

Impact Of The Postabortion Syndrome On Woman's Life

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Abstract: The issue of postabortion syndrome is often underestimated in some ways and quite taboo in society. The research project is focused on the incidence of adverse emotional effects of abortion and includes negative impacts on the lives of women. Collected data obtained by twelve interviews were processed according to the methodology of qualitative research by content analysis. The results of the research investigation showed that the experience of abortion could indeed affect the emotional and psychic life of women so much so that in many cases there is a need for professional psychological and psychiatric help. In every single interview carried out there were at least two symptoms or symptoms that respondents attributed to subjective experience of abortion. In terms of quantity the most-represented were

remorse, sadness, feelings of emptiness and problems of sleep.

Keywords: interruption, post-abortion syndrome, pregnancy

Abstrakt: Problematika postinterupčného syndrómu je z niektorých smerov často bagatelizovaná a v spoločnosti pomerne tabuizovaná. Výskumný projekt je orientovaný na výskyt nežiaducich emocionálnych vplyvov interrupcie a zahŕňa negatívne vplyvy na život ženy. Zhromažďované dáta získané na základe dvanástich rozhovorov boli spracované podľa metodológie kvalitatívneho výskumu obsahovou analýzou. Z výsledkov výskumného šetrenia vyplynulo, že skúsenosť interrupcie by skutočne mohla zasahovať do emocionálneho prežívania a psychiky žien až natoľko, že vo viacerých prípadoch bola potrebná odborná

psychologická až psychiatrická pomoc. V každom jednom realizovanom rozhovore sa vyskytli minimálne dve príznaky, alebo symptómy, ktoré respondentky subjektívne pripisovali skúsenosti potratu. Z hľadiska kvantitativity boli najzastúpenejšie práve výčitky svedomia, smútok, pocity prázdnoty a problémy zo spánkom.

Kľúčové slová: interrupcia, postabortívny syndróm, tehotenstvo

Introduction-Goals (with Introduction Study Objectives) :

Postabortion syndrome is a set of psychological symptoms that may arise or occur as a result after experiencing abortions. It is a complex of psychological symptoms that may occur as a result of abortion or miscarriage. It mainly affects women or their partners, or even health care workers who participate in abortion.¹ The consequences of abortion remain a matter of debate. Pregnancy, whether originally intended or unintended, can cause stress and abortion may trigger feelings of loss and reactions of grief.² Negative psychological and psychiatric complications seem to be rare ³, on the other hand, many studies and studies show significant interference to the emotional and psychic survival of these women.

The research project is focused on the issue of occurrence postabortion syndrome in the population of women who underwent the artificial abortion of pregnancy at term of five

years from the procedure. The main objective of the research investigation is to define the factors that lead women to decision to the artificial abortion of pregnancy, to describe the most common manifestations of postabortion syndrome in all respects, to find out how could the experience of abortion affect current and partner life, and last but not least to point out on this issue, which is in some way often underestimated and rather taboo in society.

Methods :

Research saving is qualitative research, implemented through narrative interviews, respecting the main components and principles of qualitative research. Women who meet predetermined criteria were interviewed by purposive sampling.

The research sample consisted of five women who underwent an abortion because of severe fetal impairment, mostly in the higher stages of pregnancy and on the recommendation of a doctor. The remaining seven respondents underwent surgery at their own request.

Pre-prepared questions focused on the objectives of the project were discussed with experts, psychologists dealing with these matters. The interviews were recorded on a dictaphone, because of the interpretation and the possibility of an exact quote in a transcribed conversation which were afterwards sent to every single respondent for the authorization. Because of the intimacy of the subject,

interviews were anonymous and by mutual agreement with the individual female respondents interviews will be published at a specific code.

Results:

Based on the analysis of individual interviews categories were determined by inductive methods. The categories were common or similar in the interviews, and thus allow a deeper examination of the situation experienced.

1st category: Pregnancy

2nd category: emotions before, during and immediately after operation

3rd category: emotional changes

4th category: the impact on current and partner life

5th category: memory of the abortion

1st category - PREGNANCY

In the initial phase of the talks was a starting point to establish the circumstances of pregnancy, we focused on the social status and relationships, because we assumed the influence of factors on the decision and the subsequent emotional survival. In this part of our talk was to ascertain the reasons for undergoing the procedure, the adoption of emotions really pregnancy, family support and surroundings and other factors that could lead a woman to the decision.

Out of all the respondents only about 35% of women planned pregnancy and they were women who followed the abortion because of medical indication by the fetus. In these cases, the response to the detection of pregnancy was positive, not only from women themselves but also from partners, family and people around. Dominating were feelings of enthusiasm, joy, but there are also feelings of insecurity and fear of failure to deal with the parent role. On the other hand there are women whose pregnancy was unexpected and unplanned pregnancy and unwanted. Panic, consternation and anxiety of the impasse prevailed for all respondents whose pregnancy was unplanned.

There have also been cases where pregnancy was secret because of the fear of the reaction but also the opinion of people around, family or partner and the only possible solution considered at that time was to undergo the abortion. We assume that even this fact or the fact of great secret could burden these women's daily life psychologically or affect interpersonal relationships.

Regarding the description of the main reasons for the abortion of pregnancy, we considered appropriate to divide women into two categories for clarity, namely: respondents undergoing surgery because of the disability of the fetus and women submitted to abortion for other reasons, respectively, at their request. In interviews of women who followed treatment, based on the findings of injury and serious developmental defects of the baby was the most

important factor to decide the fear of inability to take care or worry of the not fully valued life, pain and suffering of her child. In the second category we included respondents who reported other reasons than health and pregnancies, unlike the women in the first category when the pregnancy was from the beginning unaccepted, especially unplanned. The most frequently mentioned reason was the lack of preparation on the motherly role in terms of the age. In most cases, they were a relatively young girls studying and we think they felt the fear of taking responsibility and also concerns about their own future in case of interruption of their study.

Other most frequent reasons for interruption of pregnancy that resulted from the interviews were linked to dysfunctional relations, also impressions from the inability of partners to ensure family and assume the role of a father or pregnancy rejected by the partner. It is closely related to the uncertainty to take care of herself or of a child, anger, unforgiveness and hatred which have often occurred.

The least frequent reason that led these women to a radical decision was economic reason or rather difficult financial situation and the failure to provide their child with a financial point of view. We find this reason rather secondary because none of the respondents mentioned this as the main reason for the interruption of pregnancy.

From interviews, we have conducted with female respondents, it showed that a substantial

impact on the decision were not only the circumstances but the views and attitudes of their family, friends and of course support from the surrounding area. In most cases it was their own decision the discretion without any influence of the environment, even in cases of pregnancy interruption because of medical reasons it was a common decision of both partners. That does not mean that cases occurred where a woman has been influenced by ambient pressure and pressure by partner. Three of the twelve respondents indicated that their decision was not independent and that the views coming or rejection from the child's father had a major impact on their decision.

2nd category: Emotions before, during and immediately after operation

In this part of the interview, we focused on feelings and emotional abundance of respondents in a short period of time. We have given a targeted question within the narrative interviews to respondents such as: What were your feelings immediately before the surgery? Do you remember some connections with the surgery? How were your feelings immediately after the procedure?

The most frequently reported phenomenon before the procedure that the respondents reported was the denial of reality and displacement of reality from the consciousness. From this we can conclude that they considered the intervention as traumatic experience which

could affect their psyche and they have decided not to think about the matter.

One of the other emotions often described before the surgery was fear. Fear of the surgery in general, fear of physical pain, but also fear of the unknown and concerns about their emotions and survival after the procedure. This is closely related to the statements when the respondents indicated that they had compulsion to escape or to pass it quickly. Seven out of the twelve respondents have described their feelings like this.

In the following question it was our goal to evoke memories and feelings that were related to the ongoing procedure. In this part of the interview responses logically differ depending on the method of carrying out the procedure. In the higher stages of pregnancy interruption of pregnancy is carried out in medicated way. This means that the aim is to launch activity of the birth and the patient remains fully conscious on the contrary to the operation of the 12th week of pregnancy when the patient is under general anesthesia. In most cases of the induced abortions answers of respondents match as the woman felt labor pain, the common denominator was just relief they felt after the withdrawal of unpleasant feelings.

The question that we asked each respondent if they remember some connection from surgery we consider as one of the most delicate. It is proved by the evidence that some of the women refused to answer in detail and also mention a tendency to forget the surgery.

In contrast, at some respondents we met with openness and directness and they describe in detail everything they remember before the anesthesia. Feelings of fear and in some cases panic prevailed.

The period immediately after the procedure was often followed by the series of psychological problems that often emerged after a certain period of time. But in this part of the interview we have only dealt with the feelings, emotions and attitudes that respondents perceived shortly after the procedure. Respondents described feelings right after the procedure variously, some have described it as their physical condition, but in most cases they really focused on their abundance and feelings which have stuck in their mind. The most frequent phenomenon among the responses was the description of a kind of an internal emptiness. This mental state was described by five of the twelve respondents. Women who underwent the abortion in the higher stages of pregnancy prevailed relief from physical pain, different forms of this feeling occurred in interviews of women who underwent surgical intervention method.

Except of the feeling of relief and emptiness which were quantitatively the most-represented, there were other emotions and feelings which we consider important to mention, such as fear or fear of infertility, initial feelings of guilt and remorse, as well as emotional instability or tearfulness.

3rd category: Psychological changes

In this part of the questioning we focused on changes in feelings and emotional abundance after surgery. This part of the interview we consider to be the most substantial and most important with the regard to the objectives of the full research investigation. At this stage of content analysis we also consider as very important to describe the most common nonverbal expressions which we watched intentionally when asking specific questions. When analyzing the statements I opted for clarity, to divide the symptoms of post abortion syndrome according to the classification of the Simon M. as follows:

1st group - symptoms in the emotional area

2nd group - symptoms in cognitive areas

3rd group - somatic symptoms

4th group - behavioral symptoms.⁴

Expressions in the emotional area were the most represented quantitatively and in general it was a feeling of guilt, sadness, anger and hatred, anxiety, and often these symptoms were exacerbated by the depressive states. Each one of the respondents states in their allegation that felt remorse, in varying intensity, from feelings of guilt, self-blame to the hatred of the proceedings themselves. Interestingly, also in an interview in which we have subjectively concluded that post abortion syndrome does not showed, such statements occurred. In the group of women who followed the abortion because of fetal disability there is a common remorse

and in addition doubts or intrusive thoughts of a possible mistake of diagnosis by doctors.

Another very common symptom was sadness and tearful period that are closely related. Approximately 75% of women described the state of remorse, mental pain and grief. In the group of women whose pregnancy was planned and undergoing abortion for medical reasons there were some specifications occurring again, and that was an intense desire for further pregnancy they considered as a great hope in their sad life period.

In several cases there was the development of depressive states which were very difficult to judge impartially, and it in terms of diagnosis as these were mostly only subjective views of respondents. Objectively, it was a loss of interest in usual things, persistent sad mood, depression, inability to integrate into the workforce. Whether it really was a depression stays up to consideration. In two cases there were six depressions and before the procedure, which could indicate a greater assumption of an outbreak of depressive illness in the risk period.

One third of women experienced anger, feelings of injustice, of hatred. Feelings of injustice prevailed among women who underwent abortion for medical reasons. Vice versa feelings of hatred that were often targeted to partners who rejected the pregnancy dominated among women undergoing surgery at their own request.

Less common, but in terms of manifestations of the post abortion syndrome,

we considered as very important a testimony in which women described the anxiety or fear of future pregnancy in terms of infertility or worries about the impact of treatment on the future development of the fetus.

In the group of symptoms of cognitive area there is one-third of women with typical symptoms like vision of the unborn child and its future and the desire to have a child. Even in one case, there appeared a very special form of emotional sensation of hearing crying her unborn child.

The most common somatic symptoms described which were related or based on psychological condition of sleep disorders were either in the form of insomnia or difficulty to fall asleep. Eight out of the twelve women has defined the problems of sleep and the problems started to occur only in the period after the procedure, in some cases it has been spontaneously resolved on the contrary in some cases it continues until today. Other somatic symptoms that were subjectively experienced were mentioned in the replies such as headaches and heart palpitations on the anniversary of abortion as well as denial of food, followed by a significant weight loss in relation to depressive states.

The group of behavioral symptoms we have included expressions such as, deliberate avoidance of pregnant women and children, denial of food, nightmares and so-called „, „, anniversary syndrome that occurs in one quarter of women with this life experience. In these

cases, the women remember the exact date of the abortion and often feel this relationship in the highlighted sadness and regret.

Inseparable part of all non-verbal statements were signs that we observed during interviews and it often changed the testimony and the view of the entire conversation. For women who would at first glance seem that their emotional survival was under control and abortion would not affect them, we realized by non-verbal expressions (intermittent eye contact, monotonous tone of voice, a deceptive smile ...) that it did not agree with the verbal response or it was a deliberate displacement and repression of their feelings. Except of non-verbal my subjective impression is supported by the answers of selected respondents.

On the contrary, among women whose testimonies clearly pointed to psychological trauma, negative feelings or emotions, nonverbal communication often reinforced and pointed to a psychological mental pain. During interviews we often encountered with tears with thoughts of failure to reply or no reply to any questions, intermittent answers, with muffled voices or speech anxiety. In these cases, it is also interesting that only three respondents reported that they decided to search professional help, which in this case considered the only possible solution. Other women seek support in the family, partners, people around or on the contrary they have not been seeking help and they were trying to resolve this

conflict themselves alone, or they decided to forget about it.

In the conclusions of the analysis we would like to draw attention to special category of women who undergo abortion in the higher stages of pregnancy. In this group we met mostly with very intense experience of emotional changes in comparison to other groups of women. From the analysis of interviews and the detailed examination of the issue among each respondent we would include these women in the risk group for the occurrence of PAS. Another risk factor or risk in groups of women who we consider most likely to have these symptoms are women whose education or moral values are conflict with abortion.

4th category: Effects on both daily and partnership life

Effect of the surgery on partnership life and changes in daily life is closely related to the psychological state of change of the emotions that have been described.

The analysis the interviews showed that partnerships were influenced whether in a negative or even in positive way. Approximately 40% of respondents stated that after this life event there have actually occurred changes in the sexual area, a feeling of incomprehension low rates of empathy from a partner and even in two cases there was a break-up of the partnership. On the other side

there are women who instead argued that their relationships has been strengthened and in their response they stated that they felt support and the understanding from the partner.

More than half of women responded to questions which were related to the impact on their daily life indicate that the intervention really influenced their lives. Those were mostly women who survived the period after surgery with very intense feelings of sadness and in some cases depression which interfered their private and even public life. A very common problem, or a manifestation was a work disability, social isolation, fear of regret and questions of people around, fear of pregnant women or the avoidance of the education. The common denominator of all these findings were loss of enjoyment of life, interests or subjectively perceived inability to solve existential problems including living the daily life.

Category 5: Remembering an abortion

In the final part of the interview our goal was to find out the current position of women and to describe the feelings experienced by the time.

Eight of the twelve respondents answered that their emotions and feelings have changed with the passage of time and often described the stages of coping and concrete changes in emotions. 40% of women say that they have got

over it or overcame it but despite that they are not able to forget this life event. Nevertheless there were also answers when women reported that they do not feel that their feelings has changed even with passage of time, they just learned to live with that fact and consider it as the past.

In order to present the emotions, attitudes and to find out what women survive even after several years after the surgery we asked from our point of view a very sensitive question: "What does memory of abortion evoke inside of you?" When asking this question, we often met with non-verbal expressions, such as crying, changes in voice intonation - muffled voice, sigh, and others were pointing out the negative feelings and emotions they lived with the passage of time and the fact that abortion intervened and influenced their lives. In 75% of the interviews it was said that the memory of abortion causes them discomfort, mostly sadness, pain and sorrow. We often met with anger and unforgiveness.

In most cases, women consider their decision as good and indicate that the surgery solved their problem, despite the fact that after surgery they experienced mental pain and the surgery intervened and influenced their life. From this belief or attitude there is the response which comes out when we asked whether they would have undergone abortion again if they had found themselves in the same situation in life. Seven respondents said that they would decide the same and they would undergo the

surgery again despite the fact that the decision was difficult. This category included in most cases women who followed an abortion for medical reasons. Despite the fact that the answers testified that women would undergo the procedure again, not all of them were quite clear. They state that before deciding they would consider more about the situation. In the second category there are women who reported that their problem and current life situation was indeed solved but they would have decided otherwise, or they would try to avoid the situation that led them to the decision.

Discussion

In the opinion of experts on appearance and existence of PAS there is considerable diversity. On the one hand, in various literary sources there is suggested that the PAS is only fiction and psychic consequences of abortion are rare or only temporary.⁵ Other psychologists and researchers have evidence of post abortion trauma increasingly proved. Van Rooven and Smith conducted a study in which it was confirmed that one of three women after the abortion meet the criteria of PAS.⁶ From our research investigation it is showed that for every single women at least two symptoms appeared and they are described in the definitions of this specific stress disorder. More than one half of the cases involved a serious condition which influenced their partnership but also the everyday life of these women.

After the realization of interviews and personal experiences of these women, we could assume that abortion has for every woman a similar effect but at the same time, the survival period after the abortion vary in terms of the intensity of the specific symptoms of PAS, due to several factors, first of all the circumstances and the personality of an individual woman.⁷

One of the objectives of the research investigation was to determine risk groups for the incidence of adverse emotional and mental symptoms after abortion. From our point of view, defined risk groups were consistent with other literary sources and publications. The most endangered group are women who undergo the surgery in the higher stages of pregnancy, women who were not firmly decided for abortion themselves and they were more or less forced to make the decision and last but not least those that have experienced conflict of values.⁷

From an American research it has been shown that women who have undergone abortions have a 65% higher risk of suffering long-term clinical depression, the research team also deals with other symptoms which they relate to interruptions and are saying that abortion actually harms the mental health of these women.⁸ These claims are also supported by research conclusions of experts who came to similar conclusions based on the equating studies, namely that out of adolescent women who completed pregnancy there is significantly higher prevalence of PTSD (post-traumatic

stress disorder) and depression.⁹ Compared to the measurements of the US research team, however, there is the view that they believe that the research represents a new strategy of the pro-life movement and they doubt about these gathered evidence.¹⁰ Our research investigation confirms the results according to David C. Reardon, where respondents subjectively described symptoms of depression which appear in 58%. In this regard, but again we consider it is important to point out that a diagnosis of clinical depression, it is difficult for these women retrospectively and objectively assess and therefore it is important to take into a consideration that this number is not exact.

The latest study highlights the primary mental health or in other words laden psychiatric anamnesis in the context of PAS, and they claims that in women who underwent abortion, and psychiatric complications occurred, there is three times higher probability that a mental disorder occurred even before the anamnesis.¹¹ As we mentioned above, from the whole research sample the appearance of the depressions was obvious. There were also other disorders such as anxiety and in three cases, the intervention of a specialist was needed. From all of these women who has subjectively reported anxiety and depression in two cases these difficulties were observed even before abortion period. It shows that our results do not exclude but neither confirm the argument of the

latest research, with the regard of the low number of respondents.

An inseparable part of our research investigation objectives was to examine relationship between abortion and the quality of partnership life. From the analysis of the results we could assume that the survival of these women is generally reflected in and truly affects relationships in the partnership in various forms. Our assumptions are also supported by other publications which confirm a negative impact on the current partnerships in the form of sexual dysfunction and other conflicts.¹²

Conclusion

Unwanted pregnancy with the subsequent decision of the artificial interruption of pregnancy is very burdensome and traumatic event in the life of women, as it is demonstrated by some of the conducted interviews. At the meetings with women undergoing abortion, we met a number of described negative feelings that were associated with symptoms of post abortion syndrome, in varying intensity. From milder forms of grief and tearfulness to the development of depressive states, anxiety, social isolation. In every single interview there were at least two signs or symptoms that respondents attributed to a subjective experience of abortion. In terms of quantity the most-represented were remorse, sadness, feelings of emptiness and problems of sleep. In conclusion, we would like to point out that

abortion is not a common surgical procedure in which a woman decides to give up her child, oppressive feelings appear not only on somatic side in terms of reconvalescence but especially in the field of psychology. *The project was supported within the student grant competition of the Faculty of Health Studies UJEP.*

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