Therapeutic Abortion A Follow-Up Study

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Abstract

Owing to the brevity of this article, detailed statistics do not appear but are available in the Scottish Medical Journal 16: 438–442 (1971). The study indicates that a history of previous psychiatric illness represents a significant criterion in recommending termination of pregnancy. When abortion was carried out, guilt reactions lasting up to three months did occur in almost 50% of cases but had resolved by the time of the two year follow-up. Patients who were refused termination of pregnancy eventually became reconciled to the decision in most instances but about one-third of the patients remained disturbed and resentful. Lastly, the group of patients who had their pregnancies terminated for medical rather than psychiatric reasons had a rather high incidence of regret and guilt about the abortion when they were seen at the two year follow-up.

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Scotland has enjoyed a liberal tradition in regard to termination of pregnancy, both before and after the Abortion Act 1967. No follow-up study of abortion patients has been conducted, however, in Scotland -and very little elsewhere.

Method

The present study in Glasgow involved a follow-up assessment by means of psychiatric and psychological techniques of 21 patients accepted for abortion on psychiatric grounds, 21 patients refused abortion on psychiatric grounds and 11 patients accepted for abortion for medical reasons. All the patients were examined about 2 years after the initial assessment by means of a structured interview and the Eysenck Personality Inventory (Form A) (EPI).

Results

On the EPI, all three groups showed high-average neuroticism and an extraversion score within the normal range. The groups could not be dif-

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ferentiated by the EPI at follow-up. It would have been of interest to employ psychological tests at initial assessment.

There was a significantly higher incidence of previous psychiatric illness in group 1.

Patients in group 2 showed a significantly greater number of negative reactions to the initial medical decision, but at follow-up they displayed a shift towards a more accepting attitude. Their husbands had a similar reaction pattern.

Transient guilt reactions occurred in nearly half of group 1. Nearly half of group 3 showed persistent regret at follow-up.

In each group a small number of patients developed a psychiatric illness within 3 months of the medical decision, but there were no significant differences.

At follow-up there was a general tendency for group 1 to regard the operation as having brought about beneficial changes in their mental and physical health, marital, sexual and economic adjustment. Little change was reported by groups 2 and 3.

Comment

A history of previous psychiatric illness seems to be a pointer towards abortion when psychiatrically-disturbed pregnant women are referred for assessment.

Many, but not all, psychiatrically-disturbed patients who are refused abortion become reconciled to the decision.

Despite a high incidence of short-lived guilt reactions, the psychiatric patients whose pregnancies were terminated generally reported a beneficial effect on their lives 2 years later.

The medical group who were aborted tended to view the operation as an unfortunate necessity.

A decision for or against termination of pregnancy must take account of many factors – previous psychiatric history

present mental state

patient's attitude towards pregnancy

marital adjustment

personality structure and medical condition.