

C. Gómez Lavín¹
R. Zapata García²

Diagnostic categorization of post-abortion syndrome

¹ Servicio Navarro de Salud Mental
² Clínica Universitaria y Facultad de Medicina
de la Universidad de Navarra
Pamplona (Navarra) Spain

Some psychopathological characteristics are frequently observed in women who have voluntarily aborted. However, some resistance currently remains to their recognition as a differentiated nosological category, known as Post-Abortion Syndrome (PAS). We tried to assign a diagnostic category to women with PAS by determining the extent by which they fulfilled the diagnostic criteria of international classifications. Criteria for Post-Traumatic Stress Disorder (PTSD) were met in the ten PAS cases studied. In addition, patients also showed other non-specific symptoms such as repeated and persistent dreams and nightmares related with the abortion, intense feelings of guilt and the «need to repair». PAS should be considered as an additional type of PTSD. It also has some specific characteristics that could help to understand the patient's life experience and to establish a psychotherapeutic intervention.

Key words:
Post-abortion syndrome. Diagnosis category. Post-traumatic stress

Actas Esp Psiquiatr 2005;33(4):267-272

Categorización diagnóstica del síndrome postaborto

Actualmente todavía se observa cierta resistencia a reconocer como entidad nosológica diferenciada a un cuadro psicopatológico conocido como síndrome postaborto (SPA) descrito en mujeres que se han provocado un aborto. Con el objetivo de asignar categoría diagnóstica al SPA se investiga hasta qué punto una muestra de pacientes con dicho diagnóstico cumple los criterios diagnósticos de las clasificaciones internacionales. En los 10 casos de SPA estudiados se cumplen los criterios diagnósticos de trastorno de estrés postraumático (TEPT). Además, las pacientes con SPA presentan algunos síntomas de especial interés cualitativo, como reiterados y persistentes sueños y pesadillas relacionados con el aborto, intensos sentimientos de culpa y la «necesidad de

reparar». El SPA debe considerarse un tipo más de TEPT, aunque con características propias muy relevantes a la hora de la comprensión vivencial del paciente y de la intervención psicoterápica.

Palabras clave:
Síndrome postaborto. Categoría diagnóstica. Estrés postraumático.

INTRODUCTION

One of the sociohealth problems having the greatest relevance at present is that formed by provoked abortion, also known as intentional or «voluntary» abortion. This is a complex subject that adds legal, moral, sociological, religious and demographic features to its strictly medical aspect.

Although few medical matters have such strong social, political and cultural implications as abortion, it is difficult to adequately assess its psychomedical and psychopathological effects^{1,2}. Among other things, elaborating the statistical data is not easy as there are very few systematic medical assessments of patients after abortion and women who have aborted are generally not willing to continue the relationship with the physician who performed the abortion, or to speak about it^{3,4}. Even so, after years of underestimating or even denying the psychopathological effect of abortion⁵⁻⁷, the scientific society has begun to admit the existence of sequels after voluntary abortions in the face of the evidence of a variety of disorders⁸⁻¹⁰.

A recent study¹¹ on the psychological responses of women three months after the abortion, states that «only» 6 women, 1 % of the sample of 442 patients, reported having suffered post-traumatic disorder. If we apply this percentage to the 77,125 voluntary abortions declared in our country in the year 2002, or the 533 declared in Navarra during this same year¹², we find that at least 771.25 women may suffer this serious disorder every year in Spain and 5.3 in our community (without counting the differed onset forms that may appear one or several years later).

It is presently generally accepted that every woman who has an abortion, even those due to natural causes, is more or

Correspondence:
Carmen Gómez Lavín
Sangüesa, 6, 2.º
31003 Pamplona (Navarra), Spain
E-mail: Carmen.lavin@terra.es

less deeply affected¹³⁻¹⁸; and that a reaction of anxiety and depression¹⁹⁻²² that is generally accompanied by a guilty feeling^{23,24} and the corresponding process of mourning²⁵⁻²⁷, is frequent in the voluntary abortion as a natural defense response to a stressing event. Of course, all this, the guilty feelings and mourning process, will be modulated by cultural influences, by personality characteristics and by previous problems of the person^{20,28-31}. It is in this context where a psychopathological picture characterized by a series of depressive and anxious symptoms, guilty feelings, grief and self-devaluation, autonomic hyperactivity reactions, behavior disorders, etc. and the tendency to chronification, known as post-abortion syndrome (PAS) 2,27 and considered by several authors as a post-traumatic disorder^{10,11,18,32} has been described in women in whom an abortion has been provoked.

However, there is still^{6,11,33,34} some resistance towards accepting the existence of post-abortion syndrome (PAS) as a differentiated entity of the usual depressive symptoms and psychological problems that generally occur after an abortion or even after birth. In this sense, both the lack of epidemiological studies on PAS and the difficulties for its final acceptance by the scientific community seem to be due not only to certain ideological interests but also to the lack of studies that contribute a diagnostic confirmation of the syndrome and allow its incorporation, on its own rights, into the international classifications of mental disorders that

presently govern the clinical practice and scientific investigation.

From a theoretical point of view, PAS is included among the disorders originated by an important life event. This stressing event could be experienced by the patient as an «identifiable psychosocial but not catastrophic or unusual stress»³⁵ (in which case the PAS would correspond to an adaptive or adaptation disorder) or as a traumatic stress, one that is rare (physical or psychological) or catastrophic^{35,36}, in which case the syndrome would be included among serious stress reactions.

With these assumptions and the ascertainment of the progressive increase of voluntary abortions in our community¹², we decided to verify up to what point a sample of patients with PAS fulfilled the ICD-10 and DSM-IV diagnostic criteria of disorders caused by an important life event. To do so, the clinical histories of ten patients diagnosed of PAS in our clinic for the last three years (2001 to 2003) were reviewed, following the criteria postulated by the literature^{2,9,14,32}, which we organized effectively (table 1).

PATIENT CHARACTERISTICS

The sociodemographic characteristics of the ten patients and post-abortion syndrome times are shown in tables 2 and 3,

Table 1

Diagnostic criteria of the post-abortion syndrome (PAS)

For the diagnosis of the post-abortion syndrome, the patient should fulfill criteria A and B

- A) The patient presents one or several symptoms of sections 1 and 2 and one or several symptoms of at least one of the other sections: 3, 4 or 5
1. *Depressive* (depression, sadness, distress, grief, frequent crying) and anxious symptoms (anxiety, anguish, anger), related with the abortion performed
 2. *Guilty feelings* (of shame, loss of self-esteem and self-rejection) and incapacity to forgive oneself for the abortion performed (sometimes with suicidal thoughts); desires of «making amends» (of eliminating the guilt, of purifying oneself of it) and *need to repair* (of redressing, of satisfying the offended), of remedying the damage or harm committed (sometimes by an expiratory pregnancy or «of reparation»)
 3. *Recurrent nightmares* about lost, torn to pieces, mutilated, or dead children; recurrent and intrusive thoughts or «flashbacks» on the abortion or the aborted creature; illusions and auditory pseudohallucinations (hearing a child crying), repeated fantasies on how things would have been if there had been no abortion
 4. *Avoidance and/or rejection of stimuli or situations* that recall the abortion, its circumstances or consequences news of pregnancies or abortions; medical check-ups or clinical settings, view of newborns or small children, of children's clothes or chairs, of pacifiers, etc.); typical worsening of the symptoms on the dates on which the abortion took place and in which the child would have been born (anniversary reactions)
 5. *Behavior disorders* related with abortion caused emotions: sexual disorders (inhibition or sexual rejection, frigidity, promiscuity); anorexia or other eating disorders; drug or alcohol abuse; social withdrawal and lack of interest and attention of the usual tasks and obligations; sudden range and outbursts of rage, acceptance of abusive interpersonal relationships; suicidal gestures or attempts
- B) The symptoms have begun after the performance of the abortion and although there may be other concomitant life events (sensitizing, precipitating, aggravating circumstances, etc.) it is presumed that none of them form a part of the disorder's origin

Table 2	Sociodemographic characteristics of the ten women in the study	
Age		
Mean age	32.4	
Range	29-37 (65)	
Civil status		
Single	7	
Married	3	
Religion		
Catholic	10	
Practicing	5	
Non-practicing	5	
Studies and education		
Knows how to read and write	5	
1st grade professional training	1	
3rd grade professional training	1	
Upper studies	2	
Origin		
Navarra	6	
Spain	1	
Foreign country	3	

Table 4	Frequency with which PAS patients fulfill the DSM-IV and ICD-10 diagnostic criteria for PTSD and present other significant symptoms (n = 10)	
		%
PTSD diagnostic criteria		
A. Exposure to exceptionally threatening or catastrophic stressing situations or events		100
B. Persistent recollection of the event		100
C. Persistent avoidance of trauma stimuli and numbing of general reactivity		100
D. Persistent symptoms of increased activation		100
Other significant symptoms		
Guilty feelings		100
Need to repair		90
Dreams and nightmares		90
Psychosomatic disorders (headaches, pain, tiredness)		70
Other significant behavior disorders		70
Pharmacological, drug, alcohol, ludopathy dependencies		50
Sexuality disorders		50
Suicidal ideas		40

respectively. The clinical histories of the patients are then summarized. Table 4 shows the frequency with which the PAS patients fulfill the DSM-IV and ICD10 diagnostic criteria for the PTSD and present other significant symptoms (tables 2 and 3).

Table 3	Post-abortion syndrome times		
Case	Times of pregnancy in months	Times of latency of the picture	Times of picture evolution
1	3-4	Immediate	3 years
2	2	Immediate	5 months
3	2,3	First month	11 years
4	2	From more than 6 months to 1 year	12 years
5	2	From more than 6 months to 1 year	3 years
6	?	First month	15 years
7	2	First month	3 years
8	2,5	Immediate	3 years
9	2,5	Immediate	2 years
10	4	Immediate	23 years

Clinical history summaries

1. *I. M. C. 30 years.* Three years ago, when pregnant by more than three months, she had an abortion in a private clinic in Zaragoza, forced by her boyfriend. She has visited the doctor with a picture characterized by insomnia, great anguish, crying, and above all, a great guilty feeling and constant obsession revolving around the idea «I killed my son», «I feel bad», «what would my son's face be like?» She dreams about this episode many times and wakes up startled. She has even brought charges against her ex-boyfriend because he forced her to abort. Since then, she avoids anything that reminds her of the child she would have had: baby chairs, pacifiers, etc.

2. *E. M. P. J. 37 years.* She has had three abortions. The first two were forced; the last occurred 5 months ago and was by her own decision. She shows a great guilty feeling: «I think that God has punished me.» She is dejected, feels sad, has insomnia, inappetence, «horrible» dreams, headaches, suicidal ideas, etc. She says she has a «heavy burden on her conscious» since she performed the last one and wants to «repair» it. She has repeated nightmares in relationship with the abortion. Sexuality problems. Increased use of alcohol and other toxic agents.

3. *R. G. M. 29 years.* She became pregnant by her first boyfriend at 18 years of age and decided on her own to

abort. Although she has had several relationships since then, she says that she has been marked by that act and has a great feeling of guilt: «I would not have done it at present.» She has repeated dreams and nightmares in which she sees «the dead child surrounded by blood». She also has great affective lability, many ups and downs of mood status, adaptation difficulties to her partner and eating behavior disorders (bulimic episodes that alternate with anorectic restrictions).

4. *E. C. M. 65 years.* Twelve years ago, she convinced her daughter to have an abortion and she cannot «stop thinking about it». She cries a lot and says she has much insomnia and many nightmares when she sleeps. She believes that God is punishing her for this problem. She cannot concentrate. She dreams about children a lot: «I was out with a child who was wrapped up, the child escaped and was hit by a car.» She wakes up startled. Since this occurred, «I hate sex.» Her husband does not know anything about what happened since she thinks that if he knew it, he would never forgive her.

5. *S. P. D. Z. 33 years.* She has lived with different men, both in Colombia and in Spain. She was with the first one, who was a drug addict, beginning at 16 years of age. He constantly abused her and at one time, when he threw her down the stairs, she lost her child at five months of pregnancy. At that time, she tried to commit suicide several times. After, she met another man who, after she became pregnant, pressured her to abort. The abortion was performed in Bilbao. Since then, she feels «very bad», suffering much anxiety and dejection. She sleeps poorly, with continuous nightmares. She feels very guilty and cries in all the interviews. She has attempted suicide on several occasions. She has psychiatric background by both her father and mother. Educated in religious values by the family, she wants to confess, although she fears it because she thinks that God cannot pardon her.

6. *A. I. E. Z. 39 years.* She has had two abortions. The first one was in Madrid, 15 years ago, forced by her partner and helped by her friends. Since then, she has had many dreams and nightmares. The second abortion was 3 years ago. Her dreams and nightmares have increased and she continuously questions how her child would be. She is also frigid and has a very strong guilty feeling. Although her father died without knowing «about the abortions», she has written a letter to the deceased asking him to pardon her for what she did.

7. *J. G. E. 42 years.* One and a half years ago, she became pregnant and after an amniocentesis, at 20 weeks, they told her that the fetus had a congenital disorder and recommended abortion. She did so and since then feels very sad, with a tendency to crying, anxiety, anhedonia, insomnia, nightmares, inappetence, etc. Although she wants to think that it was correct, she has remained with a strong sensation of

uneasiness and anxiety: «it is something I will never forget». She has another child of 4 and a half years of age.

8. *M. C. 33 years.* Although she has four children, when she became pregnant with the 5th and felt «very lonely» (her husband is a marine), she decided to have an abortion. She had the abortion three years ago. Her husband has never known about it. Since then, she cries easily, is very irritable and does not feel like having any relationships. She has sexual disorders. She states that the abortion has traumatized her greatly and is a great weight and she is sorry for what she did.

9. *S. A. U. 37 years.* Since she had an abortion two years ago, she reports that she is traumatized and her life has changed. Pressured by a psychologist and a friend, she had the abortion and it was so traumatic that it seems that I am re-living it every day. She has many dreams and nightmares and finds it difficult to concentrate on her studies. He also has a great feeling of loss («you feeling like you are mutilated»), great sadness, dejection and lack of illusion. She feels like hurting herself and is very irritable with others. She comes from a very religious setting and has confessed several times, but she continues to feel very guilty psychologically.

10. *B. E. A. M. 30 years.* She had an abortion one year ago in London. Since then, she has been very anxious and has a very deep sense of guilt, all this being mixed with a paranoid picture that she has been suffering for several years. She believes that many people are speaking about her and that they comment on what happened in London, and she frequently reacts aggressively towards everyone she believes is speaking about her. She had psychoanalysis in the 1990's, in spite of which the delusion has become more intense and chronic (table 4).

CONCLUSIONS

Six of the ten women studied are from Navarra, with a mean age of 32.4 years and little education. Most are single and all are catholic, although only half practice the religion. For all of them, the abortion, performed at 2 to 4 months of pregnancy, has translated into serious stress, with symptoms that initiated immediately after the abortion or even up to 6 months after it and have continued during months and years (in four cases, more than ten years).

As included in the history summaries, one patient had a family psychiatric background and two personal psychiatric background (suicidal attempts and paranoid picture, respectively); two patients reported provoked abortions «without complications», prior to that of the post-abortion syndrome and, in one case, the abortion experience of the patient consisted in participation as inducer in the provoked abortion of her daughter.

The syndromes that the ten women suffer fulfill the DSM-IV and ICD-10 of PTSD diagnostic criteria. This is logical, since the diagnostic criteria of the post-abortion syndrome include obligatory sections (1. Depressive and anxious symptoms, and 2. Guilty feeling) and one among the options (5. Behavior disorders) that do not form a part of the PTSD criteria. However, although as an optional requirement, the three nuclear diagnostic criteria of the PTSD (B. Recurrent recollections associated with the event; C. Persistent avoidance of associated stimuli, and D. Persistent activation) are also reflected, in one way or another, in the PAS criteria.

Among the frequent symptoms in the 10 patients with PAS, that are not collected (or are less significant) by the PTSD, the following stand out due to their diagnostic and therapeutic importance: repeated and persistent dreams and nightmares related with the abortion, intense feelings of guilt and the «need to repair» that practically all the study patients have and which, together with the depression and/or anxiety – are considered as key symptoms of the disorder. All of them are, to our way of thinking, an expression of the special characteristics of abortion, in regard to traumatic event, that plunges the woman into a psychological conflict that is difficult to assimilate: being the responsible agent for the traumatic event of which they are the victim.

On the other hand, the dreams and nightmares, besides expressing the intensity of the conflict suffered by the patients often constitute the symptom, within the anamnesis, suggests the existence of a possible traumatic background of provoked abortion, a background which, in turn, helps to classify the picture (until then possibly considered non-specific) as a PAS.

Finally, it can be concluded that PAS is a PTSD, although with some very relevant specific symptoms to understand the patient's life understanding and the psychotherapeutic intervention. It would be very useful to provide the PAS syndrome with a definite categorial entity of PTSD by including it in the international classifications. In addition, we consider that it is necessary and urgent to make empirical studies free of ideological biases that show the true incidence and real prevalence of the post-abortion syndrome in our population in order to be able to provide necessary resources and establish adequate prevention and care programs of the affected women and their families.

REFERENCES

- Ney PG, Wickett AR. Mental health and abortion: review and analysis. *Psychiatr J Univ Ott* 1989;14:506-16.
- Speckhard AC, Rue VM. Postabortion syndrome: an emerging public health concern. *J Social Issues* 1992;48:95-120.
- Jones EF, Forrest JD. Underreporting of abortion in surveys of U. S. women. *Demography* 1992;29:113-26.
- Reardon D. Psychological reactions reported after abortion. The post-abortion review 1994;2:4-8.
- Koop CE. Post abortion syndrome: myth or reality? *Health Matrix* 1989;7:42-4.
- Adler NE, David HP, Major BN, Roth SH, Russo NF, Wyatt GE. Psychological responses after abortion. *Science* 1990;248:41-3.
- Stotland N. The myth of the abortion trauma syndrome. *JAMA* 1992;268:2078-9.
- Major B, Gramzow RH. Abortion as stigma: cognitive and emotional implications of concealment. *J Pers Soc Psychol* 1999; 77:735-45.
- Speckhard A, Rue V. Complicated mourning: dynamics of impacted post abortion grief. *J Prenat Perinat Psychol Health* 1993;8:5-32.
- Turton P, Hughes P, Evans CD, Fainman D. Incidence, correlates and predictors of post-traumatic stress disorder in the pregnancy after stillbirth. *Br J Psychiatry* 2001;178:556-60.
- Major B, Cozzarelli C, Cooper ML, Zubek J, Richards C, Wilhite M, et al. Psychological responses of women after first-trimester abortion. *Arch Gen Psychiatry* 2000;57:777-84.
- Ministerio de Sanidad y Consumo. Interrupción voluntaria del embarazo. Datos definitivos correspondientes al año 2002. Madrid, 2004.
- Bowles SV, James LC, Solursh DS, Yancey MK, Epperly TD, Folen RA, et al. Acute and post-traumatic stress disorder after spontaneous abortion. *Am Fam Physician* 2000;61:1689-96.
- Coleman PK, Reardon DC, Rue VM, Cogle J. State-funded abortions versus deliveries: a comparison of outpatient mental health claims over 4 years. *Am J Orthopsychiatry* 2002;72: 141-52.
- Klock SC, Chang G, Hill J. Psychological distress among women with recurrent spontaneous abortion. *Psychosomatics* 1997; 38:503-7.
- Engelhard IM, van den Hout MA, Arntz A. Posttraumatic stress disorder after pregnancy loss. *Gen Hosp Psychiat* 2001;23:62-6.
- Speckhard A, Mufel N. Universal responses to abortion? Attachment, trauma, and grief responses in women following abortion. *J Pren Perinat Psychol Health* 2003;18:3-37.
- Tedstone JE, Tarrier N. Posttraumatic stress disorder following medical illness and treatment. *Clin Psychol Rev* 2003;23: 409-48.
- Badshaw Z, Slade P. The effects of induced abortion on experiences and relationships: a critical review of the literature. *Clin Psychol Rev* 2003;23:929-58.
- Neugebauer R. Depressive symptoms at two months after miscarriage: interpreting study findings from an epidemiological versus clinical perspective. *Depress Anxiety* 2003;17:152-61.
- Thapar AK, Thapar A. Psychological sequelae of miscarriage: a controlled study using the general health questionnaire and the hospital anxiety and depression scale. *Br J Gen Pract* 1992; 42:94-6.
- Izquierdo FM. Un abordaje de las secuelas psicopatológicas en la interrupción voluntaria del embarazo (IVE). *An Psiquiatr* 2002; 18:355-8.
- Lemkau JP. Post-abortion adjustment of health care professionals in training. *Am J Orthopsychiatry* 1991;61:92-102.
- Gómez Lavín C. Consecuencias psicopatológicas del aborto en la mujer. *Cuadernos de Bioética* 1994;17-18:28-31.
- Angelo EJ. Psychiatric sequelae of abortion: the many faces of post-abortion grief. *Linacre Q* 1992;59:69-80.

26. Brown D, Elkins TE, Lardson DB. Prolonged grieving after abortion. *J Clin Ethics* 1993;4:118-23.
27. Rankin A. Post abortion syndrome. *Health Matrix* 1989;7:45-7.
28. Franz W, Reardon D. Differential Impacts of abortion on adolescents and adults. *Adolescence* 1992;27:161-72.
29. Russo NF, Dabul AJ. The relationship of abortion to well-being: do race and religion make a difference. *Prof Psychol Res Pr* 1997;28:23-31.
30. Turell SC, Armsworth MW, Gaa JP. Emotional response to abortion: a critical review of the literature. *Women Ther* 1990;9:49-68.
31. Cozzarelli C. Personality and self-efficacy as predictors of coping with abortion. *J Pers Soc Psychol* 1993;65:1224-36.
32. Bagarozzi DA. Identification, assessment and treatment of women suffering from post traumatic stress after abortion. *J Fam Psychoter* 1994;5:25-54.
33. Zolese G, Blacker CVR. The psychological complications of therapeutic abortion. *Br J Psychiatry* 1992;160:742-49.
34. Russo NF, Zierk KL. Abortion childbearing, and women's well-being. *Prof Psychol Res Pr* 1992;23:269-80.
35. OMS. CIE 10: CDI-10. Guía de bolsillo de la clasificación CIE-10. Madrid: Panamericana, 2000.
36. American Psychiatric Association. DSM-IV Manual diagnóstico y estadístico de los trastornos mentales. Barcelona: Masson, 2002.