Dossier of the European Institute of Bioethics

THE PSYCHOLOGICAL CONSEQUENCES OF ABORTION

Identifying the the psychological consequences of abortion[1] is complicated for our society, because talking about them leads the audience to think that the proposed approach calls into question the decriminalisation of abortion, an unwelcome debate in the Belgian and French democracies. The INED[2] says that 40% of French women have an abortion during their life[3]. Despite the fact that many women are affected by this act, very few of them admit to this painful experience or are able to talk about it openly: it is difficult to touch upon this suffering, the guilt, the absence of the child and the need to mourn the aborted child.

Suffering was nonetheless the main argument put forward by the French Minister of Health and Sports in 2010: "Measuring the psychological impact of abortion via a survey conducted with women who have taken this step has encountered obstacles that are difficult to overcome. It is in fact essential to avoid a method of surveying the women concerned that could jeopardize their concealment of their abortion from their family and friends. It seems, moreover, insensitive to spur women who have not expressed the desire to do so to recall an ordeal that they have put behind them, often after a painful journey that sometimes has included a decision that was hard to take." [4]

Is the question of the psychological consequences of abortion a public health matter? To answer this question, it is essential to understand what these sufferings consist in, to identify who is affected by the consequences of abortion and what support is available after an abortion and, finally, to debate these basic questions that concern all of society.

ABORTION IN BELGIUM

The Act of 3 April 1990 decriminalised abortion under certain conditions: the pregnant woman must believe herself to be in distress and it is the physician who has the sole authority to ascertain this state of distress. Termination of the pregnancy must occur before the end of the twelfth week after conception.

The physician may terminate the pregnancy no earlier than six days after the first scheduled consultation and only after the applicant has expressed in writing, on the day of the abortion, her determination to proceed with it. The physician must inform the woman of the attendant risks, of the options for placement of the unborn child and of the existence of support and counselling services.

The number of officially recorded abortions rose between 2004 and 2009 from 16,024 to 18,870, an increase of 18%.

The following are the reasons for the so-called distress given by women, as reflected in the reports filed by the abortion centers: no desire for children (16%); the woman feels too young (12%); her family is "already complete" (10%); the woman is a student (9%); and lastly, financial problems (8%).

ABORTION IN FRANCE

The Veil Act (1975) decriminalised abortion and took steps to permit it on request of the pregnant woman, while clearly acknowledging the dignity of the embryo and the necessity of doing everything possible to avoid recourse to abortion. The Act of July 2001, called the Aubry Act, extensively amended the Veil Act. Among other changes, the Aubry Act :

- extends the period in which abortion is permitted from 12 to 14 weeks of amenorrhea;
- authorizes the prescription of the pill RU 489 by the attending physician;
- eliminates the restriction to situations of distress of the Veil Act (1975);
- eliminates from the information supplied to the woman at the time she requests an abortion:
- the list of rights, assistance and benefits guaranteed by law to families, mothers and children;
- the options of adoption and anonymous birth [accouchement sous X];
- eliminates the contact details of associations and organisations that provide psychological or financial assistance;
- eliminates the requirement of prior consultation, except for minors;
- eliminates the requirement of parental control of the minor, who may be accompanied by a person of her choice;
- abridges the conscience clause for physicians, who are obliged to communicate to the requesting woman the names of practitioners who carry out abortions.

According to the report of IGAS[5] (General Inspectorate of Social Affairs [Inspection Générale des Affaires Sociales]), there were about 227,000 abortions in 2009, that is, one abortion for three births, with 46% being carried out in public hospitals and 44% being drug-induced[6]. According to IGAS, 60% of all unwanted pregnancies end in abortion[7]. The proportion of women using contraception (the pill or intrauterine device) is 82%[8] and 33% of these have an unwanted pregnancy.

I. CHARACTERISTICS OF THE PSYCHOLOGICAL CONSEQUENCES OF ABORTION

The term Post-Abortion Syndrome (PAS) is sometimes used to describe the mental turmoil experienced after abortion, even though it does not appear in any diagnostic and statistical manual of psychological disorders. The only terms used by the scientific community to refer to psychological suffering due to abortion are those associated with anxiety, depression and some corollaries of post-traumatic stress disorder (PTSD). However, PTSD and PAS terminology appears not to cover the full scope of the suffering experienced after an abortion. Indeed, the protocols for diagnosing and treating PTSD can be used only if symptoms are clearly manifest close to the traumatic event. Yet suffering due to abortion often takes time to become manifest and indeed may surface as late as the threshold of death. The buried psychological pain requires a strong triggering event to manifest itself and for the person to see the link between her suffering and the abortion in the past.

Some testimonials even portray the period immediately after the abortion as a window that psychic pain could potentially be expressed through but that closes due to excessive pain—pain that emerges only years later, at a birth, a bereavement, an illness... Moreover, the physical and psychological consequences of abortion are very diverse, idiosyncratic and difficult to identify and describe precisely. That is why a broader designation is recommended: the psychological consequences of abortion.

Prevention and medical treatment of the consequences of abortion remain enormous tasks. This article bases its description of these mental disturbances on the work of Dr. Stéphane Clerget, (child) psychiatrist and practising physician at Cergy Pontoise Hospital: "How old would he be today?" [Quel âge aurait-il aujourd'hui?] published by Fayard in 2007[9]. This book describes these disturbances quite extensively and presents numerous clinical examples. That work serves to frame this chapter, which will limit itself to describing psychological symptoms without trying to answer the following questions, which are nonetheless crucial: Why do women choose to abort? What are the psychological consequences of abandoning a child? Can we bear a child whose father we hate?....

- Psychological disturbances that can affect women who abort -

The disturbances mentioned below are in no way exhaustive. If one or the other reaction is manifest, it is always a result of a personal experience, sometimes linked to one's personal history. This reaction often indicates an ongoing perinatal bereavement, especially when several symptoms co-occur. Knowing these reactions well and studying them is therefore crucial for health professionals and spiritual companions in order to help women express their pain.

Depression, suicide, withdrawal from relationships, loss of self-esteem, acute feelings of guilt, shame, and failure at motherhood—these are the risks faced by those who decide to abort. It is useful to understand how the life of a mother might unfold after her abortion and the kaleidoscope of reactions that she may experience.

Relief

Nearly 82% of French women use contraception[10]. Unwanted pregnancies therefore most often occur during contraception. The woman's reaction is often negative because a woman who takes the pill or uses an IUD wishes, by definition, not to have children. The first common reaction after abortion is accordingly relief at having escaped an undesirable situation (except in situations where pressure has been exerted on the woman to force her to abort). However, as Dr Clerget indicates: "a sense of relief, no matter how loss occurs, is of course compatible with the apparently contrary feelings of sadness or guilt." [11]

Denial

Denial is another common reaction that can last for widely varying periods, ranging from several weeks to many decades. "Denial is a mechanism that allows one to escape only for a time from the suffering that will come later."[12]

Dr Clerget illustrates denial with one woman's testimonial:" I think about it every time I see a pregnant woman. But I don't tell anyone. That would be indecent." For him, "denial is a kind of refuge from coming to a painful realisation. [...] This witholding of emotions in self-defense can give rise later to dangerous behaviours, such as projection of death onto another person (a substitute child), somatisation[13] or acting out her thoughts[14]**."** [15]

Anger

Anger is commonly due to denial. It can be directed at close relatives, for example, her partner who did not want the child, or the mother who pushed her into abortion or else left her daughter to face this event alone. "This loss is experienced by the psyche as a violent act committed against it. And anger, in reaction to this loss, corresponds to projecting the aggression undergone onto the outside world. It is in reality a return to sender so as to avoid being destroyed and disappearing oneself along with the foetus. It is also a way to regain one's footing, to mobilize one's energy and to protect oneself against a possible further stroke of bad luck. It forces one out of the dreadful torpor that follows such a loss, and which persists in the form of denial. It enables ones to gain awareness of the reality of the situation and to begin to face it. Yet it is nonetheless important to reject the convenience of anger eventually, for, although it spares one from dealing with sadness, it means filling the void created by one's loss with hatred."[16]

Doubt

According to a German study[17], after an abortion, 24% of women have doubts about the rightness of their decision, and 5% have grave doubts. "Carrying a child is presented culturally as the culmination of femininity. Hence a far-reaching disintegration of her identity is possible when a woman who wishes to cannot manage to grant life."[18] Even if the woman is not ambivalent about her decision before the abortion, she may still have doubts after the medical act.

Guilt

The guilt felt by the woman can be viewed from several angles, depending on her values. Specifically, guilt may arise from a transgression of the law that a human being feels in her heart, which the Greek philosophers called natural law. This law contains the injunction "Thou shalt not kill!" Thus, guilt can be seen as an internal controller detecting a transgression. Conversely, if one does not accept commandments that pronounce upon good and evil, the guilt can be linked to the accusatory stance of society on abortion. In both cases, as Dr. Clerget says, "thanks to contraceptive methods and advances in assisted procreation, today women plan and schedule their pregnancies. Consequently, the failure of a pregnancy becomes their own personal failure. The fault is then sought."[19]

Depression, anxiety, somatisation and flashbacks

Abortion can cause periods of depression of varying lengths during which pain can become entrenched. Some women become aggressive or nervous, or else hyperactive. Anxiety can take the form of eating disorders, such as bulimia or, conversely, anorexia. For others, psychosomatic reactions predominate in the form of stomach pain, lack of periods or headaches. The loss of self-esteem ("I'm no good, I'm worthless, others find me painful"), fear of not being able to get pregnant again or else existential angst about one's insecurity are frequently observed consequences.

Some episodes of the woman's life can cause her to relive vividly the misery felt at the time of the abortion: the date on which the child would have been born, or the anniversary of the abortion, the desire to bring the missing child to life—all are conducive to a resurgence of that intensely experienced pain, for example, in the form of panic attacks or depressive episodes which clinicians may mistakenly associate with other psychological disorders. Flashbacks or the need to relive a traumatic event may also be manifest as nightmares that replay the abortion in a bloody and painful manner during later pregnancies or births. "It [a flashback] occurs whenever I see a pregnant woman, a nursery, a newborn, or else when I hear a vacuum cleaner whose noise is like that of the suction during the abortion." [20]

Lastly, "the idea of suicide is not uncommon during a major depression. [...] The mother's body, the scene of the killing, may be held captive by the paralysing image of the dead child and become the tomb of an impossible mourning. [...] Finnish studies[21] provide evidence that in the general female population, the majority of suicides occur among women who have undergone abortion."[22]

Mistreatment of her other children

Professor Philip Ney, a Canadian psychiatrist and pioneer in research on psychological disorders following abortion and on child abuse, has studied the link between abuse and abortion for over thirty years. He sees that[23] :

- having an abortion can reduce the instinctive inhibition on the expression of wild rage at a child for whom one is responsible.
- abortion can give rise to increasing, potentially violent, hostility between generations because it reduces the trust of children in their parents.
- guilt and loss of self-esteem can be transferred to the child.
- the decision to abort can create hostile frustration in some men, intensifying the battle between the sexes, in which children can become scapegoats.
- the abortion of the first child can curtail the development of a mother-child bond and block the normal expression of mothering functions.

To this list of the mother's psychic sufferings, we would add that abortion can cause symptoms similar to the classic symptoms of Post-Traumatic Stress Disorder (PTSD) experienced as the result of a traumatic event (earthquake, bombing...). To be precise, in the case of abortion, "It is a confrontation with the reality of death [...], a brutal sensory perception of the reality of death. [...] Here, death enters into one's being."[24]

Psychological difficulties that affect the father and the couple's relationship

In the first place, the father-mother couple, the setting for the bereavement, is potentially threatened: "the distress felt by each partner, the anger and the guilt that have together created a cradle for blame, the destruction of the union's symbol—that is, the prospect of a child—and the desynchronisation of mourning in the man and the woman—all these explain the turmoil. According to one study, 12% of couples break up after such a loss." [25]

Another difficulty often experienced is the couple's loss of libido. The couple now makes the link between sexuality, fecundity and death. On these grounds, in the psyche of the woman or the man, sex can become dangerous. Sexual disorders such as dyspareunia, vaginismus or frigidity[26] often occur as a result of abortion. The man can also be blocked sexually if he had stated that he was against the abortion. The result is "the penis at half mast, which becomes the setting for bereavement that is expressed nowhere else."[27]

The man in his function as a father is desribed by Dr Clerget as follows: "Victim. Executioner. Guilty. Witness. Absent. The figure of the almost-father has plenty of place on stage in this drama."[28] Requests for abortion sometimes come unilaterally from the father, which is hard on the woman, but the opposite is also possible, to the point that some women abort without consulting the father.

How terrible the consequences are for the couple when the father is denied his basic rights, especially if he has not been consulted! Just as for women, reactions from the fathers vary widely: silence, apparent indifference, loss of self-esteem, withdrawal, anxiety...

- Psychological disorders affecting family and friends -

Disorders affecting the other children of mothers who have had abortions

At this point, it is useful to divulge the impact on the other children of a couple that has had an abortion. The example cited by Françoise Dolto in Sexualité féminine: libido, érotisme, frigidité [Female sexuality: libido, eroticism, frigidity][29] is striking: Georges, age seven, is against everything, has nightmares and draws symbols representing his mother and death. The mother had never told anyone that she had aborted, but the child had guessed.
Georges said to F. Dolto in consultation: "No, she killed him. He wanted to live. She killed him." It may seem shocking, yet this intuition of the child of a event that occurred in his mother's womb where he himself had spent nine months can be explained in terms of biology, psychology and ontology.

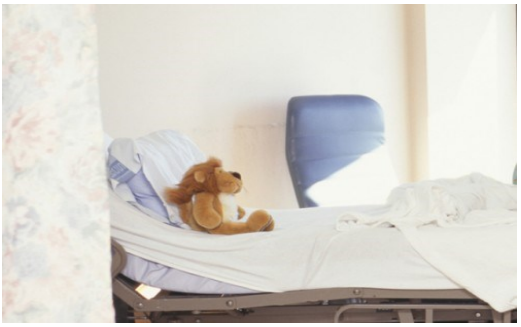
The child may thus present with one or more of the following problems: anxiety, existential angst, hyperactivity, attention and concentration deficits or a sleep disorder. Moreover, the hypothesis that there is a parallel between the clinical disorders of these children and those of people who have survived a traumatic event (near fatal accident, illness, natural disaster, the Holocaust, bombardments...) needs to be taken seriously. The reactions are linked to doubting one's survival: "Why me? The others didn't survive, so I don't have the right to live." Some studies on the Abortion Survivor Syndrome recount the following feelings[30] :

- the guilty survivor: I am not worthy to be alive. Why me?
- less confidence in one's parents;
- anxiety and the feeling of impending doom that could destroy one;
- morbid thoughts;
- collusion in the pseudo-secrets of the family in conjunction with the desire to know;
- anxious attachment to one's parents with a quest for protection;
- doubts in one's abilities and talents;
- ontological guilt linked to the non-use of talents and opportunities;
- anger;
- a quest for the lost brother or sister, with a propensity to commit very early in love relationships;
- behavioural problems: hyperactivity, withdrawal, lack of concentration…

Parents react in either of two ways, apparently, and both of these hamper their current and future children's development: the ghost baby and the substitute child. In its mother's mind, the ghost baby takes the psychological place of the infant who has not lived. "When the child cannot be mourned, a crypt in her psyche will develop where the ghost of the lost infant resides."[31] As for the substitute child, it is invested with all the ruined hopes and the wounds related to the non-birth of the aborted foetus, because "although the embryo or foetus disappears, in the mother's memory the relationship established between herself and her imagined child persists. [...] Note that for the substitute child, carrying a secret influences its way of being." [32]

Disorders affecting family and friends

Anyone directly implicated in the medical act of an abortion or indirectly involved as a witness may also suffer psychological turmoil, as paediatrician Philippe Cathelineau explains: "By choosing death for her child, she [the mother] knows at the same time that she is her own executioner [...], but she is the victim because it is definitely she who ultimately chooses, regardless of any pressure from her family and friends, to apply this abusive treatment to herself...



In fact, there is a dizzying permutation of roles in the tragic triangle of violence, and each actor is, to varying degrees obviously, at once executioner, witness and victim. The innocent baby makes its mother suffer by its inconvenient arrival at a moment when she was not ready to receive it (executioner). It watches the drama but has no word in it (witness). It is sacrificed (victim). The mother decides upon the death of her child (executioner). She puts herself in the hands of the abortionist (witness). She is deeply wounded by the abortion (victim). The physician is responsible for the killing (executioner). He or she respects the decision of the woman (witness). He or she destroys part of his or her humanity by practicing an act that contradicts his or her vocation (victim). And doesn't society also simultaneously walk the three sides of this triangle? It offers no other way out to women in distress (executioner). It permits abortions to be performed in a general atmosphere of indifference (witness). By not respecting the weakest members of society, it self-destructs (victim)."[33]

-Scientific studies-

The number of abortions is increasing every year in Belgium and France. The terms of the Aubry Act have made the previously required pre- and post-abortion interviews optional, except for unemancipated minors. As for psychological treatment, such as that proposed after a therapeutic abortion[34], it is not included as part of a prescribed elective (non-therapeutic) abortion.

In Belgium, the staff in the Family Planning Centre [Centre de Planning Familial] where abortion is performed, do not wish to broach this tricky problem of post-abortion suffering, believing that it could influence the decision of the woman and "weigh even more heavily on her shoulders". We see also that even though it is reimbursed by INAMI[35], psychological support after abortion is not what women want. In fact, they wish not to return to the place where they had their abortion.[36]

The upshot is that, if the general public is to be alerted to the real consequences of abortion, this will occur, among other ways, via objective scientific studies describing the clinical psychological problems sometimes experienced after an abortion. Only women in treatment, capable of expressing the suffering that they have experienced and of testifying for future generations on the psychological scope of abortion, can alert other women to the psychological risks. In addition, attention should focus on teenagers, for abortion is becoming increasingly commonplace among 15 to19 year olds. The consequences for their psyche can be very grave.

A look through several scientific studies conducted in France and elsewhere that are available on the website of the IEB[37] reveals the relative indifference of French and Belgian public research bodies. In Belgium and France, women's rights in fact include access to abortion, which therefore necessarily falls under the national health care service[38]. Bringing up these psychological consequences is then a matter of ideology and would jeopardise these acquired rights, which are considered to be not well entrenched. These studies are regularly repudiated because they emphasize the link between abortion and mental health disorders.

We see greater freedom of speech and research on the subject in Anglo-Saxon countries. Couldn't we lend these studies an ear and listen to the realities acknowledged in the field by some professionals and, for precaution's sake, conduct objective scientific research to hear the distress of parents, caregivers and children, and to finally break down the wall of silence?

II. EXISTING TREATMENTS AND SUPPORT STRUCTURES FOR THE AFFLICTED

In keepng with the lack of research interest in the consequences of abortion, institutions offer only a limited range of treatments for the psychological consequences of abortion, particularly in Belgium and France. Health care staff (psychologists, gynecologists, sexologists...) address the symptoms in a sporadic way: sleep disorders, mother-child relationship difficulties, depression, frigidity, vaginal pain, etc.

The only organisations that officially offer courses of treatment in these two countries are associations that take a psychological or holistic approach to healing. These organisations lack resources (financial resources and trained personnel). They are largely unknown to the general public and are not recognised by the medical profession, which, due to denial or lack of training, refuses to give its badly needed endorsement to certain associations. We should add here that a woman who has identified her suffering as being possibly related to her abortion(s) has already taken a very significant step on the path to mental well-being. This is even truer of women who have taken the further step of enquiring about available psychotherapies and undergoing one.

Some mental health professionals listen to this suffering and guide the person along the road to recovery. The proposed methods, whether through conventional psychoanalysis, psychotherapy, or the listening techniques used by associations' counsellors, all feature a cathartic approach that allows the woman to give vent to her emotions in a non-traumatic way through reliving her personal history, her pregnancy, the circumstances of her decision and her abortion in order to enable her to cross the threshold of forgiveness to herself, to her child, to the family and friends involved, and to mourn the person that she should or could have been, and, finally, to mourn the missing child.

Mental health professionals who recognize the symptoms and know how to treat them often stand in a one-to-one caregiver-patient relationship or in a one-to-many relationship, in the case of family therapy. Associations may also offer group treatments.

Psychological therapies

- In Belgium and France, Hope Alive offers the therapy course designed by Philip Ney[39]

Hopealive, founded in Belgium in 1996 by the wife of a Protestant pastor, follows the therapeutic path defined by Dr. Philip Ney and features revisiting one's history, family relationships, anger and reasons for abortion. Then forgiveness of oneself, forgiveness of others and grief for the lost child are covered. The course includes twelve steps:

- Commiting to the treatment
- Understanding abuse
- Stopping the anger and withdrawal
- Facing up to guilt
- Dropping one's mask
- Going "through" despair
- Mourning loss
- Reconciling oneself
- Seeing one's relationships differently
- Feeling restored and rejoicing
- Projecting into the future and beyond
- Follow-up interview immediately after the course

This course of therapy is carried out in small groups of 3 to 6 people, either mixed or single-sex. The group approach has two benefits: understanding what the person has lived through individually by the mirroring effect of the group, and ending isolation by sharing experiences that are often similar. At the end of this course of approximately six months, people have the tools for putting their psychological house in order and for understanding their mismanaged grief and the fears of others better.

- Agapa[40] in France:

Agapa is a Christian resource centre that listens to and counsels individuals and groups. Agapa offers a non-denominational therapy course that includes reviewing one's history so as to go through the stages of grief and to take a fresh perspective on people and events in order to rebuild oneself and one's confidence in oneself and in one's future.

- Dr. Philip Ney's therapy courses for suffering associated with the Abortion Survivor Syndrome

This course was designed to help parents re-establish an honest and trusting relationship with their children after the abortion of a sibling, to manage the conflicts associated with this harsh reality and to manage fear and imaginings that children are prey to when they suspect a secret. Saying to a child that one was not willing or able to accommodate a sibling in a context other than that of a course like Dr. Ney's is risky and should be undertaken with the utmost care and, if possible, with a family therapist. While it is in any case necessary to tell children the truth about a family reality that they might have guessed anyway, it is wise to choose the right age to tell them, so that the child is mature enough to gauge what the facts do and do not imply and to deal with the emotions that will ensue. It is especially wise to be clear about one's own intentions (no more rancour between parents, serenity over the abortion...).

Holistic guidance path for the individual

Although very few in number in Belgium and France and often Catholic or Protestant, some associations do provide physiological, relational, psychological, spiritual and psychological guidance for people suffering as the result of a perinatal bereavement. We mention in this connection Rachel's Vineyard [La Vigne de Rachel][41] and Le Souffle de Vie [The Breath of Life][42] in Belgium.

Memorials

Several parents' associations recommend taking concrete steps[43] to commemorate the child and render the bereavement visible. Erecting a personal and family "monument to the departed" and laying booties at it infuses this event with meaning and grants to the lost child a place in death that one could not give it in life.

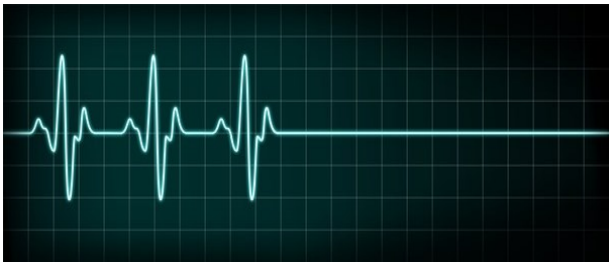
A healing journey with artificial angels allows parents to live a few hours with the child they could not receive and to give it a tomb, thus restoring to it its human dignity and family lineage.

III. PENDING SOCIAL QUESTIONS

At this point it is useful to consider the sociological ramifications of the consequences of abortion for society as a whole.

The whole of society is concerned

INED expects that 40% of the French female population will have an abortion at least once in their life[44]. If we consider the proportion of those who suffer as a result of the experience—even if we imagine a very low ratio of 1%, for example—and if we add to this the woman's family and friends who may also be affected (the couple, siblings, children and (grand)parents, medical personnel ...), the term 'public health problem' does not seem an exaggeration, given the number of people affected.



Link between family insecurity and abortion

Let us refer to the study of Lott[45] (available on the website of the IEB[46]), according to which the legalisation of abortion increases births out of wedlock and the number of single parent families, resulting in increased crime in the United States due to lower investment in human capital. Is it possible to establish such a correlation? Although, given the present state of research, we cannot uphold such a hypothesis, we cannot ignore the facts that Belgian and French society is promoting existential doubt through the lack of shared reference points across generations and is making abortion commonplace.

Teen abortions

Should we worry about the growing number of abortions among minors (+30% between 2001 and 2007 in France)?[47] At their age, a person is constructing herself psychologically and physically. Managing the biological risks associated with these pregnancies at too young an age, preventing precocious pregnancy and providing care for teenagers' psychological problems after an abortion are all particularly urgent and vital to their health. In sum, with teenagers we see a greater propensity to act out their thoughts (physical violence, suicide attempts...) and to engage in risky behaviours (drug use, unsafe sexual behaviour...). A medical professional then functions in a very different context when he or she takes on a teenager afflicted by psychological problems after an abortion.

In a report on the prevention and care of adolescent pregnancies in 2004, Michèle Uzan, Head of the Obstetrics and Gynecology Department at Jean Verdier Hospital in Bondy, France, explains: "As neither children nor adults, adolescents constitute an age class in their own right, with specific health problems and behaviours, which has led in certain hospitals to the creation of units specialising in the medical, psychological and social treatment of adolescents. Although young motherhood is as old as the history of women, a precocious pregnancy often occurs as an accident arising from risky practices. Pregnancy may reflect existential angst, or be a poor response to an already precarious situation; sometimes it is part of a family continuum. [...] The age distribution for initial sexual relations shows a trend toward younger ages: 21% of boys and 10% of girls have their first sexual intercourse at 15 years of age or less. Sexual relations during adolescence are characteristically sporadic (5 to15 per year) and unplanned (63% occur during the holiday period). In addition, relationships are short-lived and very rarely exceed one month: this partly explains condom use as the first choice. Furthermore, 21% of sexually active girls use no contraception. This is a figure to keep firmly in mind when working out what messages to communicate to adolescents. [...] In general, these impulsive pregnancies occur through risky, unprotected sex and may be viewed as acting out. All data have consistently shown for many years that the earlier pregnancy occurs, the greater the likelihood of it ending in an elective abortion."[48]

What of the violence of youth and its possible link with the violence of abortion?

The percentage of crimes committed by minors compared to total crimes committed and total crimes committed have both increased by 3% every year since 2005[49]. The increase in juvenile crime makes us wonder whether there is a correlation between the increase in teenage abortions and the growing number of crimes committed. However, as crimes are not broken down by sex, the statistics needed to support this hypothesis are not available. On the other hand, the media did report widespread concern about the unprecedented part played by girls during demonstrations in October 2010 by French students against pension reform. Organised bands of girls broke shop windows and set fire to cars, which the media described as unheard of. If it turns out that the frequency of abortions among girls brought about an increase in crime, there would be cause for concern.

Do governments wish to lower the number of abortions?

In Belgium, public opinion is not taken up with the problems abortion brings with it, probably because the law decriminalising abortion is still fresh in the public mind: indifference reigns. France provides an instructive example: to wit, the spirit of the Veil Act of 1975 recognised the dignity of the embryo and recommended bringing all possible means to bear to prevent abortion. However, despite sex education and the availability of family planning services from college onward, the number of "accidents" is persistently high: 72% of French abortions occur while using chemical contraception[50]. The French rank amongst the most frequent users of contraceptives in the world and the French abortion rate remains high[51]. In a recent report (October 2009) submitted to the Ministry of Health, IGAS (General Inspectorate of Social Affairs) recommended legislating in order to:

- continue to invest in raising awareness of the pill and condom use
- educate young people to use contraception and condoms
- increase the number of prescribers of abortion
- increase the fixed amount paid to physicians for an abortion
- present sterilisation among the means of contraception[52]

The number of abortions is thus not about to fall, and the solutions proposed are rather questionable, especially sterilisation, which is problematic for a person's physical integrity.

Other countries have seen their abortion rates fall continuously, for example, Germany, or at least stagnate, as in the United States. It is therefore legitimate to ask whether the Belgian and French governments actually want to reduce the number of abortions, given that they know that abortion is not a panacea, and that they must take into account public opinion, which is, according to an IFOP poll (Les femmes et l'IVG [Women and abortion])[53]: "'There are too many abortions in our country' for 61% of French women. 'Abortion leaves psychological scars that are difficult for women to bear' say 83%. 'Society should do more to help women avoid taking recourse to abortion'; say 60%."

CONCLUSION

After so many years of abortions, isn't it worth asking this one straightforward question without any ideological preconceptions: how can we help people whose suffering is so rarely acknowledged or studied? Helping people who present with psychological suffering after an elective abortion consists in recognising its harsh reality and the pressures weighing on all family members. Dr Clerget concludes his book thus: "This constitutes, in view of the high frequency of abortions, a real public health problem that is not taken sufficiently seriously—far from it."[54] The purview of concrete actions could be:

- Social and medical recognition of the psychological consequences of abortion by:
  - ♦ eliminating institutional denial
  - ♦ establishing professional networks
  - ♦ mobilizing the political world
  - ♦ launching objective scientific studies
- Social and institutional recognition of the aborted children
- Education of health professionals and spiritual counsellors.

Western societies are ambivalent about maternity and children. On the one hand, they have elevated the desire for children to an absolute right. The growth in the number of medically assisted procreation cases[55], the lobbying to allow adoption by same-sex couples in France (already authorised in Belgium) and work to develop an artificial uterus all point in this direction: children have become a right. On the other hand, this same society allows abortion, embryo selection before implantation and research on surplus embryos [56].

It is striking that the authorities persist in denying well-attested suffering and intend to keep the status quo, thus repudiating the voices expressing their suffering and preventing health care professionals from increasing their scientific and medical expertise with a view to detecting and treating this suffering.

In keeping with the precautionary principle often put forward by the EU and European governments, shouldn't we demand that the political and healthcare authorities recognise this public health problem and fund scientific studies so that we may understand what is at stake and, most of all, develop therapies for the women, witnesses and actors in this drama of loss (parents, children, grandparents, health care personnel, social workers...)?

Article written by Laetitia Pouliquen

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1. The term abortion, employed in Belgium, is used here by default and refers only to elective abortions.
2. INED: Institut national d'études démographiques [National Institute of Demographic Studies]. A French public institution specialised in research on demography and general population surveys.
3. INED Report, 2004, Populations et Sociétés [Population & Societies], n° 407—Pourquoi le nombre d'avortements n'a-t-il pas baissé en France depuis 30 ans? [Why has the number of abortions not declined in France over the past 30 years?]
4. Answer to a question put to Roselyne Bachelot, Minister of Health, by the Deputy, Louis Giscard d'Estaing, in June 2010.
5. Synthesis Report, IGAS, RM2009-112P, October 2009. Assessment of policies for the prevention of unwanted pregnancy and for abortion management, pursuant to the Act of 4 July 2001. [Évaluation des politiques de prévention des grossesses non désirées et de prise en charge des interruptions volontaires de grossesse suite à la loi du 4 juillet 2001].
6. Source : Ministry of Health (France) www.sante-sports.gouv.fr/IMG/pdf/er713.pdf
7. IGAS Report 2009.
8. INED Report, 2004, Populations et Sociétés [Population & Societies], n° 407—Pourquoi le nombre d'avortements n'a-t-il pas baissé en France depuis 30 ans? [Why has the number of abortions not declined in France over the past 30 years?]
9. Dr Stéphane Clerget is the author of ten books, including: "Adolescents, a necessary crisis" [Adolescents, la crise necessaire], Fayard, 2000. He defends the right of women to abort. In this book, he presents many testimonials collected in his medical practice of parents and children who have had painful experiences related to abortion.
10. INED Report, 2004, Populations et Sociétés [Population & Societies], n° 407—Pourquoi le nombre d'avortements n'a-t-il pas baissé en France depuis 30 ans? [Why has the number of abortions not declined in France over the past 30 years?]
11. Op. cit., p. 97.
12. Op. cit., p. 103.
13. Bodily manifestation of psychological distress.
14. Behaviour that is dangerous for oneself or other people and possibly reckless.
15. Op. cit., pp. 103 to 105.
16. Op. cit., pp. 111 and 112.
17. B. Holzauer, "Schwangerschaft und Schwangerschaftsabbruch" [Pregnancy and pregnancy termination], Krim. Forschungsberichte [Criminological Research Reports], Max Planck Inst, n°38, 1989.
18. Op. cit., p. 120.
19. Op. cit., p. 126.
20. Op. cit., p. 175.
21. Pregnancy associated mortality after birth, spontaneous abortion or induced abortion in Finland, 1987–2000, American Journal of Obstetrics and Gynecology, n° 190, 2004, pp. 422 to 427.
22. Op. cit., pp. 159 to 161.
23. Relationship between abortion and child abuse by Philip G. Ney, MD, in Canadian Journal of Psychiatry – Vol. 24, 1979.
24. Op. cit., pp. 159 to 161.
25. Op. cit., p. 223.
26. Dyspareunia: painful local sensations during sexual intercourse. Vaginismus: painful spasmodic contraction of the vagina hindering sexual intercourse. Frigidity: partial or total absence of orgasm during sexual intercourse.
27. Op. cit., p. 235.
28. Op. cit., p. 217.
29. Book by Françoise Dolto, published in 1986, Paris.
30. The Canadian Journal of Diagnosis, January 1999, Abortion and Family Psychology: a Study in Progress, by Dr Philip G. Ney.
31. Op. cit., p. 261.
32. Op. cit., p. 263.

33. Quand Rachel pleure ses enfants. Les lendemains douloureux de l'avortement [When Rachel weeps for her children. The painful aftermath of abortion], CLD Editions. 2003. Philippe de Cathelineau, pp. 54–56.
34. Interruption of pregnancy for medical (therapeutic) reasons. This can be the outcome of a collective decision by physicians when the pregnancy endangers the life of the mother, or when the foetus has a serious and incurable disease at diagnosis. Therapeutic abortion is performed in France until the expected date of birth.
35. Institut National Assurance Maladie et Invalidité [National Institute for Disability and Health Insurance].
36. Testimonial from an interview with the personnel of a Family Planning Centre.
37. http://www.ieb-eib.org/fr/pdf/dossier-liste-etudes-csqces-avortement.pdf
38. Definition currently used by the WHO and the European Union.
39. Belgium: www.hopealive.be France: Unité de Ressources pour la Restauration de la Dignité de la Personne [Resource Unit for Restoring Human Dignity] e-mail: u2rdp@aol.com
40. www.agapa.fr
41. www.rachelsvineyard.com
42. www.souffledevie.be
43. Example on this site: www.images-de-soi.fr/memoiresvives/index.html
44. INED Report, 2004, Populations et Sociétés [Population & Societies], n° 407—Pourquoi le nombre d'avortements n'a-t-il pas baissé en France depuis 30 ans? [Why has the number of abortions not declined in France over the past 30 years?]
45. Abortion and Crime: Unwanted Children and Out-of-Wedlock Births, 2001, Yale Law & Economics Research Paper, No. 254.
46. www.ieb-eib.org/fr/document/etudes-scientifiques-sydrome-post-avortement-249.html
47. ADV IFOP survey conducted in 2010 www.adv.org/fileadmin/web/campagnes/Sondage_IFOP_fevrier_2010.pdf
48. Communication from Michèle UZAN Jean Verdier Hospital in Bondy at JTA 2004, Adolescent pregnancy and childbirth [La grossesse et l'accouchement des adolescents] www.gyneweb.fr/Sources/obstetrique/gr-ado.htm
49. Report from 2009, Crime and delinquency reported in France [Criminalité et délinquance constatées en France], Central Headquarters for Criminal Investigation [Direction Centrale de la Police Judiciaire].
50. IFOP-ADV survey, February 2010 www.adv.org/fileadmin/web/campagnes/Sondage_IFOP_fevrier_2010.pdf
51. Éthique, religion, droit et reproduction [Ethics, religion, law and reproduction], Paris 2001, p. 63. "In France, 68.8% of women aged 20 to 49 use contraception, of whom 52% use contraception labelled as 'effective' (pill, IUD...)."
52. Report of IGAS, October 2009.
53. www.adv.org/fileadmin/web/campagnes/Sondage_IFOP_fevrier_2010.pdf
54. Op. cit., p. 305.
55. Medically assisted procreation: a set of clinical and laboratory practices (in vitro fertilization, cryopreservation, pre-implantation screening...) in which the medical profession is directly involved in procreation. For more information, see IEB's file on Medically Assisted Procreation in Belgium.
56. Embryos conceived in vitro which, if they are not being used by the parents, may be made available for research, which destroys the embryo.