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Abortion and Women's Mental Health: A Response to the Chilean College of Psychologists

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It is logical that, in the middle of a national debate over abortion, medical arguments are being made in favor of its legalization, as this is, in the final analysis, a matter of public health. However, the importance of the debate requires that such reasoning be analyzed profoundly and with a lofty perspective, because bad public policy may very well cause damage far greater than that which it seeks to avoid.

There exists sufficient evidence to demonstrate that **abortion causes damage to the mental health of women and their families, apart from the death of the unborn**. Lamentably, this information has been omitted in a document published recently by the Chilean College of Psychologists, entitled "Mental Health and therapeutic abortion in cases of vital risk to the woman, fetal inviability, and rape" (*Salud Mental y Aborto terapéutico por riesgo vital de la mujer, inviabilidad fetal y violación*).

It would be good to ask the authors of said report if they didn't have available to them the conclusions of various qualitative and quantitative studies that demonstrate the damage that is caused to the mother who has an abortion, a decision that—as we all know well—cannot be reversed (Ferguson, 2013; Coleman, 2011; Bellini, 2013; Steinberg, 2014). Even more, **there exists no evidence whatsoever that demonstrates that abortion is favorable to or is restorative of the mental health of women who find themselves in these difficult situations**. This fallacious notion renders women invisible and violates their subjectivity, denying this damage and making it into an instrument of a dangerous political voluntarism.

The first chapter of the text of the College of Psychologists reviews the "political, social, and cultural aspects" of pregnancy and maternity, which determine that unwanted pregnancies cause different types of suffering in women and their children. The analysis carried out in this first part is ideological and arbitrary, and leads one to believe that abortion would be a valid option for the sole reason that an undesired pregnancy would damage the mental health of the woman and her child. This, in and of itself, exceeds the purposes of the law under consideration and reveals the exploitation of the suffering of women in these three motives for abortion, for the purpose of achieving, in reality, abortion on demand in Chile. In such delicate matters as rape or a high-risk pregnancy, there is no doubt: we know that they are extremely complex situations and these patients merit all of our respect and support. But we cannot attempt to address the harm that has been caused by causing other forms of additional damage. It would be better not to use tendentious information having supposed medical value if its purpose is

none other than to open the way to abortion on demand, a proposal with which many people are not in agreement.

In effect, unwanted pregnancies occur frequently in a climate of psychological, family, and social vulnerability, which determine the appearance of perinatal psychopathology; however, it is naive to think that abortion will resolve these socioeconomic conditions and the psychic symptomology associated with them. Additionally (something that is conveniently omitted in the Association's document) there exists a much greater risk of developing a mental disorder after an abortion when it is done in the context of social vulnerability (Broen, 2005; Rue, 2004, Söderberg, 1998; Rizzardo, 1991; National Collaborating Center for Mental Health, 2011).

The second part of the work analyzes the concept of "Post Abortion Syndrome." The authors hold that this syndrome doesn't exist (the text states: "in light of the best scientific evidence available, it is possible to establish that 'Post Abortion Syndrome' is non-existent" p. 16). Regarding this we must clarify that it is one thing to determine if a clinical entity exists with its own characteristics and course, and it is another to determine if there exist symptoms or psychological disorders associated with a particular event. In this sense, there does not effectively exist a specific illness called "Post Abortion Syndrome," just as there does not exist a "Post Rape Syndrome," or a "Post Combat Syndrome," etc. However, the fact that there does not exist a "diagnostic" to name this condition called "Post Abortion Syndrome," does not in any way mean that there is no risk of developing a psychological or psychiatric disorder stemming from an abortion. In fact, this "post abortion syndrome" corresponds to a heterogeneous group of mental symptoms and disorders that follow abortions, which also can be observed in other scenarios (post-traumatic stress, depression, anxiety disorders, ingestion of substances, autoaggression, suicide, etc.)

With such premises, the opinion of the College of Psychologists that "Post Abortion Syndrome is nonexistent" seems to us to be tendentious. It not only confuses and misinforms the public, but it also hides the suffering of thousands of women who suffer for decades the psychic consequences of having received an abortion, which so many of us psychiatrists as well as psychologists frequently witness in our clinical practice, and whose voices are rarely heard and validated.

In the case of abortion for fetal deformity, the College of Psychologists again simply omits information that demonstrates, based on studies of the highest quality (Daugiradaite, 2015; Davies, 2005; Kersting, 2004; Korenromp, 2005, 2007; Maguire, 2015), that, especially in those abortions that are carried out during the second trimester of gestation, abortion does constitute a vital, emotionally traumatic event, which brings about the severe consequences of post-traumatic stress and intense reactions of grief, even after several years of trauma (Kersting, 2009). In this way, **today we know that women who have abortions due to fetal**

deformities present rates of post-traumatic stress of close to 50% and of depression close to 30% at four months [following the abortion].

Caroline Lafarge (2014) compiled the results of fourteen qualitative studies that describe the experiences of women after aborting fetuses with deformities in countries like the United States, England, Brazil, Israel, Sweden, Finland, and Vietnam. Various common elements were found: abortion is experienced as an “emotional earthquake,” “a persistent grief,” “an issue for the rest of one’s life,” “a pain that diminishes but never disappears completely,” “an attack on one’s self that undermines one’s sense of security.” There are descriptions also of feelings of “ambivalence,” “powerlessness,” and “loss of control over one’s emotions and suffering,” among many other experiences. Omitting this information from the aforementioned document implicitly introduces to the public the idea that attachment, human bonds, and life appear magically, depending on the probability of the survival of an individual outside of the uterus.

In the third part of the text, the College of Psychologists causes confusion to public opinion in referring to abortion as “therapeutic” in cases of rape, arbitrarily assuring us that having the possibility of freely choosing between killing or not killing the child who is the offspring of sexual aggression constitutes a remedy in itself, without having serious scientific arguments that would support such an affirmation.

Regarding abortion in such cases, it seems to us that using the suffering of a woman who has suffered a sexual assault as a tool for validating the murder of a human being in gestation, is at least troubling coming from a professional association. The idea that the killing of innocents can alleviate the pain of a rape and its psychic consequences is to use this horrifying reality as an instrument, casting aside the complex factors that are involved and ignoring the most intimate experiences of these women. To propose abortion as a “treatment” for rape, in circumstances in which there exist a vast quantity of literature that supports the effectiveness of many psychosocial and biological treatments, among which abortion is never mentioned, reveals an ideological posture, lacking in any serious theoretic foundation.

Finally, it is necessary to note that the enormous work that has been carried out by the College of Psychologists lamentably does not fulfill the minimal requirements that are to be expected of a good article that reviews the literature, such as indicating the research methodology and the carrying out of an analysis of the studies. With this, the College of Psychologists is not only guilty of a methodological error, but also loses seriousness and credibility.

Just as the College of Psychologists calls for the separation of science from religion when it is debating abortion, it seems legitimate to us to call for the separation of science from gender ideology, since it would be most grave for a country to make decisions of an ethical and legal

nature that run contrary to the basic principles of scientific evidence in the fields of medicine and psychology.

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