress of remorse and attempts of extenuation, abortions are accompanied with physical tension and disorders that in some cases obtain a form of mental disease. Disorders and frustrations make negative influence to relationships towards already born children, partner or social environment. Consequences could be even worse as cause searches somewhere else and not in abortion.

Some societies ban abortion almost completely while others permit it in certain cases. There is no general agreement with regards to the meaning of the word "morality." For religious people morality is a set of rules laid down by God. Some think of it as a set of socially imposed rules with the function of reducing conflict in society. Others consider it a set of principles about how we ought to live that applies to everyone impartially, or which can be defended by appealing to the interests of people in general. Abortion laws range from complete prohibition to complete liberalization. Beside, unwillingness for announcing statistics about abortion in public was always present. The biggest problems are private ordinations which are hiding to make abortions so it is impossible to find out statistics at any level when it comes to number of abortions done. Even at state hospitals data are possible to discuss because a great number of abortions are made due to private connections without

adequate evidence. Those statistics often alarm some parts of population and draw a question of forcing forbiddance of abortion.

### **Historical Background**

Abortion has always been an issue of controversy, debates and arguing. *Abortus provocatus* or abortion is a forcible disruption of pregnancy and sacrifice the fetus. Very often voluntary abortion, with approval or demand of a pregnant woman, the right of a woman to dispose with her body or both partner's right to plan a family conflicts with fetus right to live. Parents could invoke the right to respect for private and family life or their right to found a family. Therefore, the consensus regarding the matter has always been debatable.

In the middle of first millennium before new era Hippocrates 460 – 371 BCE, the father of the medicine declared famous Hippocratic Oath that represents the base of medical ethics. He talked about serious problems that appear due to abortion. He said “I shall not give a mean for abortion to a woman.” Plato also held that a human soul can exist in a wholly independent and disembodied way or can be combined with any sort of substance. Aristotelian doctrine of hylomorphism holds that human soul is not an independent substance, but is logically related to the human body, as any object is logically related to the raw material out of which it is made. He writes about ways of making an abortion that were present at the time. He distinguishes early abortion till 7 days and late on after 7 days of pregnancy. He justifies early abortion till fetus does not pose the soul yet (Gavrankapetanović 12). Similar opinions about abortion could be found in the Greco-Roman world among scholars Pliny, Dioscorides, Celsus and Galen (Gavrankapetanović, 9).

Early Christianity condemned abortion. St. Augustine allowed that in early abortion “offspring” may die “before it lives”. A great thirteen century philosopher saint Thomas Aquinas held that a fetus does not have an intellectual or rational soul at conception but acquires one forty days in the case of male fetus, later in the case of female. For many centuries Catholic doctrine held that abortion in the early weeks of pregnancy is not a murder because the soul is not yet present. But though early abortion was not considered murder during this long period, it was

certainly considered a grave sin; as the expression “anticipated homicide” (Dworkin 40).

Traditional Jewish view about abortion has been more lenient than Christian. Until its birth the fetus is not a *nefesh*. Accordingly abortion is not a murder. However, it was permitted only in cases of therapeutic abortion, where existed a grave threat to the life or health of the mother. With very few exceptions the health of the fetus was not a valid reason for abortion. Important reason of Jewish theology of abortion in contemporary world in particular is related to their need to expand birthrate.

Among Arab doctors who dealt with the abortion the most important were Ibn Sina (Avicena), Ali Abas and Ibn al Khaleb. Although Islam holds that the soul is given to a fetus forty days after conception it allows abortion only in one case: when the life of a mother is endangered. Traditionally, abortion was not deemed permissible by Muslim scholars (Hedayat, 654). Shiite scholars considered it forbidden after implantation of the fertilized ovum. Sunni scholars have held various opinions, but all agreed that after 4 months gestation abortion was not permitted. Recently, scholars have begun to consider the effect of severe fetal deformities on the mother, the families and society. This has led some scholars to reconsider the prohibition on abortion in limited circumstances. For example, therapeutic abortion law was passed by the Iranian Parliament in 2003 approving it before 16 weeks of gestation under limited circumstances, including medical conditions related to fetal and maternal health. Recent measures in Iran provide an opportunity for the Muslim scholars in other countries to review their traditional stance on abortion (Hedayat, 654).

### **Social and Legal Challenges**

For some scholars very young babies *don't* really qualify as having earned the right to life by possessing the right characteristics ([www.:/bbc.co.uk/ethics/abortion](http://www.bbc.co.uk/ethics/abortion)). Fortunately for young children, these scholars concede that young babies do have the right to life as a result of tradition and law. However, as stated by Ramcharan:

The right to life is the most basic, the most fundamental, the most primordial and supreme right which human beings are entitled to

have and without which protection of all other human rights becomes either meaningless or less effective. If there is no life there is nothing left to human dignity?

The right to life is a norm guaranteed in international customary law as well as in various international conventions. It has the character of *jus cogens*. Accordingly the right to life may not be derogated except in exceptional situations. No government may deny the existence of the right to life and a higher duty and standard of protection of the right is imposed upon governments. Beside the concept of responsibility and concept of accountability should be taken into consideration (Ramcharan, 186). However, the right to life is not a guaranteed against the threats to life, but against intentional deprivation of life. It must be prohibited and punishable by law except for those cases in which such deprivation of life is permitted. The most difficult problem is does the unborn child poses his right to life. If it is the case, than *abortus provocatus* must in principle be prohibited by the legislator and prosecuted by the authorities (Van Dijk, and Van Hoof, 10).

Some societies ban abortion almost completely while others permit it in certain cases. Such societies usually lay down a maximum age after which the foetus must not be aborted, regardless of the circumstances. At various times some of the following have been allowed in some societies: abortion for the sake of the mother's health including her mental health; abortion where a pregnancy is the result of a crime such as crimes like rape, incest, or child abuse; abortion where the child of the pregnancy would have an 'unacceptable quality of life' such as cases where the child would have serious physical handicaps, serious genetic problems, serious mental defects; abortion for social reasons, including: poverty, mother unable to cope with a child (or another child), mother being too young to cope with a child; and abortion as a matter of government policy as a way of regulating population size, as a way of regulating groups within a population, as a way of improving the population ([www.:/bbc.co.uk/ethics/abortion](http://www.bbc.co.uk/ethics/abortion)). Most opponents of abortion agree that abortion for the sake of the mother's health can be morally acceptable if there is a real risk of serious damage to the mother. Abortion for social reasons is usually least acceptable to opponents.

The most difficult problem nowadays is related to the question about the beginning and the end of the physical life of the human person. The question of abortion is variously treated in international documents and conventions such as *Universal declaration of human rights*, *Declaration of the right of the child*, *International covenant on civil and political rights*, *European convention on human rights*, *American convention on human rights* and *African charter on human and people's rights* (Ramcharan 317-318).

Beside the *Declaration of the right of the child* only *American convention of human rights* poses the clausal from the moment of conception. It could easily lead to conclusion that in USA problems of abortion should be minimized due to the law. On the contrary USA is the country with the most controversial point of views regarding abortion. Though American law insists on a sharp formal separation between Church and State, and though the Supreme Court has forbade even nondenominational prayer in public schools, The United States is nevertheless among the most religious of all Western countries and, in the tone of some of its most powerful religious groups, by far the most fundamentalist (Quoted in Dworkin 6). Conflict is also dramatically immanent in Latin-American countries that are almost homogeny Catholic. Church holds a human life is made by conceive so abortion represents a murder. Church influence is high and most of the countries imposed proviso - Article 4 of American Declaration. Anyhow principle nature of this proviso enables some of the countries in that region to allow abortion at particular cases.

In **Bosnia and Herzegovina** interruption of the pregnancy is legal and in accordance with Law about terms of abortion. Law that pronounces „it is a human right to decide about children born.“ This law implies that the basis and limitations considering abortion till 10 weeks of pregnancy could be done by request. After 10 weeks of pregnancy there is the risk to life and health of the women, risk to physical and mental health of the child that should be born, rape or other sexual crime. After 20 weeks of pregnancy there is an option to save life or health of the women.

Ministry of Justice Bosnia and Herzegovina specifies the following conditions: abortion must be done in the hospital or other certificated facility for medical care; if woman is under age, approval of the parents or tutor is requested; After 10 weeks of pregnancy, special permeation of the commission is requested (contained of gynecologist/obstetrician, general practice doctor or specialist of intern medicine and social worker or psychologist; and woman can turn to comitia of second instance if commission of first instance refuse her demand (9).

Although they are legal, abortions can hardly be done in areas where Croat citizens are in majority. It has been reported that those same practitioners that refused to make abortions at public hospitals made those at private clinics with very high prices. In areas where Bosnians are majority although it is legal some doctors are refusing to make abortions. Pre-war number of legal abortions was smaller than number of registered pregnancies, which led to conclusion that interruption of the pregnancy, was the most frequent method of planning a family.

Other European countries demand a waiting period for the procedure, pre-abortion counseling, parental approval for minors, and in the others there are no mandatory requirements. Abortion laws range from complete prohibition to complete liberalization. The accessibility and availability of abortion are a reflection of abortion law and the accessibility and availability of abortion services. In Europe abortions are generally well accessible in terms of abortion laws. There are differences in accessibility to abortion services between the countries, and in some countries, also between different areas of the country. Abortions are generally performed in authorized facilities by gynecologists or general practitioners.

Today abortion is still illegal concept in Ireland except to save a woman's life and this ban is written into its constitution. Due to it 6000 of Irish women travel each year to Britain for the operation, high percentage of them in late-term because of the lack of support and advice at home. Therefore, anti – abortionists called this type of migration “abortion-tourism”. It could be only stopped by reform. Over last decade's situation has been changed. Abortion services in great part of Europe are relatively easily accessible in terms of the law, availability of

facilities and health insurance coverage of the procedure in the Netherlands, France and Slovenia. Abortion service is less accessible in United Kingdom, Hungary and Turkey, as a result of limited accessibility to abortion services or a relatively high abortion fee. In some Eastern European countries there has been a tendency in the last decade to limit the availability and access to abortion (Pinter 62).

The worldwide trend toward liberalization of abortion laws has continued with changes in Canada, Czechoslovakia, Greece, Hungary, Romania, the Soviet Union and Vietnam. Forty percent of the world's population lives in countries where induced abortion is permitted on request and twenty five percent lives where it is allowed only if the woman's life is in danger. In recent years, abortion rates have been increasing in Czechoslovakia, England and Wales, New Zealand and Sweden and declining in China, France, Iceland, Italy, Japan and the Netherlands (Barclay 215).

### **Psycho-Medical Effects**

Pre-existing factors in a woman's life, such as emotional attachment to the pregnancy, lack of social support, pre-existing psychiatric illness, and conservative views on abortion increase the likelihood of experiencing negative feelings after an abortion. Some scientists used the term "post-abortion syndrome" to refer to negative psychological effects which they attribute to abortion. However, "post-abortion syndrome" is not recognized by any serious medical or psychological organization.

Since many post-aborted women use repression as a coping mechanism, there may be a long period of denial before a woman seeks psychiatric care. These repressed feelings may cause psychosomatic illnesses and psychiatric or behavioral in other areas of her life. As a result, some counselors report that unacknowledged post-abortion distress is the causative factor in many of their female patients, even though their patients have come to them seeking therapy for seemingly unrelated problems ([www://afterabortion.com](http://www://afterabortion.com)).



While psychological reactions to abortion fall into many categories, some women experience all or some of the symptoms of post-traumatic stress disorder (PTSD). The lowest incidence rate of PTSD reported following abortion is 1.5%, which would translate to over 600,000 cases of abortion induced by it. Approximately half had many, but not all, symptoms of PTSD, and 20 to 40 percent showed moderate to high levels of stress and avoidance behavior relative to their abortion experiences (Adler, 1979). PTSD is a psychological dysfunction which results from a traumatic experience which overwhelms a person's normal defense mechanisms resulting in intense fear, feelings of helplessness or being trapped, or loss of control. The risk that an experience will be traumatic is increased when the traumatizing event is perceived as including threats of physical injury, sexual violation, or the witnessing of or participation in a violent death. PTSD results when the traumatic event causes the hyperarousal of "flight or fight" defense mechanisms. This hyperarousal causes these defense mechanisms to become disorganized, disconnected from present circumstances, and take on a life of their own resulting in abnormal behavior and personality disorders (Adler, 1979). As an example of this disconnection of mental functions, some victims may experience intense emotion but without clear memory of the event; others may remember every detail but without emotion; still others may reexperience both the event and the emotions in intrusive and overwhelming flashback experiences (Adler, 1979).

Women may experience abortion as a traumatic event for several reasons. Some of them are forced into an unwanted abortion by husbands, boyfriends, parents, or others. If the woman has repeatedly been a victim of domineering abuse, such an unwanted abortion may be perceived as the ultimate violation in a life characterized by abuse. Other women, no matter how compelling the reasons they have for seeking an abortion, may still perceive the termination of their pregnancy as the violent killing of their own child ([www://afterabortion.com](http://www.afterabortion.com)). The fear, anxiety, pain, and guilt associated with the procedure are mixed. Still other women, report that the pain of abortion, inflicted upon them by a stranger invading their body, feels identical to rape. Researchers have found that women with a history of sexual assault may experience greater

distress during and after an abortion exactly because of these associations between the two experiences. When the stressor leading to PTSD is abortion, some clinicians refer to this as Post-Abortion Syndrome (PAS). The major symptoms of PTSD are generally classified under three categories: hyperarousal, intrusion, and constriction.

*Hyperarousal* is a characteristic of inappropriately and chronically aroused “fight or flight” defense mechanisms. The person is seemingly on permanent alert for threats of danger. Symptoms of hyperarousal include: exaggerated startle responses, anxiety attacks, irritability, outbursts of anger or rage, aggressive behavior, difficulty concentrating, hypervigilance, difficulty falling asleep or staying asleep, or physiological reactions upon exposure to situations that symbolize or resemble an aspect of the traumatic experience (Adler, 1979).

*Intrusion* is the reexperience of the traumatic event at unwanted and unexpected times. Symptoms of intrusion in PAS cases include: recurrent and intrusive thoughts about the abortion or aborted child, flashbacks in which the woman momentarily reexperiences an aspect of the abortion experience, nightmares about the abortion or child, or anniversary reactions of intense grief or depression on the due date of the aborted pregnancy or the anniversary date of the abortion ([www://afterabortion.com](http://www://afterabortion.com)).

*Constriction* is the numbing of emotional resources, or the development of behavioral patterns, so as to avoid stimuli associated with the trauma. It is avoidance behavior; an attempt to deny and avoid negative feelings or people, places, or things which aggravate the negative feelings associated with the trauma (Adler, 1979). In post-abortion trauma cases, constriction may include: an inability to recall the abortion experience or important parts of it; efforts to avoid activities or situations which may arouse recollections of the abortion; withdrawal from relationships, especially estrangement from those involved in the abortion decision; avoidance of children; efforts to avoid or deny thoughts or feelings about the abortion; restricted range of loving or tender feelings; a sense of a foreshortened future (e.g., does not expect a career, marriage, or children, or a long life diminished interest in

previously enjoyed activities; drug or alcohol abuse; suicidal thoughts or acts; and other self-destructive tendencies ([www://afterabortion.com](http://www://afterabortion.com)).

Barnard's study ([www://afterabortion.com](http://www://afterabortion.com)) identified a 19% rate of PTSD among women who had abortions three to five years previously. But in reality the actual rate is probably higher. Clinical experience has demonstrated that the women least likely to cooperate in post-abortion research are those for whom the abortion caused the most psychological distress. Research has confirmed this insight, demonstrating that the women who refuse followup evaluation most closely match the demographic characteristics of the women who suffer the most post-abortion distress (Adler, 1979). The extraordinary high rate of refusal to participate in post-abortion studies may interpreted as evidence of constriction or avoidance behavior (not wanting to think about the abortion) which is a major symptom of PTSD.

For many women, the onset or accurate identification of PTSD symptoms may be delayed for several years. Until a PTSD sufferer has received counseling and achieved adequate recovery, PTSD may result in a psychological disability which would prevent an injured abortion patient from bringing action within the normal statutory period. This disability may, therefore, provide grounds for an extended statutory period (Adler, 1979). Thirty to fifty percent of aborted women report experiencing sexual dysfunctions, of both short and long duration, beginning immediately after their abortions. These problems may include one or more of the following: loss of pleasure from intercourse, increased pain, an aversion to sex and/or males in general, or the development of a promiscuous life-style.

Approximately 60 percent of women who experience post-abortion sequelae report suicidal ideation, with 28 percent actually attempting suicide, of which half attempted suicide two or more times. Researchers in Finland have identified a strong statistical association between abortion and suicide in a records based study. The identified 73 suicides associated within one year to a pregnancy ending either naturally or by induced abortion. The mean annual suicide rate for all women was 11.3 per 100,000 ([www://afterabortion.com](http://www://afterabortion.com)). Suicide rate associated with birth was significantly lower (5.9). Rates for pregnancy loss were

significantly higher. For miscarriage the rate was 18.1 per 100,000 and for abortion 34.7 per 100,000 (Speckhard, 1987). The suicide rate within one year after an abortion was three times higher than for all women, seven times higher than for women carrying to term, and nearly twice as high as for women who suffered a miscarriage. Suicide attempts appear to be especially prevalent among post-abortion teenagers (Speckhard, 1987).

Post-abortion stress is also linked with increased cigarette smoking. Women who abort are twice as likely to become heavy smokers and suffer the corresponding health risks (Harlap, 1975). Post-abortion women are also more likely to continue smoking during subsequent wanted pregnancies with increased risk of neonatal death or congenital anomalies (Obel, 1979). Over twenty studies have linked abortion to increased rates of drug and alcohol use. Abortion is significantly linked with a two fold increased risk of alcohol abuse among women (M. Plant, 1985). Abortion followed by alcohol abuse is linked to violent behavior, divorce or separation, auto accidents, and job loss. In addition to the psycho-social costs of such abuse, drug abuse is linked with increased exposure to HIV/AIDS infections, congenital malformations, and assaultive behavior.

For most couples, an abortion causes unforeseen problems in their relationship. Post-abortion couples are more likely to divorce or separate. Many post-abortion women develop a greater difficulty forming lasting bonds with a male partner ([www://afterabortion.com](http://www://afterabortion.com)). This may be due to abortion related reactions such as lowered self-esteem, greater distrust of males, sexual dysfunction, substance abuse, and increased levels of depression, anxiety, and volatile anger. Women who have more than one abortion (representing about 45% of all abortions) are more likely to require public assistance, in part because they are also more likely to become single parent ([www://afterabortion.com](http://www://afterabortion.com)).

Women who have one abortion are at increased risk of having additional abortions in the future. Women with a prior abortion experience are four times more likely to abort a current pregnancy than those with no prior abortion history (Joyce, 1978). This increased risk is associated with the prior abortion due to lowered

self esteem, a conscious or unconscious desire for a replacement pregnancy, and increased sexual activity post-abortion. Subsequent abortions may occur because of conflicted desires to become pregnant and have a child and continued pressures to abort, such as abandonment by the new male partner.

Aspects of self-punishment through repeated abortions are also reported (Leach, 1979). Approximately 45% of all abortions are now repeat abortions. The risk of falling into a repeat abortion pattern should be discussed with a patient considering her first abortion. Furthermore, since women who have more than one abortion are at a significantly increased risk of suffering physical and psychological sequelae, these heightened risks should be thoroughly discussed with women seeking abortions.

A study of the medical records of 56,741 California medicaid patients revealed that women who had abortions were 160 percent more likely than delivering women to be hospitalized for psychiatric treatment in the first 90 days following abortion or delivery ([www://afterabortion.com](http://www://afterabortion.com)). Rates of psychiatric treatment remained significantly higher for at least four years. In a study of post-abortion patients only 8 weeks after their abortion, researchers found that 44% complained of nervous disorders, 36% had experienced sleep disturbances, 31% had regrets about their decision, and 11% had been prescribed psychotropic medicine by their family doctor (Ashton, 1980). A 5 year retrospective study in two Canadian provinces found significantly greater use of medical and psychiatric services among aborted women. Most significant was the finding that 25% of aborted women made visits to psychiatrists as compared to 3% of the control group (Badgley, 1977). Women who have had abortions are significantly more likely than others to subsequently require admission to a psychiatric hospital. At especially high risk are teenagers, separated or divorced women, and women with a history of more than one abortion ([www://afterabortion.com](http://www://afterabortion.com)).

## **Conclusion**

Throughout the history, people have fundamentally disagreed about the moral status of the human embryo. In early times this was because people knew very little about what actually went on in the womb - and so had very little idea what an embryo was. Later, the problem was that a pregnancy could not be recognised until it was well established and the embryo made its presence felt by causing unmistakable symptoms in the mother or by starting to move in the womb. At this stage of pregnancy, it was natural to think of the embryo as a being that was able to do things, and they assumed that this was also true of the very earliest (and unknown) stages of pregnancy.

This article attempted to give answer to questions on what is abortion and what are the possible medical consequences, psychological effects, amount of diversity and impossibility of consensus in the world towards this problem. Feminist's central claim on abortion is the right of a woman to control their own bodies. What about the woman as a whole? She is the one that is dealing with the horror decision, and at the end if she decide on abortion she is the one who will bear consequences. Abortion releases men from responsibility, sexual responsibility but also from child rising responsibility. Moral convictions of many people or at least substantial minority is that abortion could be morally justified for a variety of serious reasons. It is justified not only to save the life of the mother and in case of rape or incest but also in cases in which fetal abnormality has been diagnosed. Anyhow moral dilemma remains.

Who is to be empowered to decide is a women's life more valuable or the one of the unborn child. It is not a State, nor the parents, nor the society. Therefore, this paper indicated that through history abortion was always controversial. Scientists were contemplating, writing, women were suffering, children never catch sight of sunlight. Even if fetus is not a human being jet and does not have its rights, abortion could be seen as los of the future. The loss of a child during pregnancy can hearth a woman soul. With it comes the loss of hopes and the promise of future generations. Each year, over 1.2 million abortions are performed only in the United States. Of that number, untold numbers of women grieve the loss of their unborn children.

Today, the future is changing. Scientists are modifying plants, animals and their own moods. People are trading their kidneys, their blood and everything else what is possible to be sold. In such “contemporary” world value of a single baby should be greater than ever.

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