

ANTROPOLOGIA

Volume 5 – Numero 2 n.s.

ANTROPOLOGIA

DIREZIONE

Luca Ciabbari, Simone Ghezzi, Claudia Mattalucci, Mauro Van Aken,
Silvia Vignato (direttrice responsabile)

CAPOREDATTORE

Luca Rimoldi

REDAZIONE

Matteo Carlo Alcano, Silvia Barberani, Alessandra Brivio, Domenico Copertino,
Lorenzo D'Angelo, Marco Gardini, Barbara Pinelli, Giacomo Pozzi,
Giacomo Tabacco, Manuela Tassan, Luigi Urru, Francesco Vietti

COMITATO SCIENTIFICO

Stefano Allovio, Alice Bellagamba, Flavia Cuturi, Fabio Dei,
Francesco Faeta, Adriano Favole, Maurizio Gnerre, Andre Gingrich,
Simonetta Grilli, Michael Herzfeld, Georg Klute, Claudio W. Lomnitz,
Alessandro Lupo, Irene Maffi, Roberto Malighetti, Setrag Manoukian,
Vincenzo Matera, Ferdinando Mirizzi, Alessandro Monsutti,
Anna Pains, Berardino Palumbo, Mariano Pavanello, Cecilia Pennaccini,
Enric Porqueres y Gené, Ivo Quaranta, Francesco Remotti, Kostas Retsikas,
Bruno Riccio, David Rosen, Alberto Sobrero, Pier Giorgio Solinas,
Nicola Scaldaferrì, Gérard Toffin, Davide Torsello, Fabio Viti, Dorothy Zinn

SEDE DEL COMITATO EDITORIALE E DELLA SEGRETERIA DI REDAZIONE

Dipartimento di Scienze Umane per la Formazione "R. Massa"
Università degli Studi di Milano-Bicocca
Piazza dell'Ateneo Nuovo, 1
20126 Milano
Tel: 0264484827-4878
Fax: 0264486805

È vietata la riproduzione, anche parziale, con qualsiasi mezzo effettuata
compresa la fotocopia, anche a uso interno o didattico, non autorizzata

©2018 Ledizioni LediPublishing
via Alamanni, 11
20141 Milano – Italia
<http://www.ledizioni.it>

ISSN: 2281-4043

ANTROPOLOGIA

RIVISTA FONDATA DA UGO FABIETTI

Invia una proposta

ANTROPOLOGIA considera proposte di singoli articoli e di numeri monografici. Gli articoli non dovranno eccedere le 40.000 battute spazi compresi (inclusi titoli, parole chiave, note, bibliografia e abstract) e dovranno essere corredati da un abstract di circa 1500 battute e dalle indicazioni biografiche dell'autore. Il progetto di un numero monografico dovrà essere chiaramente formulato e argomentato ed essere corredato dagli abstract e dalle indicazioni biografiche di ogni singolo autore e del/dei curatori. I numeri monografici in nessun caso dovranno eccedere le 300.000 battute (circa 6 contributi e un'introduzione). La redazione esaminerà ogni proposta rispettosa delle condizioni sopra descritte e, in caso di approvazione, darà inizio al processo di revisione in doppio cieco. Per proporre un articolo o un numero monografico, consultare il sito www.antropologia.org e scrivere a antropologia@ledizioni.it

Submit a proposal

ANTROPOLOGIA examines submissions of individual articles as well as proposals of special issues. Articles must not exceed 40.000 signs (including titles, keywords, footnotes, bibliographic references and abstract) and must be complete with a 1500 signs abstract and a short bio of the author and (if the case) of the guest editors. Special issues must not exceed 300.000 signs (roughly 6 articles and an introduction). The editorial board examines all proposals complying with the requested standards and, in case of approval, starts the process of double blind peer review. To submit an article, see www.antropologia.org. To send a proposal of a special issue, write to antropologia@ledizioni.org.

Table of Contents

SPECIAL FOCUS.

*Contested terrain. Abortion at intersection of rights, health and law
(edited by Claudia Mattalucci, Joanna Mishtal and Silvia De Zordo)*

CLAUDIA MATTALUCCI, JOANNA MISHTAL AND SILVIA DE ZORDO. Emerging contestations of abortion rights: new discourses and political strategies at the intersection of rights, health and law	7
SINÉAD KENNEDY "#Repealthe8th": Ireland, Abortion Access and the Movement to Remove the Eighth Amendment	13
JOANNA MISHTAL Mobilisation, Protest, and Resistance Against Reproductive Rights Restrictions in Poland	33
LORENA ANTON Forgetting Pronatalism? Abortion Governance and Pro-life Discourses in Post-communist Romania	55
CLAUDIA MATTALUCCI Abortion and women's bodily and mental health: the language of trauma in the public debate on abortion in Italy	75
CHIARA QUAGLIARIELLO Beyond medical bureaucracy: an inquiry into women's right to abortion in Italy	95
SUSANA ROSTAGNOL Abortion in Andalusia: women's rights after the Gallardón bill	113
<i>ARTICOLI</i>	
CARLO CAPELLO Cadute. Espulsione economica e squalificazione sociale tra i disoccupati torinesi	137

PAOLO GRASSI Per un'analisi critica della "partecipazione": il caso del Bilancio Partecipativo 2017-2018 di Milano visto dal quartiere di edilizia popolare di San Siro	159
EMANUELA NACLERIO Diventare musulmane: riflessioni sull'esperienza di alcune donne convertite all'Islam in Italia	175
<i>RECENSIONI</i>	
CORINNA S. GUERZONI Zsuzsa Berend, 2016 <i>The Online World of Surrogacy</i>	195
SILVIA PITZALIS Irene Falconieri, 2017 <i>Smottamenti. Disastri, politiche pubbliche e cambiamento sociale in un comune siciliano</i>	199
FRANCESCO ZANOTELLI Tommaso India, 2017 <i>Antropologia della deindustrializzazione. Il caso della FIAT di Termini Imerese</i>	203
FRANCESCO VIETTI Luca Rimoldi, 2017 <i>Lavorare alla Pirelli-Bicocca. Antropologia delle memorie operaie</i>	207
Notes on contributors – Special Focus	211

Abortion and Women's Bodily and Mental Health: the Language of Trauma in the Public Debate on Abortion in Italy

CLAUDIA MATTALUCCI*

Abstract

In this paper, I analyse the political use of the notion of trauma in the public debate on abortion in Italy. Its genealogy can be traced back on the one hand to the feminism of the 1970s, when abortion was illegal and unsafe, and on the other to the scientific debate initiated in the United States during the 1980s, relating to the effects of legal and safe abortion on women's mental health. During the early 2000s, the contentious diagnostic category of Post-Abortion Syndrome entered the public debate in Italy, becoming a core topic of anti-abortion activism. The idea of abortion being a trauma, however, is a view shared not only by those who protest against the law authorizing voluntary termination of pregnancy, but also by those who campaign to guarantee its application. In the context of different regulatory frameworks and moral worlds, the notion of trauma conveys different situated ideas of health and of choice.

Keywords: Abortion; Feminism; Post-abortion syndrome; Pro-life activism; Italy

Introduction

Francesca:¹

Abortion is always a trauma. It is a watershed in the life of a woman. There is a before and an after. Except for a small minority of women who are indifferent... So much the better for them... But generally, for women, it is very painful. Although we do everything to prepare the way for them, here, at the clinic, at the hospital [...] It is something that is done to your body and to a being that happens to be your baby, like it or not. Grieving churns away inside, and especially if it is not shared, its effects will surface.

* claudia.mattalucci@unimib.it

1 Francesca is a social worker. She works at a public family planning clinic (*consultorio*) north-east of Milan. Her duties include counseling and certification for the voluntary termination of pregnancies. All personal names used in the text are pseudonyms.

In Italy today, when mentioned in public debate and in many private conversations, abortion is often described as a traumatic experience. Etymologically, the word trauma indicates a wound, a laceration, a blow, a violent shock. Medically speaking, traumas are wounds or injuries caused by the damaging action of external agents that produce local or general changes in the organism. Psychological traumas are disturbances to the subject's mental state, related to external stressors carrying a strong emotional charge.² Post-traumatic stress disorder identifies a condition in which the memory of an event causes uncontrollable symptoms such as anxiety, flashbacks, nightmares and insomnia.³ In current parlance, the word trauma is used to describe a negative event by which a person is struck, hurt, disoriented. Referring to abortion as trauma can therefore signify that abortion is an intrusive action, harmful to the body; that abortion leaves a mark on the psyche, in the mind or in the brain of the subject; or in more general terms, that it is a painful and disorienting experience.

In this paper, I outline a dual genealogy of the notion of trauma in the public debate on abortion in Italy. Its use can be traced back on the one hand to the feminism of the 1970s, when illegal and unsafe abortion exposed women to strong humiliation, moral and economic blackmail, makeshift methods and unsafe procedures that placed their bodies and their lives at risk. On the other, it derives from the scientific and political debate initiated in the United States during the 1980s, regarding the effects of legal and safe abortion on women's mental health. During the early 2000s, the contentious diagnostic category of Post-Abortion Syndrome — considered as a PTSD — entered the public debate in Italy, and the theme of abortion as trauma became a central topic of anti-abortion activism. However, the idea of abortion being a trauma is a view shared both by those who protest against the law authorizing voluntary termination of pregnancy, and those, like Francesca, who seek to guarantee its application. In the context of different regulatory frameworks and moral worlds, the language of trauma conveys different situated ideas of health and of choice. This paper is based on the analysis of documents on abortion and feminism in the late sixties and seventies; and on long-term ethnography on pro-life and pro-choice activism in northern Italy.⁴

2 Williams (2009).

3 As to the origin of this diagnostic category see Young (1995). For a critical discussion on the abuses of PTSD and of trauma in the contemporary world, see Fassin, Rechtman (2009) and Beneduce (2010).

4 Research was mainly conducted in Lombardy (the region where Milan is located). During field-work, I attended public events organized by the Pro-life Movement and by other anti-abortion groups – including 3 conferences on the psychological consequences of pregnancy termination. I conducted 30 interviews with anti-abortion activists and volunteers working in Pregnancy crisis centres, took part in 2 post-abortion healing retreats and

Abortion as trauma in 1970s feminist activism

Voluntary termination of pregnancy is regulated in Italy by Law 194/1978. Before its enactment, abortion was a crime “against the integrity and health of the race” and punishable with a custodial sentence that ranged from two to five years if the woman was consenting, or seven to twelve years if not.⁵ Abortion was widely practised, necessarily clandestine, and often fatal. The women’s movement played a crucial part in fuelling the pressure for social change that led to the approval of the law, promoting goals and forms of action that were not the same for all the subjects involved. Abortion was identified as the crux of many contradictions: the abuse of power by the state; the injustice of class differences; the nexus between sexuality and procreation; and so forth. Different stances were taken up with regard to the preferred statutory option: legalization, decriminalization, even liberalization.⁶ Protests against the Fascist law took various forms: demonstrations on the streets, pamphleteering, civil disobedience, self-reporting etc. Certain groups helped women to abort their pregnancies by planning surgical terminations in private clinics at accessible prices; performing abortions at self-organized centres; arranging trips to London or Switzerland; practicing self-help⁷ and conscience raising (*autocoscienza*)⁸ before and after terminations.

Put simply, women active in political parties and trade unions sought the approval of a law under which abortion would become legal, medically assisted and free, by demonstrating publicly. Women active in collectives and in small groups demanded its decriminalization, opposing a law under which the violence of abortion would become a civil right (Pallotta, Percovich 1978). Separatism, their search for a new language, and their refusal to see abortion as the key issue driving feminist mobilization, kept these

interviewed a 4 of counsellors and psychologists engaged in post-abortion healing. I also attended public events organised by Pro-choice associations and feminist groups, interviewed 20 activists and 20 subjects committed to the application of Law 194, including gynaecologists, psychologists and social workers involved with VTP services or clinics.

5 Before 1978, abortion was regulated by the Rocco Law (1930). Enacted during the Fascist era, this included abortion among “Crimes against the integrity and health of the race” (545 et seq.). See <http://www.uwm.edu.pl/kpkm/uploads/files/codice-penale.pdf>

6 The slogan “Free abortion” had considerable media exposure. In reality, only a minority of the women’s movement (including women with close links to the Radical Party) were in favour of liberalization.

7 The practice of self-help consisted in observing one’s own genitals and monitoring their state of health; in self-observation of the menstrual cycle; self-palpation of the breasts, etc. (Percovich 2005, pp. 52-59).

8 Conscience raising was a practice of small groups of women who met to discuss their personal experiences as well as wider topics, starting from themselves (Libreria delle Donne di Milano 1987, pp. 32-40).

political subjects away from mass demonstrations and other forms of action aimed at raising the profile of the women's movement.

In the years preceding the approval of the law, a number of organizations – like A.I.E.D.⁹ (see Zardini, De Marchi 1969), *Unione femminile nazionale*¹⁰ (Cecchini *et al.* 1977) or local feminist groups (*Movimento di lotta femminista* – Ferrara 1972) — and individual researchers – as Banotti (1971) and Frontini and Pogliana (1973) — realised and published surveys on the topics of sexuality, contraception, maternity and abortion.¹¹ Their aim was to reach women of different classes, working conditions, marital status, regional origins, etc., including those who had nothing to do with the feminist movement. The stories collected and subsequently published had a strong accusatory content. They brought to light unrevealed experiences affecting women of different ages, origin, and education. Abortions were procured using makeshift methods that were risky and often ineffectual, either unaided or with the help of relatives, or of a “woman with experience”. Those who could afford it resorted to an obstetrician or a doctor operating in a private clinic or at home, with or without anaesthetic. What emerges from these stories are a limited knowledge of the body, a lack of information on or the difficulty of access to contraception,¹² as well as loneliness, and the combined effects of hegemonic morality and clandestine abortion: the anxiety of finding someone willing to perform termination, the resources needed to pay for the service, the fear of being found out, etc. Many poor women had learned how to self-induce abortion. The dominating themes in these published testimonies are physical pain, humiliation and the fear of death. Abortion is described as violence to the body. Several stories mention psychological and moral suffering. Some speak of a sense of guilt; others, of liberation. At a moment in history when abortion was a crime, considered

9 Italian Association for Demographic Education. Founded in 1953, it has been active in political and judicial battles for fundamental civil rights such as contraception, divorce and sex education.

10 The National Female Union was founded in Milan in 1899. Throughout the 20th century it sought the emancipation of women through the acquisition of political, social and civil rights. It is still operational in its historical headquarters.

11 These publications are not scientific texts. Their authors were politically engaged and conducted far-reaching investigations to highlight a complex and underrepresented reality. Using different inquiry techniques — from informal conversations to interviews, from group discussions to autobiographical accounts — they gathered testimonies depicting clandestine abortion as part of women's everyday life. To many of the subjects involved a change in abortion governance was by then not even imaginable. For an analysis of these sources see Pedrini (2010).

12 Spreading information on contraception, and the use of contraceptives, were considered crimes under article 553 of the Italian Penal Code. Under a ruling of the Constitutional Court in 1971, the ban on anti-conception propaganda was lifted, and restricted use of the contraceptive pill became possible.

as murder by the Catholic Church, and condemned by official morality these surveys uncovered a wide variety of experiences.

Even within small feminist groups, the act of confronting the issue shed light on differences among women's experiences.

Discussing abortion among ourselves – states the Libreria delle donne di Milano (Milan Women's Bookstore) – we found that there was a variety of personal experiences depending on different social factors, such as the quality of medical care that one could afford. But more significant than these were individual differences. Some had never aborted [...]; others used abortion as a method of contraception, preferring it to others; for some, the fact of aborting a pregnancy was no big deal, whereas for others it was a tragedy and a mutilation. (1987, pp. 63-64).

The authors highlight the risk that could be run by talking, as many did, about the problem of abortion in the name of all women, producing an ideological generalization that referred to an abstract female condition, disconnected from the material lives of real subjects. Abortion was identified as a moment of extreme weakness, and of psychological and social fragility.

It is an event — as recounted in a document of the Santa Croce Collective in Florence¹³ — that gives substance to all the contradictions and all the difficulties women experience to a greater or lesser degree: the fact that you become pregnant either unwittingly or unwillingly, discovering that contraceptives did not give you the control of your body as promised [...], that a child could be something that you hadn't wished for, or you can't wish for, abortion as a violent solution that leaves you with a traumatized body that you can't recognise as being free.

In the 1970s feminists used the word trauma, which referred generally to the physical and psychological effects of unsafe clandestine abortion, to denounce the structural and everyday violence suffered by women. As Anna Bravo writes:

Women were always depicted as victims of a multifaceted violence: the loss of control over their body, the practice of abortion, and the obligation to forgo a child that under different circumstances they might have wanted. Feminists engaged in social work insisted on the physical and mental costs, which were evident. Certifying pain was also an attempt to go beyond the ideological contrast between women's and foetus' interests. Denying suffering was tantamount to breaking a tacit agreement (2004, p. 6).

13 *Non vogliamo più abortire (We do not want to abort any longer)* cited in Percovich (2005, p. 99)

The Law and its aftermath

The Italian abortion law was passed in 1978 following difficult negotiations between Catholic and non-Catholic political forces (Sciré 2008). Law 194 is entitled *Norms for the social protection of motherhood and the voluntary termination of pregnancy*. The first article states that the State “guarantees the right to conscientious and responsible procreation, recognizes the social value of motherhood and protects human life from its very beginning”. It also specifies that the voluntary termination of pregnancy is not “a method of birth control.” Within the first trimester, abortion is allowed when “the continuation of pregnancy, childbirth or maternity would result in a significant threat to [a woman’s] physical or mental health”. The woman seeking an abortion turns to a family planning clinic, a doctor, or a hospital for a medical check-up and counselling to examine all of the “possible solutions to the problems she raises and help her remove the causes for termination of pregnancy.” At this point she is given a document certifying her pregnancy and her request for a termination. Following a mandatory seven days wait, she can go to one of the authorized hospitals to perform medical tests and schedule the termination (art. 5). After the first trimester, abortion is allowed only when a) the pregnancy or childbirth poses serious danger to the woman’s life and/or b) when major pathological processes affecting the foetus are verified, and these constitute a serious risk to the woman’s physical or mental health (art. 6). If there is the “possibility of independent life of the foetus [...] the doctor who performs the termination must take all appropriate measures to safeguard its life” (art. 7). According to the law, “health professionals shall not take part in the procedures of articles 5–7 and in terminations when they express their conscientious objection, which must be declared beforehand” (art. 9).

Law 194 displeased various components of civil society and politics. The Catholic Church expressed strong condemnation of the law, and invited all believers to engage in the defence of life. The women’s movement considered the law as a concession by a patriarchal state willing to reaffirm the social value of motherhood and to exercise control over women’s sexual and reproductive life. In 1981, a referendum was held. The Radical Party — secular and pro-choice — promoted a revision of the law to make abortion more easily accessible. The Pro-life Movement, by contrast, sought to restrict the scope of its applicability. At the polls, however, the electorate confirmed its support for the existing law, which has remained unchanged.

Following the referendum, due to the gradual reduction in the numbers

of both clandestine abortions¹⁴ and legal terminations,¹⁵ abortion ceased to be a topic of public debate and once again became a private question (Sciré 2008). Things moved on during the late 1990s, when significant changes in the social and political climate brought the abortion law back into the public spotlight. Various factors combined to bring about an anti-abortion backlash: the collapse of the major post-war political parties, the new-found importance of Catholicism as a factor for political consensus, the lower profile of feminist activism in the public arena, innovations in the field of biotechnologies and that of bioethics, connected with medically assisted conception, embryonic stem cells research, medical abortion, etc. (Calloni 2001; Hanafin 2007). This changing climate gave shape to a new pro-life movement bringing together different groups and individuals (religious, exponents of different political parties, intellectuals, scientists, Catholic and secular health professionals, etc.) whose goal was no longer simply to oppose abortion, but also euthanasia, artificial reproductive technologies, etc. Inside this movement a new debate on legal abortion as trauma found a fertile ground: the word trauma took over a psychiatric and/or psycho-pathological connotation.

Post-abortion syndrome

In the early 1990s Post-Abortion Syndrome (PAS) first appeared in international scientific literature. During the presidency of Ronald Reagan, a survey on the consequences of abortion for women's health was conducted in the United States (Lee 2003). Ten years later, Speckhard and Rue (1992) published an article describing post-abortion syndrome as a combination of negative reactions to the event. Its main characteristics are: 1) the exposure to or involvement in abortion, seen as the traumatic and wilful destruction of an unborn child, 2) the uncontrolled re-living of a negative experience, 3) attempts to avoid or deny painful memories of an abortion, resulting in reduced responsiveness, 4) the emergence of correlated symptoms not in

14 In 1978, the Ministry of Health introduced a system for surveying data at national level and monitoring the effects of the law. It is estimated that in 1983 there were 100,000 clandestine abortions. In 2001, this figure fell to 20,000. And in 2005, to 15,000. Since 2005 it has been difficult to make further estimates, due to the lack of data on contraception and to the increasing numbers of foreign residents in the country, whose approach to reproduction is potentially different to that of native Italians (De Rose, Dalla Zuanna 2013).

15 Since the approval of the law, after an initial increase associated with the full exposure of the phenomenon — peaking at 231,000 terminations in 1982 — the number of legal abortions fell gradually. In 2016, 84,962 terminations were recorded (a reduction of 63.8%). The abortivity rate (number of VTP events per 1000 live births) fell from 52% in 1982 to the 18% of today (Ministero della Salute 2017).

evidence prior to the abortion. Authors identified this condition as a form of Post-Traumatic Stress Disorder (PTSD) and suggested diagnostic criteria based on those recognized by the *Diagnostic and Statistical Manual of Mental Health* (DSM) for this pathological psychiatric condition.¹⁶ A wide range of indicators likewise became correlated with PAS (including flashbacks, anxiety, depression, substance abuse, suicidal thoughts and behaviour, etc.). These symptoms — even when arising years after the actual abortion — were able to confirm the diagnosis. One key symptom was identified as denial (of the pregnancy, of the “baby”, of certain aspects of abortion and trauma). The existence of trauma removal mechanisms implied that at least some women who apparently did not display any symptoms connected with the syndrome, were nonetheless affected by it in reality (Rue 1995).

The identification of PAS sparked a lively debate on the correlation between abortion and mental health disorders. Certain surveys conducted at local level provided evidence to support the hypothesis.¹⁷ Other studies rejected the idea of PAS, highlighting the methodological limits of surveys giving currency to the link between abortion and mental health disorders: often these do not take account of important variables — such as the previous psychological state, partner support, material conditions, socio-cultural background — neither do they make use of control or comparison groups (Stotland 2001; Schmiege, Russo 2005).

Between 2007 and 2013, the years in which the pro-life movement popularised PAS in Italy, a number of publications, including systematic narrative reviews and meta-analyses, concluded either that a) legal abortion, when performed during the first ninety days of an unwanted pregnancy, did not carry risks to mental health that were any greater than those of giving birth (Major *et al.*, 2008; Charles *et al.*, 2008; Kendal *et al.*, 2012)¹⁸, or conversely, that b) abortion carried an increased risk of mental health problems (Coleman 2011,¹⁹ Ferguson *et al.* 2013).²⁰

16 PAS has never been included among PTSD in the various editions of the DSM published since that time. This syndrome, in fact, has been disproven in multiple comprehensive studies.

17 One survey conducted in Finland showed a positive correlation between abortion and the risk of suicide or death (Gisser *et al.* 1996); another conducted in New Zealand revealed a higher incidence of anxiety, depression and thoughts of suicide among young women who had aborted, compared to those who had never become pregnant or who had given birth (Ferguson *et al.* 2006).

18 More recently, Steinberg *et al.* have argued that abortion is not a statistically significant predictor of anxiety, mood, impulse-control, and eating disorders or suicidal ideation (2014) and that depressive, anxiety, and stress symptoms are highest just before termination than at any time afterwards (2015).

19 Subsequent research identified a number of errors in Coleman’s paper (Steinberg *et al.* 2012).

20 My purpose here is not to discredit the studies that have proved a correlation

The psycho-pathologization of abortion came about especially in countries having liberal abortion laws and where access to safe termination is guaranteed.²¹ In these countries, discourses on PAS, and more generally on the effects of abortion on women's mental health, found broad consensus among anti-abortion activists. The foetus-centred argument — abortion is killing a human being — became juxtaposed with a woman-centred argument — abortion is harmful to woman's health (Cannold 2002). The woman who aborts, previously considered as a murderer, become the victim of the distress that termination inevitably produce, regardless of the historical, social and relational context in which it takes place.

PAS has not produced the same effects everywhere. Ellie Lee (2003) compares the destiny of this disputed diagnostic category in the United States, where it received wide media coverage and influenced laws approved by single states, and in the United Kingdom, where by contrast it received scant media coverage and had little or no impact on the abortion law.²² Sonja Leuerhrmann (2016) analyses the growing awareness of PAS in Russia and its translation by anti-abortion activists into a culturally specific syndrome.²³

Abortion as trauma in pro-life activism

Among pro-lifers in Italy, the idea of women suffering as a result of their abortions had already surfaced before the diagnostic category of PAS came to their attention. Franca, a woman with more than thirty years of experience as a volunteer in a Pregnancy Crisis Centre and with S.O.S. Life,²⁴ reports listening to many women who regretted their abortions and could find no peace.

between abortion and mental disorders, but to provide some references to the literature that anti-abortion doctors, psychologists and activists rely on.

21 According to the WHO, 45% of abortions worldwide between 2010 and 2014 were unsafe. The majority of unsafe abortions (97%) took place in developing countries, where there is practically no debate whatever on the psychological consequences of abortion (Macleod 2012). The most devastating costs of unsafe abortion are death, or serious impairment of the woman's reproductive health (Ganatra *et al.* 2017).

22 Lee associates these difference with three correlated factors: the dissimilar aims underlying the legalization of abortion in the US and in the UK — self-determination on the one hand, protection of woman's physical and mental health on the other —, the unequal influence of religion as a component of national identity, and differences in the role of morality in the abortion debate.

23 Russian pro-life activists have tended to interpret PAS through the teachings of the Orthodox Church concerning the wages of sin and the rewards for virtuous actions: women are encouraged to speak about their abortions publicly and offer material support to mothers in difficulty.

24 A telephone helpline set up 1992 to offer support to women and/or couples faced with pregnancy crisis.

When we opened S.O.S. Life we were overwhelmed by calls. I recall harrowing cries for help from women who were desperate. They had all this pain, for which there was no outlet, and they began pouring it out to us. There were women who said they had confessed and had received absolution [...] but could not forgive themselves. We had team meetings so we could discuss and find the right words to say. [...] There was hardly any literature back then.

PAS had placed these women's stories in a new light. Shifting the problem of abortion from a moral onto a clinical frame, torment and guilt were re-defined as psychological distress. In addition, it allowed the argument that abortion causes suffering to those who consider it morally unacceptable (a "sin", a "murder", etc.), but it is also a risk factor for all women, whatever convictions they may have and whichever moral world they belong to. Elena is a clinical psychologist who works in a Catholic family planning clinic.

Abortion in all its forms is a trauma. It is traumatising because bonding between mother and baby comes into play from the beginning of pregnancy. Women are always ambivalent with regard to abortion, which is experienced as a mutilation. A woman can be affected by trauma even when unaware of it. It seems that her life goes on as normal, but the effects of trauma remain.

The Pro-life Movement²⁵ has had an active role in spreading knowledge on the psychological consequences of abortion. In 2007, it organised in Rome the first round table dedicated to PAS.²⁶ In subsequent years, together with other pro-life associations, it organised meetings, conferences and training days focusing on this syndrome and, more generally, on the short and long-term consequences of elective abortion on women's mental health.²⁷ On such occasions physicians, psychologists, psychiatrists, psychotherapists, counsellors — all with experience of helping women who had undergone abortions — described PAS as the most serious mental disorder caused by the abortion trauma, with symptoms that can appear months or years after the event, making it easily recognisable.²⁸

25 The Movement's origin can be dated to 1975; it had an important role in opposing the adoption of the abortion law and in organising the referendum of 1981. Since then, it has been involved in political and socio-cultural initiatives for the "defence of life" at its initial and terminal stages. Also connected to this organisation are Pregnancy Crisis Centres offering support to women facing an unwanted pregnancy.

26 Rome, 25 November 2007, round table on 'Post-abortion Syndrome and reconciliation' at the XXVII National Conference of Pregnancy Crisis Centres.

27 Among these, worthy of note is a training course held in Brescia 8–9 May 2009 entitled 'Women and freedom. The psychological consequences of abortion'.

28 Other disorders, emerging at different times and through different mechanisms, are post-abortion stress and post-abortion psychosis.

In different cases, though specific symptoms may not be observed initially, the syndrome could emerge after a number of years following stressful events — such as a further pregnancy, the discovery of secondary sterility, a miscarriage, a hysterectomy, etc. — removing repression or weakening denial mechanisms. Using medical and scientific discourse, with occasional references to the religious position shared with the public, speakers contested the idea that legal and safe abortion safeguards women's health. The discussion of clinical cases, stories of women traumatized by abortion experienced as the intentional killing of their own child, gave these presentations a particular emotional intensity.

In Italy, the conservative and/or Catholic press gave a certain prominence to PAS.²⁹ Notwithstanding the hopes of anti-abortionists, who saw the acknowledgement of abortion effects on women's mental health as an argument for questioning the benefits of voluntary terminations,³⁰ post-abortion syndrome did not lead to any amendment of law 194. Rather, it gave rise on the one hand to a growing discourse on abortion as trauma producing psychological, and/or relational effects on women and their families — with significant exposure not least on-line, through dedicated websites and forums.³¹ On the other hand, it prompted the advent of post-abortion counselling and healing based on methods developed in other national contexts — as in the case of the Rachel Vineyard or Project Rachel³² — or, though new ones, based on studies, models and techniques tested elsewhere. Within the scope of these methods, which often combine psychological support and prayer (Mattalucci 2016), the characterization of abortion as a traumatic experience takes in the wider Catholic image of abortion as a sin. PAS affords a vehicle for the interpretation of remorse and pain experienced by some women for a decision that was felt not to have been a choice.

The healing process involves three stages: the identification of the reasons and the relations that have driven women to refuse motherhood, the acceptance of the abortion, and the acknowledgement of the aborted child.³³

29 Daily papers like *il Foglio*, *Avenire*, *Tempi*, *la Croce* etc. ensured that PAS was given appreciable exposure.

30 As we have seen, the law authorizes termination whenever continuation of the pregnancy, childbirth or maternity may constitute a risk to the health of a woman.

31 Examples: <http://www.postaborto.it/>; <http://www.il-dono.org/>; there are various discussions on women's forums dedicated to this topic, for example, <https://gravidanza.alfemminile.com/forum/perche-si-soffre-dopo-ivg-fd3726014>

32 The international organisation Rachel Vineyard offers both weekend psycho-spiritual retreats, and psychological support groups held on a weekly basis (Project Rachel).

33 Central elements are the attribution of a name, reconciliation with the child, and recognition of its existence in an otherworldly dimension.

Abortion as trauma in pro-choice discourse

Since the abortion law returned to being a subject of public debate, feminist activism has taken on a defensive position. At the time of its adoption, law 194 disappointed the women's movement. However, many activists today describe it as a good law.³⁴ Ministry data indicates that a high percentage of conscientious objectors among healthcare providers does not affect delivery of the service,³⁵ although different investigations³⁶ have documented how, especially in certain regions, women are forced into searching laboriously for a clinic that will perform terminations, to wait long hours at the hospital to be guaranteed a place,³⁷ and to put up with unjustifiable hostility. Some women even end up travelling abroad to access abortion services (Gerdtts *et al.* 2016). Women faced with a therapeutic abortion are the most vulnerable to the rotation of public service medical staff who happen to be conscientious objectors or not: for them the continuity of care once labour has been induced will not always be guaranteed.³⁸ High rates of conscientious refusal of care cause delays, negligence and periods of abandonment, which ultimately aggravates the distress experienced by women having to end a wanted pregnancy. Over the last decade, feminist mobilisation, street protests and proposals with regard to abortion have often been directed at conscientious refusal of care.³⁹ The effects of abortion on women's health have been high-

34 This judgement is not unanimous. Certain groups continue to make the point that the law itself places limits on women's self-determination.

35 According to the latest Ministry of Health report (Ministero della Salute 2017), 70.9% of gynaecologists are conscientious objectors, nationwide. The report, presenting additional items of data on the service, not included before, concludes that with the exception of two regions, the coverage provided by the service is satisfactory. On conscientious objection and pro-choice obstetricians and gynaecologists' engagement with pro-abortion rights protests in Italy see De Zordo (2016).

36 Among these: *Lobiezione e la coscienza (Objection and conscience)* (2016) by Baldi and Severgnini, <https://medium.com/in-transition/l-obiezione-e-la-coscienza-97382712e633#359c.yewoaz8zr>; 194, *Una Legge non applicata (194, A law not applied)*, Presa diretta 17 January 2016; *Aborto, "Obiezione vostro onore" (Abortion "Objection Your Honour")* (2015) by Delogu, Poltronieri, Torrisi & Viskanic, <https://video.repubblica.it/edizione/roma/aborto-obiezione-vostro-onore-il-documentario-finalista-del-premio-morri-one-2015/268573/268994>

37 On days when hospital facilities carry out voluntary terminations, the number of places available is limited; access to the service is guaranteed typically on a first-come-first-served basis, unless the clinics schedule their operations differently.

38 Therapeutic abortion later than sixteen weeks into the pregnancy is carried out by inducing labour.

39 Among these: "Obiettiamo gli obiettori" (Objecting to the objectors), 2013, Mai state zitte (Never been silent) collective <http://www.daparte.it/collettivo-femminista-maistatztitt-obbiettiamo-gli-obbiettori/>; the manifesto produced during the meeting "Legge 194: che cosa vogliono le donne" (Law 194: what women want), Milan, 2013, Usciamo dal Silenzio (Breaking out of Silence), Libera Università delle donne (Free University of women)

lighted in relation to the obstacle course that some of them have to undergo. For these women, trauma derives from the abuse (assessments, abandonment, not agreed procedures) they endure in gynaecology and obstetrics departments where their choices are not respected. Here too, cases of women subjected to pointless and distressing hostility — often women who request termination due to serious foetal abnormalities — strike a chord with public sensibilities, fuelling indignation at the consequences of conscientious objection and generating consensus with regard to mobilisation. In public, even when access to the operation may be straightforward, abortion is described as “a painful decision” as well as a right, “something that is done out of necessity”, and often as “a trauma”.⁴⁰

Female health professionals involved in VTP services (gynaecologists, obstetricians, psychologists, social workers, etc.) who identify themselves as feminists, and/or work in clinics linked historically with the women's movement,⁴¹ often relate experiences marked by distress attributable to the stigma associated with abortion, the loneliness of the abortion experience, delays and procedural hurdles, the difficulty of quickly taking a decision, etc. Daniela is an educator with past involvement in militant feminism. She has worked in a family planning clinic, as a provider of pre-abortion counselling since 1978.

and Consultori privati laici (Secular private family planning clinics) <http://www.consultoriprivatilaici.net/legge-194-cosa-vogliono-le-donne-il-manifesto/>; “Piano femminista contro la violenza maschile sulle donne e la violenza di genere” (Feminist plan against male violence to women and against gender violence), 2017, Non Una di Meno (Not One Woman Fewer) https://nonunadimeno.files.wordpress.com/2017/11/abbiamo_un_piano.pdf

⁴⁰ In the pro-choice meetings I attended in northern Italy, as well as in conversation with health care professionals following women during voluntary terminations of pregnancy, the anti-abortion discourse on post-abortion syndrome is largely ignored. Coherently, I have not met any critical thinking on the use of a category – trauma — that is now widely used in pro-life circles. At a national level, some isolated voices have taken a distance from this register. In addition to the book by Lalli (2013) mentioned above, see <https://www.wired.it/scienza/medicina/2018/05/22/aborto-sofferenza-colpa/> where the same author questions the right to decide what the reactions of someone else will be. During the final revisions of this article, activists inspired by the French blog “IVG, je vais bien merci!” – <https://blog.jevais-bienmerci.net/> – launched a blog and a facebook page to give visibility to women's positive experiences with an abortion. See: <http://hoabortitoestobenissimo.blogspot.com/>; https://www.facebook.com/IVG-ho-abortito-e-sto-benissimo-701164346922929/?ref=page_internal.

⁴¹ Family planning clinics first appeared in Italy during the 1960s, offering women and couples somewhere to talk about sexual health and reproduction, fertility and maternity, contraception and abortion. Following the establishment of public family planning clinics (1975), some elected to remain private and safeguard their independence. Unlike Catholic clinics, secular private facilities guarantee all of the services envisaged by the law regulating the activity of family planning clinics, including pre-abortion counselling and the certification required to undergo VTP.

We live in a Catholic society. These are things we carry inside us. A woman can come to terms rationally with the idea that if she does not want a child, she need not have one. But the head and the gut are not always in agreement [...] I have been doing this job for almost forty years. VTP numbers have fallen considerably. There is more awareness these days. What has not changed is the experience women go through. [...] The burden of guilt is something that even the least religious of women carries inside her. And it eats away inside, causing distress.

This kind of distress, unlike the pain depicted by the anti-abortionists' discourse on PAS, does not derive from the event itself but from internalized moral standards. Abortion is a misdeed in the eyes of traditional morality, which as mentioned previously has undergone a process of revitalisation since the 1990s. And it is still a misdeed in the eyes of modern morality, which now considers abortion as avoidable, thanks to the availability of information and access to contraception.

What various pro-choicers define as trauma is a complex mesh of social standards, material conditions, relations, aspirations, values and bodies that affect the experiences of (unwanted) pregnancy and of abortion. Today, as ever, abortion experiences are markedly varied. The decision to abort means coming to terms with sometimes conflicting desires, with relationships found to be fragile, with material insecurity, with the fallibility of control over one's body, with one's own vulnerability, etc. Anna is a psychologist who works in a secular private family planning clinic.

Many people say this is a decision that will cause the woman pain for the rest of her life. At the outset, I said this too. Now, I think the pain can be handled, and that a woman need not necessarily suffer indefinitely. She needs to reconstruct the chain of events up to that moment, and look at the relationship: with whom did she get pregnant, and why? She must think about her life plan... During interviews, we seek to offer support, to help the woman reorder her motivations, desires and values, because if abortion goes against her moral beliefs, later on she will not be able to accept it.

Abortion is a paradox. – says Isabella, a gynaecologist who works in a hospital – There are pregnancies that seem almost sought after, in difficult relationships. Only when the pregnancy becomes a reality does the fragility of the relationship emerge. Then there are women who say they do not want a child and have decided to abort. But when they are told during the examination that they have had a miscarriage, they burst into tears. Here, there is something else that comes into play.

The events that occur following an abortion may act retrospectively, and give new meaning to the experience. Silvia, a gynaecologist who works in a family planning clinic, emphasizes that the decision to abort is taken per-

force without foreknowledge of the subsequent life course.

There are women who find themselves childless because they marry a sterile partner, or because they undergo an operation that renders childbirth impossible, or they have a child but something happens to it, or they conceive a malformed foetus and have to face a therapeutic abortion... And then that thought hits them like an atomic bomb: "If I hadn't aborted back then, I would have a twenty-year-old son or daughter today". [...] Termination of pregnancy is always connected with a situation, a time of life, a scenario. The child that a woman might have had twenty years earlier is not the child she would want to have now. I try to help her understand that there was a reason at the time.

Those who see abortion as a psycho-pathological event consider deferred suffering to be the effect of the repressed trauma, although within an interpretative framework that links the significance of such events to the situation in which they occur and the subjective reasons behind the choice, pain is generated by the removal of the reasons for which the woman had aborted and of the situation in which her decision was taken.

Is abortion always a trauma?

In Italy today, the notion that abortion is necessarily a prelude to long-lasting suffering, and that the price of VTP is an indelible scar, is extremely pervasive (Lalli 2013); this is reflected in the public debate and in personal narratives posted on the web: stories of women who regret the choice they have made, who convey to more or less anonymous readers the pain that they feel, or the ill-treatment they have been exposed to in gynaecology and obstetrics departments, thereby overshadowing the experiences of women for whom abortion has held no such distress. Scholars have shown that in contemporary societies, trauma has become a catch-all category to express the pain caused by a wide variety of events impacting individuals or communities (Fassin, Rechtman 2009). Trauma, and more especially PTSD, depoliticises and dehistoricizes suffering (Young 1995; Beneduce 2010). In the abortion debate, the notion of trauma has been instrumental in revealing individual experiences of distress linked to quality of care, to the social significances of pregnancy and abortion, and to the power relations acting upon the pregnant body.

In this paper, I have traced a dual genealogy of abortion as trauma, starting on the one hand from the feminist activism of the 1970s, and on the other from the recent mobilization of anti-abortionists and its appropriation of PAS. The description of abortion as violence by the women's movement referred to a moment in history when terminations were entirely clandestine and would

involve operations often constituting a threat to women's bodies. In this context, trauma related to the physical and mental costs inherent in abortion for many women, but also to the sense of powerlessness in respect of the law, class inequalities, gender relations and of moral standards inhibiting the enjoyment of liberated sexuality and motherhood. Forty years have passed since the law authorising voluntary termination of pregnancy was approved; the neoliberal economy has redrawn inequalities; gender relations and family choices have profoundly changed (Solinas, 2004; Viazzo, Rosina 2008, Grilli, Zanotelli 2010). But the language of trauma continues to be used to depict a disputed choice. Psychological studies exploring the effects of abortion on women's mental health, and more specifically on PAS, have provided anti-abortion activism with a new argument which, far from associating trauma with the social and personal conditions in which VTP occurs, presents it as deriving from a universal and already acknowledged psychic principle. Abortion experienced as the intentional killing of a child is identified as a psycho-pathological event that can cause women serious, long-lasting and highly probable suffering. Within this narrative, choice is seen as being imposed on rather than elected by women, who are victims of relationships, and more generally of a society that does not support motherhood. On the pro-choice front, the language of trauma identifies abortion as a moment of distress caused by lack of respect for the choice that women make, inside hospitals where VTP are performed: due to the high proportion of conscientious objectors among health care providers, sensitive reception of women is not always guaranteed and, in isolated cases, neither is the safety of the procedure. The decision to abort, more generally, is seen as the outcome of a complex mediation between social expectations and individual aspirations, material conditions and desires, relationships and values. This balancing can exact high emotional costs. As already highlighted by feminist groups in the 1970s, the experiences of abortion are variable in the extreme, as likewise are the reasons making many women's experiences painful and disorientating. Pregnancy and abortion affect bodies that are at once individual, social and political (Lock, Scheper-Huges 1987); they engender feelings, desires and states of mind that depend on the context and the relationships in which they occur, and similarly on the ways in which the people involved imagine their future. Over time, the choices are sometimes invested with new meanings. The language of trauma today, substantiating distress that comes with abortion, confirms the symbolic value of motherhood in a society where women have few children (and few abortions are performed). As a psychological category "trauma" has extended the power of psychology in abortion management (see Quagliariello in this volume). But "trauma" is also a moral category (Fassin, Rechtman 2009) concerned with the ways that different political subjects interpret the significance of abortion and women's choice. If, on the one hand, the language of trauma gives voice to the pain and distress that many women do indeed suffer following an abor-

tion, on the other it also blurs the differences between social situations and personal experiences. It also risks fuelling the expectation that women who have a termination will necessarily have negative psychological experiences, and diminishing their powers of resilience.

References

- Banotti, E., (1971), *La sfida femminile. Maternità e aborto*, Bari, De Donato.
- Beneduce, R., (2010), *Archeologie del trauma: Un'antropologia del sottosuolo*, Roma-Bari, Laterza.
- Bravo, A., (2004), Noi e la violenza, *Genesis*, 1, pp. 17–56.
- Calloni, M., (2001), Debates and Controversies on Abortion in Italy, in McBride Stetson, D., ed., *Abortion Politics, Women Movements, and the Democratic State: A comparative Study of State Feminism*, Oxford, Oxford University Press, pp. 181-203.
- Cannold, L., (2002), Understanding and Responding to Anti-Choice Women-Centred Strategies, *Reproductive Health Matters*, 10, 19, pp. 171-179.
- Cecchini, F., Lapasini, G., Valli, M., and Viviani, M., (1977), *Sesso amaro. Trentamila donne rispondono su maternità, sessualità, aborto*, Roma, Editori Riuniti.
- Charles, V.E., Polis C.B., Sridhara S.K., and Blum, R.W., (2008), Abortion and long-term mental health outcomes: a systematic review of the evidence, *Contraception*, 78, pp. 436-50.
- Coleman, P. K., (2011), Abortion and mental health: quantitative synthesis and analysis of research published 1995–2009, *The British Journal of Psychiatry* 199, pp. 180-186
- De Rose, A., Dalla Zuanna, G., (2013), *Rapporto sulla popolazione. Sessualità e riproduzione nell'Italia contemporanea*, Bologna, Il Mulino.
- De Zordo, S., (2016), 'Good doctors do not object': Obstetricians-Gynaecologists' Perspectives on Conscientious Objection to Abortion Care and their Engagement with Pro-abortion Rights Protests in Italy, in De Zordo, S., Mishtal, J., and Anton, L., eds., *A fragmented landscape. Abortion Governance and Protest Logics in Europe*, New York-Oxford, Berghahn, pp. 147-168.
- Fassin, D., Rechtman, R. (2009), *The Empire of Trauma An Inquiry into the Condition of Victimhood*, Princeton, Princeton University Press.

- Ferguson, M.D., Horwood, L.J. and Boden, J.M., (2006), Abortion in young women and subsequent mental health, *Journal of Child Psychology, Psychiatry and Allied Disciplines*, 47, pp. 16-24.
- Ferguson, M.D., Horwood, L.J. and Boden, J.M., (2013), Does abortion reduce the mental health risks of unwanted or unintended pregnancy? A re-appraisal of the evidence, *Australian & New Zealand Journal of Psychiatry*, 47, 9, pp. 819-827.
- Frontini, L., Pogliana, L., (1973), *Doppia faccia. Società maternità aborto*, Milano, Sapere Edizioni.
- Ganatra, B., Gerdts, C., Rossier, C., Johnson, B.R. Jr, Tunçalp, Ö., Assifi, A., Sedgh, G., Singh, S., Bankole, A., Popinchalk, A., Bearak, J., Kang, Z., and Alkema, L., (2017), Global, regional, and subregional classification of abortions by safety, 2010-14: estimates from a Bayesian hierarchical model, *The Lancet*, 390, 10110, pp. 2372-81.
- Gerdts, C., De Zordo, S., Mishtall, J., Barr-Walker, J. and Lohr, P.A., (2016), Experiences of women who travel to England for abortions: an exploratory pilot study, *The European Journal of Contraception & Reproductive Health Care*, 21, 5, pp. 401-407.
- Gisser, M., Hemminki, E., and Lönnqvist, J., (1996), Suicides after pregnancy in Finland, 1987-94: register linkage study, *BMJ : British Medical Journal*, 313, 7070., pp.1431-1434.
- Grilli, S., Zanotelli, F. (2010), *Scelte di famiglia. Tendenze della parentela nella società contemporanea*, ETS, Pisa.
- Hanafin, P., (2007), *Conceiving Life. Reproductive Politics and Law in Contemporary Italy*, Adershot-Burlington, Ashgate.
- Kendal, T., Bird, V. and Cantwell, R., (2012), To meta-analyse or not to meta-analyse: abortion, birth and mental health, *British Journal of Psychiatry*, 200, pp. 12-14.
- Lalli, C., (2013), *A. La verità vi prego sull'aborto*, Roma, Fandango Libri.
- Lee, E., (2003), *Abortion, Motherhood, and Mental Health: Medicalizing Reproduction in the United States and Great Britain*, New York, Aldin de Gruyter.
- Leuerhmann, S., (2016), Innocence and Demographic Crisis: Transposing Post-abortion Syndrome into a Russian Orthodox Key, in De Zordo S., Mishtal J. and Anton, L., eds., *A fragmented landscape. Abortion Governance and Protest Logics in Europe*, New York-Oxford, Berghahn, pp. 103-121.
- Libreria delle Donne di Milano, (1987) *Non credere di avere dei diritti*, Milano, Rosenberg & Sellier.
- Lock, M.M., Schepers-Huges, N., (1987), The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology, *Medical Anthropology Quarterly*, New Series, 1, 1, pp. 6-41.
- Macleod, C., (2012), Feminist Health Psychology and abortion: towards a

- politics of transversal relations of commonality, in Horrocks C., Johnson S., eds., *Advances in Health Psychology*, Basingstoke, Palgrave Macmillan, pp. 153-168.
- Major, B., Appelbaum, M., Beckman, L., Dutton, M.A., Russo, N.F., and West, C., (2008), Report of the APA Task Force on Mental Health and Abortion, <http://www.apa.org/pi/wpo/mental-health-abortion-report.pdf>
- Mattalucci, C., (2016), Contesting Abortion Rights in Contemporary Italy. Discourses and Practices of Pro-life Activism, in De Zordo S., J. Mishtal and Anton, L., eds., *A fragmented landscape. Abortion Governance and Protest Logics in Europe*, New York-Oxford, Berghahn, pp. 85-102.
- Ministero della salute, (2017), *Relazione sull'attuazione della Legge 194/78 per la tutela sociale della maternità e per l'interruzione volontaria di gravidanza – Dati definitivi 2016*, http://www.salute.gov.it/imgs/C_17_publicazioni_2686_allegato.pdf
- Movimento di lotta femminista – Ferrara, (1972), *Basta tacere! Testimonianze di donne: parto, aborto, gravidanza, maternità*, http://www.femminismoruggente.it/femminismo/pdf/1972/basta_tacere.pdf
- Pallotta, C., Percovich, L., eds, (1978) *Lessico Politico delle Donne*, “Donne e Medicina”, Milano, Gulliver Edizioni.
- Parlamento Italiano, (1978), *Legge 22 maggio 1978, n. 194, Norme per la tutela sociale della maternità e sull'interruzione volontaria della gravidanza*, http://www.salute.gov.it/imgs/C_17_normativa_845_allegato.pdf
- Pedrini, L., (2010), Quando la legge non c'era. Storie di donne e aborti clandestini prima della legge 194, *Storicamente*, 6, ISSN: 1825-411X. Art. no. 7. doi: 10.1473/stor81, https://storicamente.org/aborto_clandestino
- Percovich, L., (2005), *La coscienza nel corpo*. Donne, salute e medicina negli anni Settanta, Milano, Franco Angeli.
- Rue, V., (1995), Post-abortion syndrome: A variant of post-traumatic stress disorder, in Doherty, P. ed, *Post-abortion Syndrome - Its Wide Ramifications*, Dublin, Four Courts Press, pp. 15-28.
- Schmiege, S., Russo N.F., (2005), Depression and Unwanted First Pregnancy: Longitudinal Cohort Study, *British Medical Journal*, 331, 1303, <https://doi.org/10.1136/bmj.38623.532384.55>
- Sciré, G., (2008), *L'aborto in Italia. Storia di una legge*, Milano, Bruno Mondadori.
- Solinas, P. G., (2004), *L'acqua strangia. Il declino della parentela nella società complessa*, Franco Angeli, Milano.
- Speckhard, A.C., Rue, V.M., (1992) 'Postabortion Syndrome: An Emerging Public Health Concern', *Journal of Social Issues*, 48, 3, pp. 95-120.
- Steinberg, J.R., McCulloch, C.E., and Adler, N.E., (2014), Abortion and Mental Health: Findings From the National Comorbidity Survey-Replication, *Obstetrics & Gynecology*, 123, 2, pp. 263–270.
- Steinberg, J.R., Trussell, J., and Guthrie, K., (2012), Fatal flaws in a re-

- cent meta-analysis on abortion and mental health, *Contraception*, 86, 5, pp. 430-437.
- Steinberg, J.R., Tschann, J.M., Ferguson, D., and Harper, C.C., (2015) Psychosocial factors and pre-abortion psychological health: The significance of stigma, *Social Sciences & Medicine*, 150, pp. 67-75.
- Stotland, N.L., (2001) 'Psychiatric aspects of induced abortion', *Archives of Women's Mental Health*, 4, pp. 27-31.
- Viazzo, P., Rosina, A., eds, (2008), *Oltre le mura domestiche. Famiglia e legami intergenerazionali dall'unità d'Italia ad oggi*, Forum, Udine.
- Williams, R., ed, (2009) *Trauma e relazioni. Le prospettive scientifiche e cliniche contemporanee*, Milano, Raffaello Cortina.
- Young, A., (1995), *The Harmony of Illusions Inventing Post-Traumatic Stress Disorder*, Princeton, Princeton University Press.
- Zardini De Marchi, M.L., (1969), *Inumane vitae*, Sugar Editore, Milano.