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Dr. Baar considers the psychological principle "that unselfish love and affirmation beget the same" in relation to counseling the patient distressed about her pregnancy.

The Psychiatrist — Friend or Foe of the Pregnant Woman?

Conrad W. Baars, M.D.

Every pregnant woman in distress about the fact that she is pregnant, whether as the result of anxiety, fears, depression, ignorance, feelings of inadequacy, or other reasons, has the right to be informed of certain facts. By the same token, every psychiatrist,

but also every mental health worker, physician, legislator counselor, or welfare worker has the duty to provide her with this information.

First, according to medical and genetic science she harbors within her womb from the moment of concep-

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tion, human life which is not hers to destroy.

Second, if she is concerned about the possible effects of this pregnancy on her state of "mental health," psychiatry has much better ways than abortion to safeguard her "mental health," whether for the purpose of preventing or curing a depressive reaction or suicidal rumination; or to help her overcome initial and usually temporary feelings of not wanting the child; or to assist her in dealing constructively with her feelings of inadequacy concerning the raising of her child; or to help her correct a selfish attitude of not wanting to be bothered with raising a child. These and related mental states and emotional attitudes also occur in non-pregnant persons, and do respond to proper psychiatric therapy.

Third, she can expect an abortion to be followed by psychic reactions which are definitely harmful to her "mental health." These reactions may occur soon after the abortion, as happens especially in women whose natural disposition to femininity, sensitivity and moral character have not been corrupted by her environment. A good example of this is the 82% incidence of feelings of guilt and depression in Japanese women, who are known for their feminine and sensitive personalities and their respect for moral values. Or, these psychically harmful effects may occur later in life, when the initial effectiveness of the woman's repression of her feelings of guilt, or of her rationalization about the morality of aborting her unborn child wears off, and she as yet, belatedly, must cope with her guilt, remorse, depression and possibly suicidal obsession. These late reactions are seen more frequently in those cultures in which a materialistic and utilitarian

way of life promotes selfishness and stifles concern with and respect for esthetic and spiritual values. Reports from Hungary where for each 1000 live births 1400 legal abortions are performed confirm this, for not only has the problem of illegal abortions persisted in that country, but even many Hungarian physician-abortionists, not just the aborted women, have suffered depressive reactions and nervous breakdowns from guilt over this massive blood bath.

Fourth, there are no valid psychiatric indications for abortion in spite of the fact that in states with "moderate" or "liberal" abortion laws 85 to 90% of hospital abortions are performed for reasons of "mental health." The latter, of course, are merely justifications and not indications! The usual states of mental ill-health considered by psychiatrists in their evaluation of the pregnant woman are the neurotic and psychotic reactions. As stated earlier, all these can be treated or prevented properly without exposing the woman to the unnecessary and serious risks of additional abortion-induced feelings of guilt, remorse, self-hate and depression.

But there is still one other state of mental ill-health which unfortunately is rarely given due consideration, and which is always aggravated, never alleviated, by an abortion. I refer to the state of inordinate selfishness or self-seeking, a lack of love and concern for others. This state may be congenital, as in the psychopathic personality disorders, or acquired, as for example, by spoiling youngsters with material riches, or as the result of affective deprivation and frustration in childhood. Counseling abortion to a woman with this state of mental ill-health, whose life is not in danger, is tanta-

mount to fostering her selfishness and self-seeking, and denying her the opportunity to become more unselfish, and thus to have better "mental health."

The essence of mature, unselfish love is the affirmation of another being; its opposite is denying. Affirmation is finding delight in the other as he is, and communicating this to him. It usually results in reciprocal love and affirmation, and consequently in a greater well-being also of the one to love and affirm first.

How should the psychiatrist counsel a woman whose inordinate selfishness is not the result of an untreatable constitutional psychopathy or an acquired character defect, but rather of emotional immaturity due to lack of affirmation by her parents or educators? The importance of this question can hardly be exaggerated, as the incidence of non-affirmed and frustration neurotic individuals is staggering and ever-growing in our western culture (see "Loving and Curing the Neurotic").

Such a woman does not want her child to be born because she is too immature to love and affirm it. Help which is truly aimed at her well-being and welfare only, not at that of society or even her unborn, consists of affirming her, or assuring her that she is not guilty of being unable to love her child, and that nobody expects this from her. Affirming this immature woman is letting her know that she can be dependent on the help of others in this situation. With this unselfish, lovingly concerned help by the psychiatrist, or any other counselor, the woman can grow to the point of affirming her unborn child

herself by protecting it from harm, and later by delivering it from its dark enclosure. The psychiatrist's continued life-giving affirmation enables the woman's feelings of self-worth and self-confidence to grow, and once the child is born, it, too, will soon affirm her with its smile when it senses her love.

Not to help the woman in this way, but instead, to advise her to abort, is to deny her — the very opposite of affirmation — and to push her even deeper into her loneliness and isolation, to intensify her self-seeking and sense of being immature, to aggravate her mental ill-health, and to provoke a depression which, in my experience, and that of others, is malignant and incurable.

Because of the immutable psychological principle that unselfish love and affirmation beget the same, it can be said that the pregnant woman who does not want her child because she cannot affirm it, needs the child even more than the child needs her, and in a certain sense, hurts herself even more than she hurts the unborn by aborting it.

There are many individuals who sincerely want to help the pregnant woman who considers her mental health endangered by carrying her pregnancy to term. This can be done by every psychiatrist, physician, counselor or welfare worker who possesses the mature, unselfish love to affirm another human being, particularly, the unfortunate one who is not yet mature. It can also be done by every legislator and judge by protecting her from laws that facilitate or permit the woman's mental health to suffer irrevocable damage by an ill-fated attempt at self-affirmation through abortion.