

Abortion and the Psychiatrist 374

by Seymour Spencer

The Catholic psychiatrist can justly feel that the Ramsey Committee's¹ findings are likely to make harder rather than easier his present work in the moral setting in which he conceives it: because mainly of the indeterminate, even muddled, attitude taken up by the Committee towards the status of the foetus and the psychiatric possibilities in the mother; because secondarily no understanding is shown of the present difficulties of the Catholic psychiatrist confronted with the demand for termination.

In speaking thus frankly, there is no intention to impugn the Committee's breadth of vision, constructive desire or sincerity. The writer has the Committee's chairman, Professor Ramsey, as a personal friend and wise and far-seeing administrative colleague. Acquainted also with the other two Oxford dons on the Committee, R. M. Hare, and Basil Mitchell, and with the Committee's psychiatrist, Portia Holman, he knows all three of them for their humane concern. These characteristics pervade the Report. The first two chapters sum up admirably the reasons for the present importance of abortion; the history of British legislative concern for the question abutting in the two currently relevant statutes and their successful assailment by Alec Bourne, the gynaecologist; and that of Christian canonical concern from Tertullian onwards, including the period of distinction (never, it seems, one of essential nature but only of ground for varying the penalty for infanticide), between *foetus animatus* and *foetus inanimatus*. The Committee concludes Chapter II with the affirmation that the subject is a proper concern for the law on the primary ground, which any Catholic will endorse, that every human being has the right to life unless his unlawful act forfeits it. (Having made this point, it is surprising that the Committee later skates over (p. 29) the argument from *Casti Connubii* that the foetus can never be regarded as an 'unjust aggressor' against his mother, and denies meaning (p. 61) to the term 'innocent' when applied to the foetus, although it uses the expression itself (p. 41) in rejecting the argument that it is against the interest of a child to let it be born deformed.) The Committee propounds, as further grounds for the law's proper concern with abortion, society's interest in its own survival, its need to bear witness to the moral reprobateness of certain

¹*Abortion: An Ethical Discussion*: published for the Church Assembly Board of Social Responsibility by the Church Information Office, Church House, Westminster, 1965.

acts among which abortion and other wrongs, which it conceals, can be cited, and, on the other side, the possible need after abortion to protect the mother, the abortifacient (the Committee assumes for this purpose that he is a medical practitioner) and his staff, including, one assumes, other doctors he consults. Up to this point, the Committee is merely stating the issues for discussion and their historical bases. It is also worth mentioning here the valuable last Chapter V in which the Committee discusses problems arising from liberal enactments on abortion in such other countries as Japan, Sweden, East Germany and Hungary; and in which it finally pleads for heightened sexual responsibility to redound from the increasingly permissible open discussion of sexual matter, and for educational campaigns to persuade potentially abortion-seeking mothers to seek alternative solutions at the hands of willing experts.

It is at Chapter III, where the principles for new legislation are formulated, and at Chapter IV, where the practical issues from these principles are derived, that this Catholic psychiatrist takes pause. In Chapter III, he feels concern about the status given to the foetus: in Chapter IV about the understanding of maternal psychological illness. Both chapters lead him to feel that, unwittingly, the report has helped to undermine, still more than now, his status vis à vis the pregnant woman seeking abortion on psychiatric grounds.

Status of the foetus: the Committee's position never seems clear-cut upon the status of the foetus as a living human person with human rights. At some specific points, it is implied that the foetus is living: a life. The foetus demands a 'reverence for life' (p. 20), it is an 'un-born life' (p. 24), it can be 'destroyed' (p. 20) or 'killed' (p. 33), and its destruction leads to 'a lessening of the value put upon life' (p. 20). But in other passages the Committee, vacillating, not only denies the foetus the status of a human person, but that also of human life, calling it 'potential human life' (pp. 39 and 60), whatever the expression may mean.

The discussion of the issues relating to foetal inviolability appears bedevilled by the Committee's irrelevant and semantic preoccupation with the term 'soul'. The Catholic position, termed 'absolutist', is alleged to rest on the embryo having value and importance as a 'living soul' (p. 26); but 'soul' is not defined in this context, and the term is later, rightly, considered valueless for the argument in either of the two definitions accorded to it: 'non-physical occupant of physical vessel' clearly has no meaning; 'what distinguished a living body from a dead one' is truistic.

It is furthermore asserted that the 'absolutist' position is untenable in practice because even Catholics fail to maintain it; but the only subversions of the position cited are in the two obviously pathological examples of ectopic and anencephalic pregnancy. Surely, if the 'absolutist' position is to be attacked, it must be attacked in terms of a pregnancy ordinary and normal in itself.

The Committee also perplexes the reader in suggesting (p. 29) that such terms as 'person', 'human' and 'living' are inapplicable to the foetus (although the last term at least is used by it). It suggests that 'human being' is an indeterminate expression and often used, in heated argument, to denote creatures considered as the 'objects of certain duties not owed to other creatures'. It then easily shows that in applying this criterion to the foetus, what is to be proved is assumed. It is here implied (pp. 30-1) that the R.C. Church calls the foetus a human being because it wishes to assert the wrongness of its destruction.

Perhaps the writer is naive in his belief that the Committee has befogged itself in semantics? For him, two simple, biological questions determine the absolute status of the foetus. Is it living? Is it human? If it is living, it is *a fortiori* a living being. He understands the properties of a living being to lie in its capacity to grow by absorption of nourishment and to differentiate itself: the embryo can do precisely both. He would regard the embryo's property of humanity to consist negatively in its inability to be classed as anything else and in its progressive distinction from all other forms of embryo as it develops; positively in its progressive acquirement of the characteristics of a born human being so that, from at least the 24th week of pregnancy, it is recognized universally as human on delivery. Surely, the criterion for human rights before the law rest more firmly on biological characteristics than academic semantics?

But the Report goes further, with the assertion (p. 26) that 'it is difficult to envisage a moral discourse appropriate to the cell after conception which was inappropriate before it'. Surely a zygote, the fusion of chromosomal elements from the different sources of the two parents, demands an entirely different realm of moral discourse from that of a cell containing the chromosomes of only one parent? This point acknowledged, the argument in another context (p. 48) that the life of the early foetus is 'indistinguishable' from its mother's, also fails. For the writer, the Committee unwittingly attenuates foetal rights through wishy-washy argumentation; and once the status of the foetus as such is belittled, the way is open, as in the following Chapter IV, for 'escalation'.

The Report, unlike Lord Silkin's Bill, rejects the extension of the legality of abortion to cases in which a deformed foetus is probable except when the probability threatens the mother's mental well-being. It rejects the two arguments that a deformed child constitutes a threat to the established family and that it should not be allowed, for its own sake, to come to a stunted existence. The argument for rejection of abortion as a form of 'mercy killing' appears to accord to the foetus, when deformed, rights earlier denied to it when intact. The Report furthermore rejects as such (but not if it constitutes a threat to maternal health) abortion for raped conception on the ground that 'the fact that a child ought not, in law or in morals, to exist' (surely

the Committee here means, 'to have been conceived'?) 'affords no justification *per se* for depriving it of its right to live'. But (p. 49) it adduces as a threat to maternal health in case of rape 'invincible aversion to the pregnancy': if in rape, why not in general? Have we not here the thin end of the wedge of abortion on demand?

Psychological Illness: the Committee however recommends legalizing medically-induced abortion if, were the pregnancy to continue, 'there would be grave risk of the patient's death or of serious injury to her health or physical or mental well-being' (p. 67). 'Injury to her health' includes psychological health.

As this Catholic psychiatrist sees it, this formulation is dangerously indefinite for the following reasons:

Firstly, not only is the mother's psychiatric 'health' put on a par with her life as something to be safeguarded by abortion, but 'well-being' is distinguished without definition from 'health'. Although at one point they appear synonymous—'. . . the physical or mental health of the mother, that is . . . her psycho-physical well-being' (p. 34) – in Appendix 2, by contrast, one encounters 'her health *or* physical or mental well-being' (p. 67), 'the mother's health *or* well-being' (p. 68, writer's italic in both quotations). This distinction of health and well-being, in the psychiatric sphere, must at once by its very vagueness widen the scope for abortions, even in the presence of 'serious'. What constitutes 'a serious injury to mental well-being' (p. 67) when distinguished from injury to 'health'? Almost anything, surely!

Secondly, the implication in psychiatry of the word 'serious' is so poorly understood by the Committee as to cause the defensible proposition, 'the threat to the mother's life must be a serious one to outweigh in seriousness the . . . killing of the foetus' (p. 33), to be extended (p. 34) to maternal 'mental health'. The Committee has failed to appreciate that:

- (1) abortion cannot be undone, is permanent; whereas 'serious' mental illness, particularly in the field of the affective disorders, the commonest psychiatric disorder in pregnancy, is likely to be impermanent, and may well be highly transient, particularly with active therapy;
- (2) the exactitude and genuineness of 'seriousness' are far harder to estimate in the psychological than in the physical field, because:
 - (a) one is often dependent on the statement by the patient of her subjective state;
 - (b) the statement may be reinforced with threats of, for example, suicide;
 - (c) the seriousness may be exaggerated by a 'put-over' of histrionic dramatization or by the very desire for the abortion itself.

The Committee is led to the belief (p. 37) that 'acute anxiety' can *seriously* impair maternal health. But can it, in any permanent way? When psychiatric patients indeed make play of symptoms of anxiety,

psychotherapeutic reassurance emphasizes their essential harmlessness.

In this context the writer suggests that none of the criticisms in the medical press of Myre Sim's closely argued thesis² that there are *no* psychiatric grounds for abortion, has hit the mark. For another purpose the Report contains, in Appendix I (p. 46), a 'Hospital Broad-sheet' by an unfortunately and unnecessarily anonymous 'Consultant Psychiatrist', trotting out the shopworn assertion that the psychiatric proponents of abortion 'judge each case *on its own merits*' (writer's italics). But no one has ever stated unequivocally in what these merits consist. If psychiatric merits for abortion exist, surely, at least in principle, they can be defined? In the 'Hospital Broadsheet', and in association with the petulant point that the refusal of some psychiatrists to recommend abortions causes the proponents of it to be 'grossly over-worked', the anonymous writer makes the perfectly valid point that the opponents 'must undertake to cope with the consequence of the continued pregnancy'. However, he, and secondarily the Committee, show not the slightest evidence of understanding the difficulty already in face of the psychiatrist opposing abortion, intending to see his patient through the pregnancy and explaining to her that he conceives his responsibility in terms of the care of her but also, and equally, of her unborn child. The chances are that the patient will firmly reject the help offered by such a psychiatrist in the knowledge that there is round the corner for her the softer option of abortion from amenable psychiatrists. As the writer has pointed out elsewhere,³ extension of abortion on the grounds propounded by the Report, and, still more, in the House of Lords, will make insuperable, indeed antediluvian, this concept of joint and equal responsibility to mother *and* child.

Yet, we Catholics should not be complacent about our attitude to this matter. It may well be that not only in relation to abortion, where the life, in particular, of the mother is in jeopardy, but also in relation to certain aspects of contraception, revision is needed of our theological emphasis in respect to the choice of the lesser of two evils.

It is arguable that, in both these fields, we Catholics have become so hidebound by arguments based on what is evil *as such*, as to have failed to appreciate the possibility of hierarchies of evil: in our inflexibility, we have lost to such a degree the sympathy of other Christians and humanists, that they have dismissed out of hand our arguments and isolated us, needlessly, as cranks.

The classical argument for the 'lesser of two evils' proposition occurs in the issue of the justification for a missionary nun fitting herself with a contraceptive when on the point of capture by marauding savages with known proclivity for rape.

It is unnecessary (as Archbishop Roberts and others have appeared

²*Brit. Med. J.* 1963, ii, 145.

³*Tablet*, Feb. 19, 1966, p. 223.

to do) to deny the evil *in se* of artificial contraception in order to argue that its use, for the present at least, is justified in primitive areas where both the 'population explosion' constitutes a greater evil and where such more sophisticated, morally justifiable, methods as rhythm and temperature could not be successfully inculcated. The argument might apply in rare cases in this country where family limitation is as essential as morally justified methods are impossible – in, for example, the case of the woman whose husband forces intercourse upon her at his will. In all these cases no principle is violated: one is simply making the best one can of a situation in which whatever done is wrong.

It cannot be validly argued to the writer's mind that the impairment of the mother's health constitutes a greater evil than the destruction of foetal life; but the position when the mother's life is at stake is different, in that not only do her affiliations, to her husband and family for instance, and her responsibilities, make her death a greater evil than that of the unborn child but, more important still, the child will anyhow die with her (if it is 'viable' this argument is irrelevant). Under these conditions one would seem to be making the least evil out of a 'bad both ways' situation by doing all that is needed to save the mother's life even when the argument from the double effect is inadmissible.

But, allowing all this, it is necessary still to insist to Professor Ramsey and his Committee that the increasingly ready tendency to recommend abortion on psychiatric grounds, now particularly that physical grounds are so rare, is vitiating the entire moral atmosphere of the psychiatric handling of the pregnant woman and her unborn child by those whose concern is for both.

For all its wisdom, the subtle lowering by the Report of the status of the unborn child, the unrigorous definition of what constitutes severe and irremediable psychological illness, and the general lack of understanding of the conservative psychiatrist's position, are likely to pander to this vitiation.