Embryonic Personhood?—What Is Going On in the USA?

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Abortion is not a pretty subject. An embryo or fetus, while not a fully developed person, has the potential to become one. No one is “pro-abortion.” At the same time, there are circumstances under which a girl or woman feels strongly that her pregnancy is untenable—that she is too young, too poor, too burdened, too ill to properly mother a child. Women have abortions because they take motherhood seriously.

I have discussed psychiatric aspects of abortion on this blog in the past. Suffice it to reiterate that there is no credible scientific evidence that induced abortion is a cause of psychiatric pathology. Not surprisingly, abortion is associated, in a non-causal way, with disadvantage and pathology; women overwhelmed by existing responsibilities, women without social supports, women who are abused are more likely to have abortions than pregnant women in happier circumstances. Women with acute and severe psychiatric disorders are at increased risk for unplanned and unwanted conception; they may be taking large doses of psychotropic medication; and they may reasonably have concerns about their ability to care for a baby while they are acutely ill. Nevertheless, alleged psychiatric sequelae are used as rationales for laws restricting access to abortion in several states, and some states require that physicians performing abortions provide this misinformation to their patients, under pain of prosecution.

The Republican Party has just adopted a breathtaking platform, including a plank demanding a constitutional amendment declaring that the fertilized ovum has all the rights of a human being. That would rule out abortion for rape, incest, and/or the life of the mother . . . but that is not all. Would we be obligated to try to gestate every fertilized ovum? Would we prosecute and incarcerate women for child abuse when they fail to provide the optimal intrauterine environment—not only substance users, but also those who smoke, have a glass of wine, gain too much weight, or work too hard as medical residents? Probably those who support the platform would exempt those exhausted from caring for the children they already have, rather than providing maternity leave, day care, and other essential family supports.

If a fertilized ovum is a person, the law might well require a woman to have surgery on the fetus if it is found to have a condition possibly remediable by surgery. It is important to remember that our laws forbid the most miniscule invasion of an unwilling individual’s body for the benefit of another individual. We cannot legally force a person to give a drop of blood to save the life of a genius who is about to develop a cure for cancer.

Interviews of some delegates to the Republican National Convention (possibly not representative) by cast members from The Daily Show (possibly not neutral) indicate profound ignorance—including that notion that rape only extremely rarely results in pregnancy. There has been a lukewarm response to Todd Akins’ assertion that rape only very rarely results in conception and to the assertion by some candidates that contraception itself is wrong.

No doubt readers are aware of the platform and of at least some of the Draconian anti-abortion laws that continue to be passed by state legislatures and signed into law by state governors—and that are often upheld by state courts. It is not an exaggeration to say that the Republican Party, whatever else its virtues and flaws, is waging a war against women and, though not acknowledged or recognized, by extension on their families. The American Psychiatric Association has an official
pro-choice policy, but I am not aware of any efforts on their/our part to fight these frightening developments.

It is up to each and every one of us to be informed about the scientific facts and to inform our medical and mental health colleagues, our communities, our elected representatives—and our patients. One of 3 women in the United States has an abortion at some time in her life. That’s 1 of 3 of our female patients.

OK . . . there’s a brief recap and an exhortation. Another psychiatric aspect of abortion under the current circumstances is an attempt to understand how policies restricting and even ending access to a medical procedure used by a third of women fail to evoke or at least female general consternation. The most cynical answer is that one political party, motivated by financial and selfish concerns, is demonizing abortion as a way of pandering to the far right and garnering votes from people who would be better served by the policies of the other party.

Psychodynamically speaking, there is a lot of rage against mothers. There are people who feel unwanted and unappreciated, and identify with the “unborn babies” they are trying to protect. I have a pro-choice friend whose dedication to that position is tempered by the fact that she was adopted as an infant and might well not exist had her biological mother had access to abortion. There are genuinely misogynistic motivations: intolerance of women’s sexuality and terror of women’s potential power.

Nevertheless, where are those one-third of American women who themselves have used abortion services? The percentage must be significantly increased if one includes those whose friends and/or relatives have had abortions. At least some, if not most, of their male partners must have recognized the importance of abortion availability.

Here is how I explain the absence of general outcry. Abortion is not a pretty subject. An embryo or fetus, while not a fully developed person, has the potential to become one. No one is “pro-abortion.” At the same time, there are circumstances under which a girl or woman feels strongly that her pregnancy is untenable—that she is too young, too poor, too burdened, too ill to properly mother a child. Women have abortions because they take motherhood seriously.

In every place and at every time in history, many women have felt this so strongly that they accept pain, fear, and the possibility of death or prosecution to end pregnancies. Differently phrased questions asked by pollsters get very different responses. Many subjects report that they oppose abortion—but many or most people endorse the idea that no one but the pregnant woman can know her circumstances and that only she can decide whether to carry the pregnancy. Women can oppose abortion in the abstract, get abortions when the circumstances demand, and go back to opposing abortion. I was told by physicians who perform abortions in clinics besieged by anti-abortion picketers that every such physician has performed at least 1 abortion on a picketer—who goes back to picketing. It’s what I was taught in my psychoanalytically oriented residency is a vertical split. The conflicting feelings exist side by side.

Let me repeat my mantra. I have respect for people with heartfelt religious or philosophical objections to abortion. They have every right to make those arguments. I have no respect for what is going on in our country now—the all-too-successful attempt to sell abortion restrictions to the public on the very paradoxical basis of the well-being of women and to lie and force physicians to lie about its risks.

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