Psychological aspects of therapeutic abortion after early prenatal diagnosis

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Summary: The early discovery of a fetal pathology creates a "crisis" situation fraught with psychic problems for the couple who must live through it.

The Authors observed a group of patients in the second trimester of pregnancy. They had all requested therapeutic abortion since serious malformation of the fetus had been confirmed.

By means of a questionnaire constructed for the purpose, certain characteristics of fetal malformation and of pregnancy were evidenced, as well as the way these were experienced by the patients. The immediate and delayed reactions to the diagnosis of malformation were also studied, as was the experience lived when faced with the choice of abortion.

INTRODUCTION

The use of different techniques of prenatal diagnosis in obstetrical diagnosis has enabled doctors to detect the presence of a diseased fetus in the womb in pregnancies already known to be "at risk" as well as in pregnancies which are "normal".

The advance knowledge of a fetal pathology leads to a "crisis situation" [1], fraught with psychic problems for the couple which has to live it, both because of the particular aspects of the disease and because of the specific circumstances in which the unfortunate pregnancy takes place.

At a very early gestational age, a process of the construction of the physical and psychical image of the child begins at an unconscius level. Although this image is based on elements taken from reality, it is always an idealized image against which the real child will be compared at birth [2].

The discovery of a fetal disease interrupts the expectation of a "healthy and beautiful" child and proposes a completely different reality which is both frustrating and disapponting at the same time.

From the first suspicion of the existence of a malformation to the confirmation of the diagnosis, the couple passes through a series of emotions: disbelief, depression, anger, search for information and news, requests for help and support until the final decision is reached: to bring the pregnancy to term in any case or to have an abortion [3, 4].

SUBJECTS AND METHODS

Observation was carried out on a group of 50 patients in the second trimester of pregnancy who were hospitalized at the IV Gynaecological

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and Obstetrical Clinic of the University of Rome "La Sapienza" Since the serious malformation of the fetus had been confirmed, they had asked to have therapeutic abortion.

The subjects of the group under observation were selected on the basis of the "gestational age" parameter, that is, they were between the 16th and the 22nd week of pregnancy. The other parameter used was "the presence of serious fetal malformation" without specifying exactly what this meant; with the result that pathologies of various origin are represented: chromosomic, dismetabolic, infectious, multifacturial etc.

The average age was 32 years, with a range from 17 to 44. All educational levels were present: 14% elementary school; 34%, Junior High School, 42% Senior High School, 10% University graduates. Various job types were also represented: 48% housewives, 20% factory workers, shop assistant etc., 32% office workers, teachers, professional people etc.

All the patients were interviewed with the help of a questionnaire with a prevalently free answer scheme. This questionnaire was constructed for the purpose, using elements previously culled from the literature on the subject [3, 4] and from the spontaneous conversations of other patients with similar pathologies.

The questionnaire inquired into some of the characteristics of fetal malformation and pregnancy and on the way these were experienced by the patients. Also studied were the immediate and deferred reactions to the diagnosis of malformation and the way the choice to abort was lived.

RESULTS AND COMMENTS

Characteristics of the malformation

To respond in terms of Italian law on therapeutic abortion, fetal malformations of such dimensions as to constitute a grave danger for the psycho-physical health of the mother must necessarily be present.

The certainty of the pathology was aquired through examinations carried out on the amniotic fluid or on the fetal blood or through ultrasound examinations.

For the most part (80%), the malformations presented a low recurrence risk (about 2-3% probability of a repetition of the same pathology): for the rest (20%) the recurrence risk appeared to be high (25% or 50%).

Characteristics of the pregnancy (Tab. 1)

The pregnancies were most often planned (42%) or at least desired (36%): only 22% were completely by chance, but had by then become acceptable.

46% of these were normal pregnancies; in 54% of the cases they were begun as high risk pregnancies.

The majority of the subjects (44%) had previously given birth to one or more healthy children; for 22% it was their first experience of maternity, and 10% were expecting their first child since their first pregnancy had ended in abortion; 14% had both healthy and handicapped children, 10% had only had both healthy and handicapped children and 10% had only had handicapped children.

Before finding out about the existence of the malformation, the child was seen by some more clearly (44%) and by other more vaguely (44%), especially with regard to the sex of the child or certain physical characteristics already present in the

Table 1. – *Characteristics of pregnancy.*

Planning	Planned 42		Desired 36		Chance 22
Knowledge of risk	Normal Preg. 46		"High Risk" Preg. 54		
Procreative situation	1st Preg. 22	SA 10	Healthy Chil. 44	Healthy Unhealthy 14	Malform. 10
View of child	Clear 44		Vague 44		Absent 12
Projects for child	Clear 26		Vague 30		Absent 44
Self-view as mother	Clear 82		Vague 18		
Confidence in self as mother	High 76		Reasonable 24		
Physical experience of pregnancy	Easy 76		Ambiguous 8		Difficult 16
Emotional experience of pregnancy	Satisfactory 60		Ambiguous 38		Unsatisfactory 2

older children. Only 12% of the subjects were unable to imagine the child at all.

As a general rule, no plans or particular programs were made for the expected child (44%), or at least these were very vague (30%); only 26% of the patients had already programmed the future of the child.

These women's view of themselves as mothers was very clear (82%), and was only rarely vague (18%).

In the same way, their confidence in their maternal attitudes was fairly high (76%), or in any case well represented (24%).

Pregnancy, as far as its organic aspects were concerned, was seen as easy by the majority of the patients (76%); there was some difficulty for 8%; and for 16%, pregnancy was seen as decidedly difficult.

At the emotional level, the experience of pregnancy was mostly satisfactory (60%); only 2% of the situations was described as completely unsatisfactory because of the organic pathologies which accompanied the pregnancy itself. In 38% of the cases the experience was rather ambivalent; 80% of the women in this group had high risk pregnancies: "terrible thoughts used to come to me in the evening. Every evening I cried secretly, and then in the morning I had new hopes...".

Reactions to the diagnosis of malformation (Tab. 2)

The first communication of the existence, or the suspicion, of fetal malformation, in 90% of the cases arouses a feeling time (40%). Less frequently there is anxiety (22% especially, before problems whose extent and gravity have still to be ascertained), or amazement (18%), rebellion (14%), rejection, of the situation (8%):

"...stunned... a blow on the head hurts even if it doesn't hurt very much there and then";

"...I felt overwhelmed...";

Table 2. – *Reactions to the diagnosis of malformations* (*).

Immediate		Delayed	
Disappointment	90	Disappointment	90
Disbelief	50	Depression	50
Anxiety	22	Failure	26
Amazement	18	Request for help	36
Rebellion	14	Request for inf.	28
Denial	8	Rejection of fetus	24
		Refusal of help	14

(*) Each patient could give more than one answer.

"...I was dazed, without apparent reaction...";

"...I went crazy, I made everyone else feel bad...";

"...to me, really! ...Check again well...";

When the diagnosis was confirmed and/or made more precise, the prevailing feeling was still disappointment (90%) mixed with depression (50%), sometimes with the painful feeling of having failed (26%) in a task considered as very important. Then there was the pressing request for support and assistance, expressed generically (36%) or in the form of information about fetal diseases (28%). But quite often the disappointment was expressed through a refusal of the fetus (24%) or of any other form of help (14%):

"...I always continued to hope ...I won't have any more children...";

"...A first I understood that this meant...";

"...I wasn't able... I wasn't able to have...";

"...this isn't my bay girl, dressed in pink... it's a mongol...!

The choice of therapeutic abortion (Tab. 3)

The choice to undergo an abortion of the presence of fetal malformation is differently motivated by the patients:
because of the handicapped child: "...I don't feel it's right to give a life full of suffering..."

Table 3. – *The choice of therapeutic abortion* (*).

Therapeutic abortion as a solution	80
Therapeutic abortion as a moral and/or religious problem	32

(*) Each patient could give more than one answer.

because of commitment to the family: "...I can't impose it on them (the other children)..."
for personal reasons: ..."I wanted it, but when I found out the conditions, I couldn't accept it..."; "...I don't feel I could accept the trials..."; "...life is already so difficult, I was afraid that I would have to do the rounds of the hospitals. I felt I was going crazy... I have the right to a normal quiet life too..." "...I don't feel I can look after it; because of my work, my other child and my personal capacities..."; "...I cannot accept the continuous suferring of a handicapped child...".

Often the choice is justified by the consideration that, according to the doctors, the fetus would die in the womb or the baby would die at birth: in any case, there was always a relationship to the gravity of the malformation pathology.

"...in cases like this... it would die anyway. I will confess it to the priest, but I don't feel guilty, it would have died in any case..."

"...I am against abortion but in these cases... it is not compatible with life... there is not even a hope..."

Sometimes (32%), the decision to have a therapeutic abortion was taken in spite of the presence of considerable moral and/or religious problems:

"...it is a very great problem in relation to the community I come from, they mightn't understand... we'll say it was a spontaneous abortion..."

...I work in a religious institution... hospitalization takes place in the strictest conditions..."

"...it would have been better if he had died by himself... but like this..."

"...I am a religious person, but I reasoned it out ...I am against abortion, but in extreme cases..."

"...if you have a baby, you should keep it even if it isn't healthy...".

In the majority of cases (80%), the feeling of being able, through abortion to limit the frustration and disappointment to a particular period of their personal lives, without too many repercussions on future organization and on the psycho-physical balance of the mother, prevails over every other consideration:
"...the worst time is when you make the decision, then you feel calmer...";
"...just as well that we found out beforehand...";
"...it is useless to continue to fool myself, I want to finish everything as soon as possible..."
"...it is a weight being lifted off me...".

Finally, once the decision to have a therapeutic abortion has been taken, the anxieties converge on the most immediate aspect of the abortion, that is, defensively, compared to the deeper problems which, for the moment, are pushed aside:
"...all these ultrasounds ...it's tiring ...every time reminds you...";
"...it's more difficult to wait, when you feel it move inside you...";
"...it's very sad to face an empty childbirth without having anything...";
"...I would prefer a Cesarean so as not to suffer, so as not to remember... a useless labour... to suffer so much for nothing...».

CONCLUSIONS

The diagnosis of fetal malformation made in the second trimester of pregnancy creates a situation of bereavement for the parents. In whichever way a decision is taken about the continuation of pregnancy, the expected child does not exist any more; it is irretrievably lost.

Disappointment is the dominant feeling in almost all patients, whatever may have been their previous experiences of procreation, and the features of planning and risk of the pregnancy itself.

This disappointment is very often accompanied by disbelief in the first impact with the malformation. Then a deep depression takes over, when the existance of the malformation is definitely confirmed; and this depression is often characterized by a profound sense of failure.

The grave situation of frustration thus created demands the activation of important defence mechanisms in order to face the high levels of anxiety set in motion. The mobilitation of these mechanisms (they are completely unconscious and we can only observe their effects) is different, both as regards quality and quantity in different people in relation to the basic structures of their personalities. So one group of our patients openly and generically make a request for help without being able to specify and thus indicate the terms of the help expected. They explain simply their need to be sustained, assisted and comforted in a trial which they expect to be particularly difficult.

A second group keep part of their anxiety through a careful collection of news and information of various aspects of the malformation in question, as if an ample documentation in its regard could make it easier to face. A third and last group can defend itself only by keeping at a distance, refusing and almost not recognising as theirs that unknown, undesired, foreign fetus which has deliberately taken the place of the child who was expected.

For the patients we observed, the problems posed by the discovery of a fetal pathology led, in any case, to the therapeutic abortion of the diseased fetus, both as if it were "their own" handicapped child, or "a" handicapped child.

Therapeutic abortion in this technical aspect turns out to be a useful means of switching anxiety from a highly conflictual internal situation to an external, concrete and practical event and, therefore, easier to face from the psychological point of view. Besides, abortion is a first stage, a concretization, in the process of separation, of distancing, from a child who has disappointed and vanified the normal and healthy desire of procreation; it is the great defence against a continued threat to one's own self-esteem.

As a patient who already had "a handicapped daughter" said – she being unconsciously the spokeswoman on one of the most serious problems created by the diagnosis of malformation – because there is the risk, with an abnormal child, of always living with painful feelings of inferiority with respect to friends, relatives and aquaintances, because one never feels "at the same level as the other mothers".

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