

Lara (16) is pregnant

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Institute: The Leibniz Institute of Science Education, University Kiel

Country: Germany

Subject: Biology

Grade level: 15-16 graders

Curriculum content: Life sciences; sexual education; decision making and moral judgement in a semi-real dilemma situation

Kind of activity: Group work, discussion about a dilemma situation

Anticipated time: 6 lessons of 45 minutes each (blocked as a project)

Task description

With this task, we want to initiate a discussion about the situation of Lara. She is 16 years old and unintentionally in the 9th week of pregnancy. She does not know if she should have the child or not. She is not quite sure about the consequences according to each decision. Therefore she is addressing herself to the editorial staff of the BRAVO magazine.

Stage A: Introduction

For the introduction into Lara's problematic see Power Point presentation "Lara is pregnant" (annexes 1).

- Who thinks this is no problem for Lara? Why?
- Who thinks this is a problem for Lara? Why?
- Is it difficult or not so difficult? Why?
- What makes it a problem? Why is it hard to decide what to do?

First Vote: How would you judge the decision of Lara PRO or CONTRA pregnancy?

Please raise your hand if you say she is right by deciding for having the baby.

Please raise your hand if you say she is right by deciding for the abortion.

Stage B: The 1st editorial meeting of the youth magazine “BRAVO”

Please imagine you are being the BRAVO` s editors. At the first editorial meeting of BRAVO about Lara`s pregnancy two possibilities are discussed how Lara could decide: On the one hand Lara is having a termination of pregnancy and on the other hand she is going to have the baby.

Please form two editorial groups to collect PRO and CONTRA arguments

Editorial group 1: “Pregnancy”

Please form three groups with 3-5 pupils, describe the pregnancy progress and discuss its following consequences for Lara.

First group of experts: Pregnancy development (see material 1)

Second group of experts: Physical changes of Lara`s body (see material 2)

Third group of experts: Personal and social changing during pregnancy and afterwards. (see material 3)

Task: Please write your results on a placard (one placard per expert group). Prepare for the discussion later. Collect together arguments supporting the decision “pregnancy – Lara should decide for having the baby”.

Editorial group 2: “Abortion”

Please form three groups with 3-5 pupils and discuss the consequences of abortion.

Forth group of experts: Abortion counselling (see material 4)

Fifth group of experts: Team of doctors (see material 5)

Sixth group of experts: Lara`s social contacts (see material 6)

Task: Please write your results on placards (one placard per expert group). Prepare for the discussion later. Collect together arguments supporting the decision on “abortion – Lara should decide herself against the baby”

Stage C: The 2nd editorial meeting of the youth magazine “BRAVO”

In a plenary discussion the editorial group 1 and editorial group 2 first present their posters (5 minutes each group). The two opposing groups should be seated facing each other. The PRO and CONTRA arguments should be visible for all. They are discussed according the following rules:

- Principle of Respect: “Respect each other and all human beings not in this room. You are free to bring up any argument and make any comment on others´ arguments. Yet, do not say anything bad or good about people.”
- Ping-Pong-Rule: “The person who has spoken chooses one from the opposite group for responding. Then he or she does the same so that the right to speak goes back and forth between the two groups”.

- Best argument: “Bring forward only your BEST argument. If you present more than one argument, your opponent is likely to respond to your weaker argument.”

Please form again the two editorial sub-groups to reflect the PRO and CONTRA arguments.

Here is your new group task:

Which arguments of the other groups were the best ones?

Please think over the arguments you have heard. Remember what has been said by the other group.

Take this as an opportunity to show respect to the other group.

Stage D: The 3rd editorial meeting of the youth magazine “BRAVO”

At the beginning of the 3rd editorial meeting the two sub-groups discuss their reflections on the PRO and CONTRA arguments (Take care on the discussion rules!)

Final Vote

After having looked in Lara’s dilemma more closely, how would you now judge the decision of Lara?

Please raise your hand if you say she is right by deciding for having the baby.

Please raise your hand if you say she is right by deciding for the abortion.

Stage E: A letter to Lara

Please write a letter to Lara in which you write down your own position concerning pregnancy of an underage girl (home work)

Annexes

Power Point Presentation “Lara is pregnant” (in a separate file)

Material 1: Pregnancy development

Material 2: Physical changes of Lara’s body

Material 3: Personal and social changing during pregnancy and afterwards.

Material 4: Abortion counseling

Material 5: Doctors

Material 6: Lara’s social contacts

Material 1

Stadiums of pregnancy

The word **embryo** refers to the growing organism from the second to the eighth week of its life. During this time, it develops from a tiny cell cluster into a little growth of about 1 inch in length.

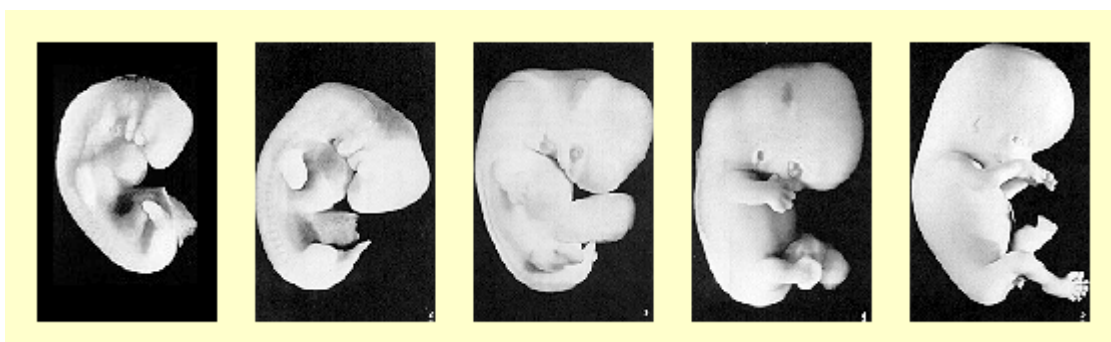
After five weeks the embryo becomes visible. He is about five mm long, his heart starts beating, the spine is beginning to shape and the brain` s development is very fast. After seven weeks you can see arms and feet. The face and the eyes begin to figure out. Between its legs, the primitive beginnings of sexual organs become discernible, although they are still undifferentiated at this point (i.e., they are the same for both male and female).

After eight weeks, when the entire growing organism finally becomes clearly identifiable as human, although it` s head is much bigger in proportion to the rest of the body. It leaves the stage of the embryo and enters that of the foetus.

The word **foetus** is used to describe the growing organism from the beginning of the third month of its life to the moment of birth. During this time, it develops from a small growth of slightly over an inch weighing only a fraction of an ounce into a baby of about twenty inches in length weighing approximately seven pounds.

During the foetal time the foetus supplies itself with nutrient and oxygen via blood transfusion between foetal and maternal blood. This transfusion is due to the placenta. The placenta is a special organ of interchange and begins to grow between the foetus and the uterus. The foetus is connected to the placenta by the umbilical cord. (Soon after the birth of the baby, its umbilical cord is still connected to the placenta which is then expelled from the uterus. For this reason, the placenta is also called the afterbirth.) The placenta acts as a filter and as a barrier.

In the uterus the foetus is protected by the amniotic bag. The amniotic bag absorbs punches and shakes and cares for constant internal temperature.



4 weeks

5 weeks

6 weeks

7 weeks

8 weeks

The development of an embryo during the pregnancy:

Age	Criteria	Weight (g)	Length (cm)
1. month	The heart starts beating. The spine and the brain become visible.	2-3	0,75
2. month	It starts to develop a recognizable face, as well as arms, legs, fingers, and toes. Between its legs, the primitive beginnings of sexual organs become discernible, although they are still undifferentiated at this point.	5-8	3
3. month	The foetus becomes clearly identifiable as human, although its head is much bigger in proportion to the rest of the body.	18-20	15
4. month	Bowel, liver and pancreas start to function.	120	21
5. month	The <u>nervous system</u> develops enough to control some body functions. A fine hair develops on the integument.	300	27
6. month	The medulla produces red blood cells. Lungs are not fully mature.	800-900	33
7. month	The fetus is considered full-term, which means that the baby is considered sufficiently developed for life outside the womb.	1300-1400	39
8. month	Lungs are fully mature. They begin with breathing.	2200-2300	45
9. month	The development of the foetus is completed.	3200-3300	48-51

Foetus (12th week of pregnancy)



Tasks:

Please answer the following questions and design a poster with your results.

1. Please demonstrate the course of pregnancy in paintings.
2. Describe which organs are formed in the first four weeks of the embryonic time.
3. Please compare the embryonic time with the foetal time. Find differences!
4. What is the function of the amniotic bag?
5. Please inform yourself from which point of time the foetus is able to survive alone?
6. On the given picture you can see a foetus in the 12th week of pregnancy. Please describe the picture. Which organs can you identify?
7. Now think on Lara` s situation: Please write onto the cards arguments (on each card only one argument!) PRO and CONTRA pregnancy or abortion.

Lara`s bodily changes

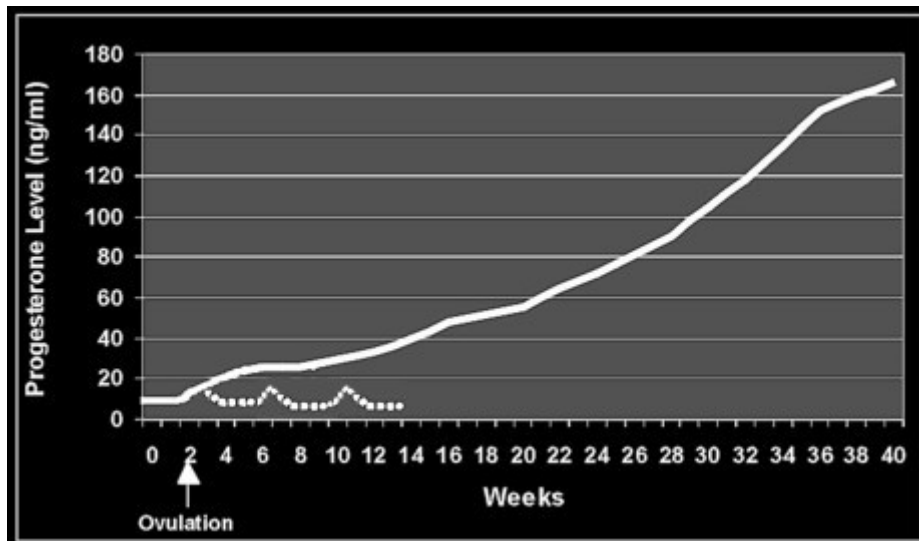
Very important effects of pregnancy are the bodily and psychological changes. The following material describes the reason for the bodily and psychological changes during pregnancy.

➤ The most important hormones during pregnancy

hCG (humans Choriogonadotropin): The human Choriogonadotropin (hCG) test is done to measure the amount of the hormone hCG in blood or urine to see whether a woman is pregnant. HCG is made by the placenta during pregnancy. HCG can be found in the blood before the first missed menstrual period, as early as six days after implantation. Because of the production of hCG during pregnancy the amniotic bag increases and the hormone progesterone is secreted.

Progesterone: Progesterone has many different functions during pregnancy. The placenta continues to produce both progesterone and estrogen for the duration of the pregnancy and the levels get higher and higher right up to just before the birth. At the end of pregnancy the levels of progesterone secreted by the placenta is dropping off. It is this action that stimulates the beginning of the contractions that will lead to birth.

The following chart shows the average growth in the level of progesterone within the body during a pregnancy. The dotted line shows what would happen if no fertilization happened during normal menstrual cycles.



Progesterone makes the body relaxed and carries for the vasodilatation. As a result of that the blood pressure could fall. The digestion slows up which is the reason for occlusion and flatulence. The hormone progesterone leads to changing the mood, has an important effect to the body temperature and the heart rate. This hormone is responsible for heartburn and prepares the breast for nursing.

Oestrogen: Oestrogen promotes the development of the lactiferous glands and increases the nipples. It vitalizes the abdominal wall so that it is save although the contractions of pains. The skin, ligaments and joints become squashier so that they can expend. This can lead to backache and avarices.

Relaxin: Relaxin is build by the placenta. It is responsible for softening the ligaments so that there is enough space for the baby to grow. Relaxin is also responsible for the softening of the musculature especially the pelvic floor- and abdominal muscles. As a result of softening, the joints could become insecure which should be considered when wearing high heels.

Insulin: It is a hormone which does not only exist during pregnancy. The Insulin gauge is raised during pregnancy because the baby needs energy as well. It helps the body turn the food we eat into energy and helps store energy to be used later. It's a good idea to see your doctor during pregnancy so that diabetes can be identifies.

➤ **The mental changes during pregnancy**

Nearly all women are really confused when finding out about their pregnancy. That's absolutely understandable because everything changes because of the new situation. Body, partnership, job and hobbies- everything will change because of pregnancy. You have to accept the new situation. During this time the feelings change every time. Sometimes women began to cry without a reason and after that they are happy and then they began crying again. The mood swings are characteristic for pregnant women. Probably women experience the following feelings during the 9 months:

Enjoyment, pride, fears, mood changes, love, anger, „Close to water“- that means crying very often

Dana: “I was very emotional during pregnancy especially when being tired. I flew from arguments at this time.”

Astrid: “For a moment I thought of the first Christmas with three persons, thought of two, three or four children and cried because of happiness. But on the other moment I thought of those children who die or don't feel good and so I began to cry. During the pregnancy I could not watch emotional films or hear bad words.”

Ursula: “After the third month of pregnancy I often started to cry without a reason. It was very hard for me to see a marriage or look at people who hug each other. Especially films with love music made me cry...I advise you to share your feelings with someone and laugh about it.”

A flyer for pregnant women: “Accept your feelings. Every feeling is qualified. Accept all surprises during the pregnancy!”

Tasks: Please answer the following questions and design a poster with your results.

1. Please list all hormones which are important for pregnancy and describe the function and the adverse reaction of each hormone.
2. Which hormones are important before and which hormones are important after childbirth?
3. Please compare the three statements of Dana, Astrid and Ursula. Describe the effects of pregnancy.
4. Compare the birth at a hospital with the natural birth.
5. Now think on Lara` s situation: Please write onto the cards arguments (on each card only one argument!) PRO and CONTRA pregnancy or abortion.

Individual and social changes during and after pregnancy

Because of pregnancy Lara's life changes in many respects. Pregnancy has an effect on the relationship to her parents and her friends. A lot of laws influence Lara's career and her financial position. Lara has to attend to her duties so that the baby feels always good. In the following flyer you can see some legal rules about pregnancy:

➤ How much does an underage mother have a voice in decisions?

The child of an underage mother is regularly under guardianship. That means that one person of the youth welfare office is the child's guardian. He carries for all individual and financial decisions of the child (For example the paternity test, support and inheritance). The underage mother is not completely contractually capable. She becomes contractually capable when approaching majority. The guardian decides about questions of medical treatment. If there is any case of doubt the underage mother can call the law of guardianship. Sometimes the mother does not agree with the guardian's decisions. If so she can contact the guardianship.

The parents of the underage, unmarried mother have furthermore the child custody for their own child but not for the grandchild.

➤ Is there any state aid for the underage mother?

Basically underage mothers qualify for state aid. Information centers of charities, rural districts, communities and the Departments of Family and Children's Services inform young mothers about the state aid. Underage mothers get financial help in form of education benefit, child benefit, housing benefit and welfare. If the young mother is not allowed to stay furthermore at home she can stay with the child in placements for underage mothers. The placement is financed by state. There are foster mothers which carry for the baby while the young mother is at school.

➤ What does it mean to the parents having a child who is an underage mother?

Underage mothers need a lot of help. These mothers are often single which complicates the situation. Those mothers are often overstrained. It is important for a young mother to receive assistance of the parents. Beside the financial assistance it is important that the parents look for the baby sometimes so that the young mother is able to finish school.

Tasks: Please answer the following questions and design a poster with your results.

1. Which different information centers could help Lara with her problem?
2. Does Lara qualify for any financial assistance?
3. Is Lara the only person who is responsible for her child?
4. Please think about the assistance of Lara's parents and friends. What can the parents and friends do to help Lara finish her school?
5. At school there are some changes for Lara as well. Please search after your teacher of sports or chemistry and interview him to this problem!
6. Now think on Lara's situation: Please write onto the cards arguments (on each card only one argument!) PRO and CONTRA pregnancy or abortion.

Material 4

Consulting service for conflicts during pregnancy

Lara has decided to abort the baby. Her gynecologist Dr. Schmidt told Lara that a counseling interview is necessary before abortion. On the following list there are some information centers which Lara gets from her doctor.

Information centers:

1. Consulting service for conflicts during pregnancy; German Red Cross; Carstensenstr. 58, 24114 Kiel
2. Social service catholic women; information centre, Muhliusstr. 67, 24103 Kiel, Phone: 0431-554766
3. Information centre for women; Kurt- Schumacher- Place 5, 24109 Kiel; Phone: 0431-524241
4. Church district Kiel, evangelical information centre, Jägersberg 20, 24103 Kiel; Phone 0431-51464

Tasks: Please answer the following questions and design a poster with your results.

1. Please compare the different information centers and find differences.
2. On which paragraph will the information centers rely on? To answer this question see the websites of the institutes. Please sum up the content of the paragraph.
3. Please reckon which of these information centers is the right for Lara and explain your decision please.
4. Abortion is not a criminal act. What is your own opinion of abortion? Make a table and write in the Pro and Contra arguments of abortion.
5. Now think on Lara` s situation: Please write onto the cards arguments (on each card only one argument!) PRO and CONTRA pregnancy or abortion.

Pro	Contra

Material 5

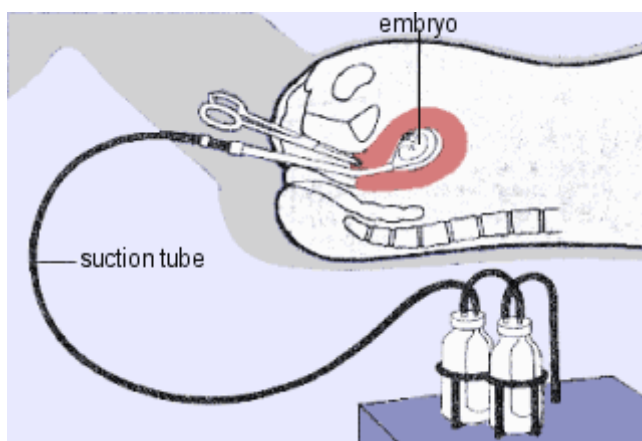
At the gynecologist

Please put yourself in the position of the gynecologist Dr. Schmidt. Lara is pregnant in the 8th week. Please inform her about the risks and different types of abortion.

Different types of abortion

There are many methods of abortion. It makes a great difference whether an abortion is performed early or late in the pregnancy. The earlier it is done, the better. Two important types of abortion are the Suction Aspiration and the curettage.

Suction Aspiration: This is the most common method of abortion during the first 12 weeks of pregnancy. General or local anesthesia is given to the mother and her cervix is quickly dilated. A suction curette (hollow tube with a knife-edged tip) is inserted into the womb. This instrument is then connected to a vacuum machine by a transparent tube. The vacuum suction, 29 times more powerful than a household vacuum cleaner, tears the fetus and placenta into small pieces which are sucked through the tube into a bottle and discarded.



Curettage: This older technique, also known simply as "D & C", is in principle not too different from the suction method. The entire operation is performed by hand. A surgical instrument with a hollowed out, spoon-like tip is inserted into the uterus. This instrument is called a curette. Again the cervix is dilated. But in contrast to the suction aspiration the cervix is more dilated because the curette is bigger than the other instrument. At first the embryo is taken by tweezers. Then the doctor uses the curette to scrape the embryo and placenta from the uterine wall. The operation usually takes about 15 minutes and is done by general anesthetic.



Risks of abortion

Secondary bleeding and inflammations are two possible risks of abortion, which can be medicated easily when it is done just in time. If inflammations are medicated too late the tubes could adhere for example. This can compromise fertility.

During the abortion the cervix may be cut, torn, or damaged by abortion instruments. This can cause excessive bleeding that requires surgical repair.

The risk of abortion complications is minimal. In the 9th and 10th week only 5-10% of the abortion patients experience a complication. The risks of abortion complications rise by progressive pregnancy.

The risk of death associated with abortion increases with the length of pregnancy, from one death for every one million abortions at or before eight weeks to one per 29,000 at 16–20 weeks—and one per 11,000 at 21 or more weeks.

The risk of abortion complications rises with the number of abortions of a woman.

Tasks:

Please answer the following questions and design a poster with your results.

1. Compare the two different types of abortion and find the differences.
2. Which are the risks of abortion?
3. How should the gynecologist Dr. Schmidt act to Lara?
4. Which of the two types of abortion is the right for Lara? Please explain!
5. Make a table and write in the Pro and Contra arguments of abortion.
6. Now think on Lara` s situation: Please write onto the cards arguments (on each card only one argument!) PRO and CONTRA pregnancy or abortion.

Pro	Contra

Material 6

Lara's social surrounding field

Lara has the appointment of abortion in one week. She is unsure whether her decision is right. On the following pictures you can see the friends and parents of Lara.

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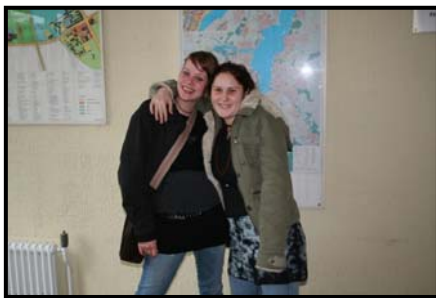


Mother

Father

Lara

Jonas – boy friend



Jana and Sarah – girl friends

Mental effects of abortion:

Have a look at the information of:

1. Prof. Dr. Wanda Poltawska, psychiatrist
2. Marina Knopf, Elfie Mayer und Elsbeth Mayer, centre of family planning, Hamburg

Tasks: Please answer the following questions and design a poster with your results.

1. Lara's mother is worried about the mental effects of abortion. Use the given information.
2. Why do Jana and Sarah (Lara's best friends) advise Lara to abort?
3. Lara's father is against abortion because of Christianity. Explain please.
4. Make a table and write in there the Pro and Contra arguments of abortion.
5. Now think on Lara's situation: Please write onto the cards arguments (on each card only one argument!) PRO and CONTRA pregnancy or abortion

Pro	Contra

Psychiatric consequences of abortion

Prof. Dr. Wanda Poltawska, psychiatrist, Krakau (Poland)

Speech on the occasion of a meeting at the 10th anniversary on May 10th in Hadamar in 1986.

Ladies and gentlemen!

The global judge of the psychical effects of abortion is extremely difficult because of the high number of abortions. In addition to this women who undergo an abortion do not remain under medical supervision. The doctor who has carried out an abortion does not keep an eye on this woman anymore as I mentioned before. That is the reason for the differences of the judgement of the effects of an abortion. The objective judgement of the general situation is complicated by the subjective attitude of the doctor. Those doctors, who are for or against abortion, tend to maintain that an abortion has no harmful effects. In addition there might be negative consequences later, sometimes even after many years.

From the psychiatric point of view all women who have an abortion show a depressive and fearful reaction. They do not see another solution. The rising tension push to an eruption and for most women an abortion seems to be the only solution, the only way to go. This reaction shows an infantile hysterical attitude. These women do not reflect this state and they do not want to experience an illegal operation consciously. Before a therapeutic operation the patient normally wants to know exactly what is going to happen to him. Before an abortion a woman, however, does not want to face the fact; she does not want to see anything and she wants to forget anything as soon as possible. The woman decides according to the doctor's attitude.

Today's society puts pressure on the decision a woman by actually expecting from her to have an abortion. Yes indeed: by expecting an abortion. Unfortunately this is reality. Furthermore legalisation by parliaments has reduced natural scruples that still exist and has led to an extreme change of people's views in society whose amount we can't value completely yet.

All doctors who endeavour to be objective and really take care for women after an abortion, agree completely that after an abortion there are serious mental disorders. The majority of gynaecologists, however, normally do not prognosticate precise effects. Normally practising doctors generalize by saying "psychically offended" with enormous emotional damages or something similar to that.

On the basis of my own scientific investigation one can state three corresponding symptoms which are characteristic.

These are:

- a) Depression with consciousness of guilt
- b) Aggression against oneself, against the father of the child and against the whole world.
- c) Permanent disturbed personality, which is similar to the encephalopathy.

Depression with a guilty conscience

Some authors diagnose such a deep depression after an abortion so that this might lead to a suicide or actually has. Giving birth to a child prevents a woman from committing suicide, whereas an abortion intensifies a depression immensely. A depressive psychosis shows right after an abortion or some time later, especially, however, during menopause. Soon after abortion psychosis with disturbance of consciousness can be observed.

Even more often depressive neuroses with a guilty conscience are diagnosed. So this guilty conscience is deeply rooted in the woman. Because a child is a secret of life and the woman is deeply involved in this secret through motherhood no matter whether she is aware of this or not, this phenomenon can be found even more intensive in case of an abortion. Sensitive women experience this feeling of guilt a lot deeper than superficial women, who generally speaking do not show a distinct guilty conscience.

The French philosopher Jean Guitton writes: The mother prepares life in her body which is meant to be for ever and thus takes part in the secrets of the world. This is the primary source of the greatness of a woman as mother, and the destruction of this is the destruction of her.

Thus it is more than obvious why the woman can't dispose of this guilty conscience for the rest of her life. This guilty conscience is normally connected with a self-respect. The woman thoroughly feels that she has destroyed something great which could have become part of her meaning of life even to her aim in life; which has however, been sacrificed for less valuable, superficial short-term aims.

This is an unshakable law of nature, deeply rooted in humane conscience. For this reason one can't just kill a child unpunished. Women who do this just the same, suffer- I stress this once again- for a couple of years from this decision. Remembering what happened feels like an organic injury.

An abortion has a deep impact on the hormones of a female organism; for this reason an organic damage of the endocrine system cannot be excluded. Furthermore the guilty conscience of a woman will be intensified in the course of her life: sterility as its consequence.

Aggression against oneself, against the child`s father, against the whole world.

The feeling of guilt leads to a feeling of discrimination. The woman feels extremely unhappy and she is convinced that her partner is to blame for this disaster. From objective point of view this is right because he was deeply involved in both the impregnation and the decision for an abortion. There are cases where the partner forces his will to have an abortion, often against her own free will. The feelings of a woman change abruptly after an abortion. Having been convinced not to have a child the desire for a child becomes intensifies. This causes an extremely strong feeling of suffering because the now desired child is gone forever. The bad conscience and the overwhelming suffering because of the lost child intensify immensely and in addition to that reproaches against the husband, the partner increase. Hundreds of women state for this reason they can`t love their husband or their partner anymore.

So one can say that by killing a child love is killed as well. The woman loses faith in her partner by whom she doesn`t feel protected anymore. Married couples show the same reaction, their “coming- together” is bound to fail. One can observe that a lot of women turn aggressive and show anger towards their doctor, whereas the patient after an operation normally feels gratitude towards the doctor. The pregnant woman consults a doctor in despair and depression, who should know that an abortion can never be the right solution. A woman (and this is a fact) who has been convinced and persuaded to give birth to the child after all and refuse an abortion, will sooner or later be very grateful to the doctor, because he has saved human life.

Permanent mental disorder

These acquired peculiarities, namely aggression, depression and infantile- hysterical reactions, become more and more predominant in course of time and are looked upon by society as typical traits. The character of the woman has actually changed. The softness which is typical of a woman turns to grumpiness, lack of self control, gruffness, intolerance and impatience. People look at her as an unbearable person. These traits become the cause of the marriage falling apart. It must be stated here again that in a good, harmonic marriage there will never be the decision to kill one`s own child.

Both sad and relived

By Marina Knopf, Elfie Mayer and Elfbeth Meyer, Family planning centre Hamburg, www.familienplanungszentrum.de

Results of further studies about psychical consequences after an abortion.

Examining the most important medical and psychological (doctoral) thesis`s of recent years about psychical effects after an abortion led to a remarkable result. Most authoresses and authors of German and international studies consider psychical complications to be seldom. Thus research work shows the exact contrast to the general opinion about the dreadful consequences of an abortion. According to the results of the most important investigations maximum 20% of the women suffer from psychical troubles, mainly concerning short- term temporary problems. Maximal 10% of the interviewed people are said to suffer from serious and long- term problems.

According to our experiences the number of visitors of the family- planning centre is lower. This difference can possibly be explained by the different preconditions: The research programs have one thing in common that the medical and human preconditions under which the operation took place were neither described in detail nor considered to be problematic. It can be presumed that these have a serious effect for the working up of an abortion. So many women seeking for an advice report about former abortions from which they suffered for quite a while. This was the case when they had to cope with a humiliating treatment from nurses and doctors, or when the abortion was carried out under degrading circumstances. Only a few authoresses and authors distinguish between psychical disorders and the mourning bout the loss of a beloved person. In some “anniversary reactions” that is anniversaries when a woman remembers the day of her abortion or the fictitious “birthday of her child” and sometimes she mourns which is considered a symptom in a psychiatric way. We all know situations in our life in which we made an important decision, which made us sad and which was right from a subjective point of view. We would never dream of calling our mourning in such situations “pathological”. In many studies the aspect of ease after the abortion is stressed. It is described how strong the psychical stress is for women before they have an abortion and that soon afterwards they feel relieved and free.

Some authoresses and authors name risk factors which lead to a psychical burden after an abortion. The risk factors are the following:

- religious scruples
- moral, psychical or political pressure
- social isolation and lack of support
- restraint to keep an abortion secret

- lack of understanding in a partnership or impending separation
- a desired pregnancy is interrupted because of medical or eugenic reasons or because of strong external pressure
- Mourning reactions are not “permitted” to oneself or to others
- There were psychical problems already before the abortion
- Strong ambivalence and difficulties in making decisions

The absence of irritations is considered to be a good precondition for an independent decision. Petersen (1) writes: “The more somebody feels responsible for an abortion and the less outer regulations come into play the more benevolent are the mental sufferings. Only a few self-assured authoresses and authors consider later negative effects to be frequent. Thus Maria Simon in her researches states that 75% of all cases are negative. However the correctness of these numbers must be doubted. She called women who had an abortion at home and tried to get an interview from them. The publication does not show where she got the telephone numbers from. 90% refused an interview. Their understandable reactions were interpreted by Simon as “preverbal denial”. Furthermore she does not distinguish between women, who decided to have an abortion and others who had an abortion because of medical or eugenicist reasons. The ideological motivation, that is based upon the inquiry, shows when she writes, it would be an “ethical and psychological misbehaviour”, to turn today’s indication regulations to an abortion within three months, for two reasons. On the one hand unborn life would be destroyed more often and more easily, as it happens today. On the other hand we continually create an army of neurotic women, who even these days are not cared for well enough by psychotherapists. Rita Seitz however shows in her study with the title “My abdomen belongs to me. Abortion as a change of the female anatomy” that the suffering made-ashamed woman is a cliché. She found out that the beginning of an unplanned pregnancy and later an abortion is critical experience of the competent organization of the personal biography. As a precondition society’s command of silence must be abolished which makes a communication among women impossible. In this sense we would like to contribute to the abolition of the command of silence, because silence is consent.