Abortion Grief Following Abortion for foetal anomalies.

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Following a presentation on abortion for foetal abnormality, I was asked by a young lady if grief following abortion because of foetal abnormality is different than other foetal loss grief and will it ever go away. My immediate response was to say “yes, it’s different” and to “will it ever go away” and my second response “not entirely” However, my response was gentler as I knew there was a story there.

It's understood that loss followed by the grief can create a disequilibrium which challenges not only the individual’s assumptive world but also creates a tear in the inner being. Integrating the loss will mean that the individual’s core constructs and beliefs will have to be revisited and the tear repaired and incorporation of the new experience.

When attachment in pregnancy is interrupted by the baby’s death, the grieving process appears not to take a straightforward course, but indeed it becomes very difficult and complicated type mourning process because attachment in early pregnancy is often thought to be ambiguous or even unrecognised. However, where there has been an intentional pregnancy termination, abortion rather than miscarriage, there has been sufficient time for attachment between the mother and her infant to have developed which leads to guilt and ambivalent grief especially when the manner of dying was chosen by parents.

Because abortion loss is considered to be culturally normative, those experiencing grief over the intentional ending of their pregnancy (irrespective of the reasons) do not generally have the social supports that are available when the ending of a pregnancy is by natural means (miscarriage or even stillbirth).This type of grief, (abortion) because it’s unacknowledged, unsupported, unspoken, becomes for the woman a place of solitariness, darkness. The enforced loss of the wanted child (aborted because of foetal anomalies) and at the urging by parents, family, boyfriend, husband and the medical profession, also leads type of grief which has features of not only of grief but also features of failure. Foetal loss via miscarriage has similar features plus the heartbreaking and the question “why.”

It has been said that trauma is apparently more severe and longer lasting when the stressor is of human design and it’s this very aspect (decision making to allow life to continue or to acquiesce to medical diagnosis for termination) which complicates the grieving process. The abortion decision always has the “human design” aspect attached to it, to terminate or not to.

The ending of any pregnancy has many intricacies which may lead to the type of grief experienced. Going forward, when abortion for foetal abnormality the first platitude offered is that there is always time for another pregnancy and thus dismissal of the life and death of this particular infant. Aftereffects ensue and may manifest immediately post abortion or at time in the future with a triggering event. Even this being so, an unacknowledged sadness, or erratic behaviour is embarked upon not realising the why of this behaviour.

Irrespective of gestational age attachment is formed with the new unseen member, because the body knows its new condition, yet potentially at risk due to the vagaries of existence. Boundary ambiguity, where the woman's psychological attachment to the foetal child continues at the unconscious level, is more likely to occur and yet be less likely to be open for resolution. Further, Speckhard (1987, 1995)adds that when attachment to the foetal child has occurred and the accompanying role transitions begun (mother/baby), which are then abruptly ended (abortion, miscarriage, stillbirth,) then the dysfunction experienced can be excruciatingly pain filled. Where abortion is concerned and specifically where the abortion is of a "wanted child" (abortion for foetal anomalies) the inner conflict of the woman is more severe and more difficult to bring to resolution because much of the emotional impact of the event is disassociated due to its traumatic nature. The psychological presence of the foetal child to the parents, especially the mother, persists until resolution and acceptance that the death has occurred and a letting go of this presence.

This is the reason why abortion needs to be first seen as a death experience before grieving can begin and before progress towards resolution and healing and saying goodbye can occur. Incomplete grieving results in impacted grief, which has the potential to be negatively expressed in family structures well into the future. (Transgenerational grief).

An example of difficult grief to understand, Diane and Alan both aged 28 (not real names) years were traumatised and their grief complicated when they were confronted with the need to have to make the decision to end the life of their foetal child. The medical profession's counselling towards early termination of pregnancies where abnormalities are found can be found to be insensitive and in this case no alternative to continue with the pregnancy to its natural conclusion was offered. Counselling for this couple was towards terminating the pregnancy. They were told that the baby would die in utero or just after birth and would be in great pain, so in order to prevent her being in pain they made the quick decision to abort. Diane and Alan were unable to get past the decision and from that day onwards joint decisions were no longer a possibility and all the necessary activities relating to the child were done in automaton mode. Each then retreated into their private world of grief.

Openness to communication appears to assist in adjustment say all grief workers. However, communication is difficult at the time of the loss, because each fears emotional distress of the other and so withdraws to a place of loneliness. For this couple communication failed and each withdrew, fearful of showing the other how he/she was feeling.

For Diane and Alan difficulties in their work of grieving also arose because each mourned in a different way . Diane's need was for comfort, consolation, words, nearness, talking, hugs, unobstructed tears (active work of grief), and not finding these with Alan her eventual seeking of consolation outside the marriage; Her need was tactile, his need withdrawal. He could not tolerate noise, the chatter, and the constant needing to be present to Diane and her needs. He *had made the decision* that was asked of him (abortion) and did not want to speak about it again. He became buried in his work excluding Diane from his manner of grieving and the divide between the two became a chasm.

Both Diane and Alan became lost in their world of grief, and disorganization followed. Diane's organized and orderly world became disorganized and in this chaos were revived memories of other losses experienced and unfinished business with these. The depression, which then overtook her, was not surprising as the resurfaced memories of other losses in her life became glaring losses, which had not been mourned but supressed.

Freud (1917) offers a suggestion and an insight regarding mourning, that is, that attachment to loved ones carry within them an investment or a whole compliment of emotional energy required with unmourned loss.

The case of Diane and Alan clearly has dimensions of *Anticipatory Grief,* a type of grief, which begins in anticipation of a definite loss (grief after diagnosis).*Non-finite grief.* A grief whose imprint remains lifelong at times this is chosen but unspoken. *Complicated Grief.* A type of grief, which is obstructed and incomplete. *Disenfranchised grief.* A grief which remains unacknowledged (abortion) *Dysfunctional grief.* A grief in which boundary ambiguities are strong. *Chronic grief.* A grief made more difficult because of its duration, persistence, recurring, and which cannot and does not want to let go. In this scenario guilt, anger, blame, distance, isolation *Multiple losses grief.* This grief is the grief of past-unacknowledged losses, which, because of this recent loss have been brought to the surface and now demand attention. Indeed because of the nature of the trauma (late term abortion of daughter-Sara) experienced by the couple it's not surprising the various grief types manifested within the case in question.

Grief is dealt differently in different cultures; however, we do know that all cultures have aspects of expressions in common. Cultures have shared systems, words, and meanings. These are expressed through various symbols, rituals, stories, and myths. The function of cultures is to shape its population. Though various cultures may be similar but different in ways infinitesimal because through time cultures change, evolve. Cultures give identity to a people and a time and provide its members with structure and stability. Grief across the cultures manifests in similarities and differences.

Diane and Alan's was seriously challenged by the circumstances of their daughter's death. The first challenge occurred when they were unable to conceive easily. This was not expected. Their expectation was that when they were ready, they would immediately conceive. The loss of Sara challenged their "baby making" (their words) abilities, their marriage, and a sense of fault was found (each blamed the other) but was not able to be verbally expressed. This barrier continued with the eventual withdrawal of affection by both of them and seeking affection and consolation elsewhere by Diane. Her femininity was challenged. His masculinity was challenged. The culture and beliefs, which they both brought to their marriage and then merged to form their new beliefs and traditions, was also challenged. Relational cultures were also challenged. Their families continued to be supportive of both of them (at first) but when Diane looked outside of her marriage for comfort the familial support decreased, then ceased. Hence the social supports necessary at this time were absent.

The decision to end the life of their daughter, for what they thought were good reasons (to save her from pain) indeed caused the most pain. The very decision itself holds within it many factors influencing their mourning and the expression of this mourning as they moved through their grief. Loss of "motherhood" and "fatherhood." Shock at the need to have to make such a decision. The need to decide what to do with her remains. The need to tell family and friends who had been rejoicing with them and their pregnant condition. The need to end future plans and dreams for them and their baby. The inability to turn to each other for comfort led to the eventual breakdown of their marriage and the loss of more dreams, which they had made together. This couple were bereaved not only in the loss of their baby but all the losses which ensued.

For the young who believe that abortion does not affect them now is the reality, but the difficulty abortion causes and the pain etched in it can be experienced in future. Every abortion, not just for the "religious" people, imprints pain. The reason being because both man and woman together have created a new human being, a whole new universe, (Hebrew saying He who saves a life saves a whole world) and unbeknownst to them the mandate given to them was not only rejected but with violence. The pain of a whole world.

When abortion is contemplated and demanded by physicians, discussions should precede encouragement and even consent requested. For the physician who knows not only biology but the deep connection between one human to another then difficulty arises. Choice. The divine breath that enlivens the new human, or instant referral for the abortion to go ahead. Conundrum.

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