

Abortion, Science, and Politics

Francis F. Barnes

Science may have a place in politics, but politics has no place in science. However obvious this may be, politics is so loaded with gut that, from time to time, it sucks all of us in. It happened this past year, when, on the suggestion of the Committee on Social Issues, the Executive Council of The American unanimously approved the following resolution:

- 1) We support a woman's right to choose whether or not to continue a pregnancy.
- 2) We view abortion as a medical procedure to be agreed upon between a patient and her physician; and one that should be removed from legislative politics.

According to *The American Psychoanalyst* (Winter 1990, Volume 24, No. 1) the resolution was proposed by the Committee on Social Issues and approved unanimously by the Executive Council.

This is political action and not science. It is altogether inappropriate for a scientific association. The purpose of a scientific association is to provide a common ground for the professionals of a discipline to advance their science. Common sense and democratic principles generally ensure that the membership may achieve this goal despite differences in such respects as race, creed, and political views. Obviously each member is free to advocate, as a citizen and as a professional, any position in which he believes on any public issue.

In 1969, the International Relations Committee of the Group for the Advancement of Psychiatry published a report entitled "The Psychiatrist and Public Issues," which explored the legitimate roles of the psychiatrist as a citizen advocate and as a professional advocate in public issues. Recalling the embarrassingly large number of psychiatrists who were all too eager to call Barry Goldwater psychologically unfit to be President, the report suggests some caveats regarding these roles. It then takes up the matter of Professional Membership:

"The wish to use a professional organization to add the support of one's colleagues to the advocate role, whether one speaks in a professional or citizen capacity, is understandable. But the Committee urges psychiatrists before acting in this way to review carefully the functions traditionally ascribed to the professional organization." The report points out that, "if these functions are to be preserved, a responsible membership (on which true professionalism depends) must recognize the proper sphere for public action by the organization and the resulting limitations that must

be set on organizational support of advocacy. Where these limitations have not been observed, sharp divisions have often arisen from an expression of preferences outside the organization's technical field, and have threatened the organization's integrity and even damaged the profession's status. In the Committee's opinion, members of professional organizations should avoid the impulse to speak through the organization on any extraprofessional matters."

Psychoanalysis may have some significant scientific contribution to make to the abortion issue. If so, let us hear it from the Committee on Social Issues. We must realize, however, that for us the issue is largely extraprofessional, in that many other disciplines have a stake in it. Indeed, so have the public, most of whom find the abortion issue to be complex and difficult. Just for openers, day one and the third trimester are different ball games. There are many who find themselves both Pro Choice and Pro Life. They would not deny early abortion to the victim of rape or incest, but neither would they support third-trimester abortion or abortion as a standard method of family planning. There is a lot of agony in this issue and perhaps psychoanalysis can, along with other disciplines, shed some light.

What we get from the Committee on Social Issues is not a reasoned and educative report, but a presumptuous leap into politics, and political extremism at that. Pro Choice could scarcely do better for itself. The simplistic and absolutarian phrasing sweeps away all subtle complexities and makes it clear that there are to be only two sides to the matter. How divisive. And this from the science that helps the world make peace with the ambiguities of human nature!

This is so serious a departure from the proper functions of our organization that the Committee on Social Issues and the Executive Council cannot escape criticism, and in delivering some of this directly I will also ask some questions of them.

Instead of getting science, we are told of the Committee on Social Issues' "concern about human rights and the increasing prejudice and discrimination against minorities . . ." How nice. Virtue by association. But how presumptuous! The only anguish is our anguish. Do you suppose that the Pro Lifers and the great numbers of us who hold various positions in an opinion spectrum don't also care about human rights, prejudice, and discrimination? Furthermore, in your gratuitous coopting of the minorities you ignore complexities that trouble many of those very minorities, for example, the view

that freely available abortions represent a two-edged sword whose downside is majority discouragement of minority population growth. You surely must know the intricacies of the subject, and yet you sweep them aside in your rush into political rhetoric and, worse still, political cant.

What may well trouble our members is that you would speak (in prissy aphorisms) not only for psychoanalysis, but for the people. We are told that the matter "should be removed from legislative politics." That would be quite a trick for you to pull off in a country that thinks of itself as pluralistic and democratic, as governed by laws and not by the Executive Council. You show arrogance enough in appropriating your positions to speak for The Association, but now you would nullify the concerns of other disciplines and enjoin the public from expressing itself through its elected representatives. How did you come by such arrogance, such narcissism? You take a virtuous position of your own choosing and announce your unargued and unarguable decision. The theocrats of Rome and Jerusalem should have it so good. Those poor guys have to sweat the issue before passing on the word of God to the waiting masses. Not so the High Priests of Psychoanalysis—you simply issue your pronouncement; and it's on to the next agenda item.

Just how "should" the issue be "removed from Legislative politics?" By legislation? By rewriting the Constitution of the United States? Never mind, this may be no great task for our facile High Priests. You make a spectacle of yourselves by howling in the wind. It is no wonder and in this case rather a good thing, that hardly anyone listens to psychoanalysts any more.

Following the model established here, the Committee and Council should have little trouble in solving what to others are difficult and complex social problems, such as drug abuse, child pornography, and euthanasia. Will you start with such catchy maxims as a "procedure to be agreed upon" between the user and his supplier, or again, between the film maker and the five-year old? Humanism has a reverence for life and shows concern for it not just in its prime but also at either end. Euthanasia is fast becoming a major bioethical issue. Before we jump into this one, let us remember that in the mid-1930s Heinrich Himmler started on the mentally ill and feeble minded with a couple of specious slogans, "Life unworthy of life" and "The syringe belongs in the

(Continued on page 21)

hands of the physician." We all know where that failure to reverse life reached its dreadful climax.

On protesting against the action of the Executive Council, I was informed that the Committee on Social Issues does not consider the abortion issue extraprofessional and that they had come to their conclusions through intracommittee discussion over a four-year span on the basis of the data they had collected from the patient population in their offices, hospitals, and clinics. I was further reminded of the democratic nature of our association and the unanimous adoption of the recommendation of the Social Issues Committee by the Executive Council.

Well, I can quite agree that for psychoanalysis the abortion issue is not entirely extraprofessional, but the turf is not ours alone. All should be heard, including the people who speak through their legislatures. Among the many voices may we hope to hear that of the Social Issues Committee with the "data" they collected? (Will they, in the scientific tradition, inform us not only about women who have suffered from lack of abortion but also about those for whom abortion has been psychologically traumatizing?)

The response of the committee to my appeal for science instead of politics is gratuitously confirmatory of their preference for politics. To invoke unanimity and democracy in this context is to mock both science and democracy. In the case of the latter, they deny its legislative purview in the public forum; then within the Association they foist majoritarianism on us rather than cherishing pluralism. What they would do to science is equally disgraceful. Are we to turn back the history of science to the point where a vote establishes science? Was Galileo to be dissuaded of his belief in the Copernican theory by the vote of the consulting theologians of the Holy Office?

The Committee and Council have taken personal political opinions that are simplistic, extremist, and divisive and then misappropriated for them the sanction and dignity of a scientific organization. In subjecting us to what Tolstoy called the tyranny of progressive quirks, they have debased us with politics crasser than the legislative politics they impugn. The closeness of psychology and philosophy, together with the allure of politics, may help to explain—but not excuse—this aberration. Our leadership owes us more sophisticated levels of analysis of bioethical and social issues if they are to deal with them at all. Failure to reverse the resolution will mean that The American is to be the preserve of those whose philoso-

phy, science, and politics coincide. Resignation from membership then becomes the alternative for those who prefer their science without politics.

Dr. Barnes is a former member of the American Psychoanalytic Association.

Dr. Barnes's opinion was submitted by the Editor to Dr. Raymond Raskin, Chairman of the Committee on Social Issues prior to publication. The following is Dr. Raskin's response.

As Chairman of the Committee on Social Issues of The American, I should like to reply to Dr. Francis Barnes's essay on "Abortion, Science and Politics."

Dr. Barnes makes many criticisms and accusations that require answers: (1) that it is altogether inappropriate for a scientific organization to take a stand on any political issue; (2) that we have provided no scientific evidence to back up our resolution; (3) "that psychoanalysis may have some significant contribution to make to the issue of abortion." On the other hand, it may not, and anyway should not, because the issue is "extraprofessional in that many other disciplines have a stake in it"; (4) that supporting a woman's right to choose whether to continue a pregnancy will lead to a discouragement of minority population growth. I suppose Dr. Barnes is hinting at genocide; (5) that we have acted undemocratically and arrogantly in appropriating our position for the Association.

To begin with, in the narrowest sense, the right of a woman to decide the fate of her pregnancy is both a personal and a religious issue. In a broader sense, it is a social issue. And those who would deny a woman the right to make her own choice have secondarily made this a political issue. Those whose religion forbids them this freedom should follow their own beliefs, but not impose them on members of other faiths. Hence, in studying the individual and in attempting to generalize to a group dynamic, we have regarded abortion as a social and religious issue, not as a political one.

As a Social Issues Committee, we discuss and argue amongst ourselves many issues confronting the men and women of our country and our world. We write resolutions for the consideration of the Executive Council only on those issues in which we have had clinical experience with patients. Only then do we feel we have something to say that has a scientific

basis derived from our understanding of the people we treat in our offices, hospitals and clinics.

In the 11 years that I have been a member of the Social Issues Committee, we have seen only three position statements or resolutions to the Executive Council, one protesting the "Squeal Rule," which forced obstetricians and gynecologists to violate confidentiality by reporting to parents the visits of young women under 18 seeking birth control information or abortion. The second issue was the issue of choice that prompted Dr. Barnes to threaten to resign from our organization, and the third is a long-overdue statement on prejudice against homosexuality.

We have been studying mothers and children in a specific way for at least 21 years in a discussion group held under the auspices of the Social Issues Committee. The Vulnerable-Child Workshop, chaired by Theodore Cohen, meets twice a year. More than 40 panels and discussions have taken place, with many of our outstanding child analysts and adult analysts contributing. We have studied the consequences and sequelae of maternal neglect and deprivation; of child abuse, both physical and sexual; of poverty; of teenage pregnancy, etc. Many of these data will be printed in a book currently being edited by Dr. Cohen and will be published in the near future. It is from this data base that we arrived at our position statement on freedom of choice for women. Incidentally, these workshops have been open to all members of the American Psychoanalytic. I don't know if Dr. Barnes has attended any.

Since these psychoanalytic data are not yet available, however, let me cite some psychiatric studies in answer to Dr. Barnes.

Dr. Barnes asks about the effects on women who were denied abortion. In a study done in Sweden, 249 women were studied seven years after the denied abortion (Hook, 1963). Twenty-seven percent of the women had been able to cope fully with the pregnancy and the child; twenty-two percent still showed signs of mental illness and poor adjustment; and fifty-one percent had shown signs of mental disturbance and great emotional strain for a period of considerable length since the birth but seemed at this seven-year follow-up to have overcome these problems. Drower and Nash (1978) reported that women denied abortion expressed greater guilt and anxiety than did those for whom an abortion had been performed. Pare and Raven (1990) looked at

(Continued on page 22)

Raskin Responds

73 women one to three years after their request for abortion had been denied. Fifty-nine percent of the women stated "that they had accepted their child and were glad they had not aborted the foetus." On the other hand, thirty-four percent reported "that the child was a burden that they frequently resented."

Dr. Barnes does not ask about the fate of the children born following the denied request for abortion. Resnick (1970) published some informative statistics in a study of world literature on infanticide. "Eighty-three percent of newborns killed and eleven percent of children killed by their mothers had been born of unwanted pregnancies." A Prague study of 220 children born there in 1961-63 following denied abortions is most enlightening. (Dytrych, Matejcek, and Schuller, 1988). There was a control group, and the study followed both groups for 20 to 25 years. The study group over those years had "more medical illnesses and were reported to be more difficult as pre-schoolers, were more likely to be rejected by friends and teachers, had poorer school performances and were less adaptive to frustration." In adolescence, school performance continued to deteriorate, and this group had a more negative relationship with their mothers. In their 20s, these subjects had fewer friends, less education and an ongoing propensity for social problems—drugs, alcoholism and more criminality, as compared with the control group.

To return to Dr. Barnes's other question, concerning the traumatization of those who have undergone abortion, let me refer to some other studies. Adler et al. (1990) found that "legal abortion on an unwanted pregnancy in the first trimester does not pose a psychological hazard for women." In the United Kingdom, Brewer (1977) studied a group of adolescents who presented for pregnancy testing. This group was broken down into three subgroups: those who were pregnant and chose to abort; those who continued to term and delivered; and those whose pregnancy tests were negative. One and two years later, the abortion group showed no evidence of psychological distress compared with either group. If anything, they showed better psychological health, less anxiety, and a heightened feeling of control. In contrast, the women who gave birth showed economic deterioration and were more likely to drop out of school.

An interesting sidelight is that where abortion was performed for medical or genetic reasons, fewer than ten percent of women revealed significant psychological distress. Clearly, therapeutic abortion is not usually followed by long-lasting psychological trauma.

Of course, there are exceptions, the premorbid personality and social and economic conditions have to be studied as well.

Dr. Barnes feels that we foisted our resolution, our "presumptuous leap into politics and political extremism at that," on the membership of The American. From our current membership of about 3,000 I received only two letters in protest: one from Dr. Barnes and the other from an analyst who felt that such freedom of choice might encourage women to abort when they were unhappy about the sex of their foetus. Two dissents from 3,000 members strikes me as strongly suggesting that what we have proposed is very much in harmony with the sentiments of the great majority of our organization. Incidentally, the Social Issues Committee, some 20 years ago, with an entirely different membership, studied the same issue and sent to the Executive Council a very similar resolution. And, in 1970, three years before Roe vs. Wade, the Executive Council approved it.

As far as the implication of minority genocide is concerned, the 1973 Supreme Court decision giving women the freedom to choose does not seem to have lowered the birth rate of any of our minority groups, at least not to any demonstrable degree. We face a greater risk of losing our minorities, especially our current generation of young black men, to drugs, violence, AIDS, suicide, and poverty. Our Native Americans are at high risk because of alcoholism and suicide. These are enormous social problems.

Dr. Barnes, we do not regard therapeutic abortion as a simple problem. We are fully cognizant of the many complexities involved in the decision to abort and are not urging women to run pell-mell to their local gynecologist. We realize what a stressful situation an abortion can create for a woman who has unwittingly become pregnant. She has much psychological work to do, and we certainly recommend and support professional consultation. From our scientific knowledge and clinical data base, we have found that it is in the best interest of the mother's, the child's, and probably the father's mental health that the mother be able to exercise her right to make her own decision, free from governmental interference.

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