



No one sees the fathers: Israeli fathers' experience of feticide



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ABSTRACT

Rationale: Feticide, a relatively recent development in medical technology, is the practice of late-stage pregnancy termination. The practice of feticide and the individuals who are closely exposed to it – particularly the fathers – have been under-researched.

Objective: The current research aims to fill this lacuna, examining the experience of Israeli fathers whose fetuses underwent feticide. Israeli policy concerning late-stage termination of pregnancy is unique but corresponds with Israeli social norms that emphasize health in general and healthy children in particular.

Methods: Seventeen interviews with men who experienced the feticide of their fetuses were carried out. Interviews were analyzed using the principles of hermeneutic phenomenology as outlined by Ricoeur.

Results: The results indicate that men's experiences in this arena are socially constructed and limited by gender roles and expectations. The revealed themes address: (a) the lack of a socially constructed terminology; (b) the unclear definition of the feticide experience; (c) men's sense of obligation to protect themselves and others from the procedure and its ramifications, and (d) the policies and regulations used to exclude men from the feticide experience, and the strategies they use to exclude themselves. The results further revealed that while narrating their experiences, men re-examined their behaviors, raising retrospectively counterfactual thoughts about what should have been done differently.

Conclusion: The findings highlight the interface between a personal experience and a social phenomenon. In conceptualizing the men's two opposing positions – one that embraces social expectations, as evident in the revealed themes; the other that questions fathers' conformity, as evident through their counterfactual thoughts – Dialogical Self Theory was useful.

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Feticide is a clinical procedure that has evolved around the undesirable possibility that late-term termination of pregnancy (LTOP), due to fetal severe abnormality, may result in a live-born infant. It is performed by physicians to ensure that the fetus is dead before labor is induced (Leichtentritt, 2011), presumably to spare the fetus and the parents from greater emotional suffering. Nearly all of the research on the experience of feticide has focused on mothers (e.g., Leichtentritt, 2011), yet the lack of empirical attention that has been given to fathers is puzzling since feticide is a decision that leads to the loss of a child for both parents (Korenromp et al., 2005). The need for an understanding of what the fathers undergo in this situation was recognized more than a decade ago (Robson, 2002); nevertheless, no such empirical study has been carried out in the years since.

The current study aims to address this research lacuna and

reveal the experience of Israeli fathers whose fetuses underwent feticide due to a severe abnormality. Israel is a relevant social context in which to examine the experience of feticide, as in Israel, the “incidence of late-term abortion is one of the highest of developed countries” (Gross, 2002, p. 207). Statistical data show that late-term abortions (>24 weeks) are far more common in Israel (five to ten times) than in the USA and Western Europe (Rimon-Zarfaty and Jotkowitz, 2012).

1. Men's experience of their partners' abortions

There is little research on the psychological experience of feticide (Lafarge et al., 2013), as existing studies within the psycho-social disciplines focus mainly on the broad phenomenon of abortion, something that men tend to find distressing: “an experience that left them with lingering and disturbing thoughts” (Shostak and McLouth, 1984, p. 25). A number of adverse outcomes have been reported among men whose partners had abortions, including ambivalence, feelings of responsibility or culpability (Reich and

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Brindis, 2006), helplessness, anxiety, posttraumatic stress reactions (Coleman et al., 2010), anger, guilt, and grief (Coyle et al., 2010). The grief may be experienced as disenfranchised grief (Coyle and Rue, 2010), complicated mourning, or depression. When examining the experience of fathers in cases in which the parents decided to maintain pregnancies despite their fetuses' lethal diagnoses (Cote-Arsenault and Denney-Koelsch, 2016), results have indicated that the men were able to move away from the experience more quickly than were the women, "because they did not have the physical connection with the baby" (p. 107). Much less is known, as previously stated, about fathers' experience of LTOP in general, or feticide in particular, or about the differences between the two:

Feticide involves methods aimed at directly and deliberately killing the fetus so that the mother delivers a dead baby ... LTOP involves methods of prematurely ending the pregnancy. The result might include the delivery of a viable or live baby that may then be left to die (Moodley, 2008, pp. 93–94)

Thus, feticide "is distinct in that parents choose to kill the fetus" (Lafarge et al., 2014, p. 191). This element of choice highlights the complexity that feticide represents for *both* parents, yet studies on the experience of feticide have almost solely focused on the mother's view (Leichtentritt, 2011). Any attempt to give voice to both parents' experience of feticide, or to the fathers' views, has encountered difficulties in the recruitment of participants. To our knowledge, only one other study (Robson, 2002) was based on the narrative of a father, highlighting his experience of grief. Nevertheless, studies do recognize the need for empirical research into the experience of feticide in general and into the fathers' views in particular: "understanding the needs of the fathers is important in the process of providing appropriate care for this often ignored population" (Korenromp et al., 2005, p. 1226).

Pursuant to this recommendation and other similar ones (e.g., Leichtentritt, 2011), the current study examines for the first time Israeli fathers' experience of feticide.

2. The Israeli legal and social context of feticide

In Israel, abortion is legal, pending special authorization upon patient request if any of the following apply: (1) the woman is younger than 17 or older than 40; (2) the pregnancy resulted from rape, incest, or extramarital sexual relations; (3) there might be a physical or mental defect in the fetus; or (4) continuing the pregnancy might put the woman's life at risk or cause her physical or psychosocial harm (Israel's abortion law, 1977).

Israel's Ministry of Health addressed the uniqueness of LTOP in two subsequent pieces of legislation. The first (memorandum 76/94, issued 28 December 1994) instituted the establishment of "high-level regional abortion committees," whose job is to review referrals made by physicians for LTOP (from the 24th week of pregnancy). Each high-level committee includes five members. Three are "nominated by law" (the head of the hospital, the head of the obstetrics and gynecology department, and a senior social worker), while the two other members (the heads of the neonatological department and the genetic institute) serve merely as advisors and have no say in the actual decision.

Item 10.3 in this first piece of legislation confirms the peripheral role of the father, stating that "the partner or the fetus's father has no legal standing on the committee or in the discussion, and his approval to terminate the pregnancy is not required. Nevertheless, it is appropriate, should the woman agree, to allow her partner/the father to accompany her and to integrate his view in the committee discussions."

The second piece of legislation (memorandum 23/07, issued 19

December 2007) presents the high-level committees with guidelines according to which LTOP can be approved: i.e., in cases in which the embryopathy can be medically defined as "severe" (or "moderate" up to week 27) as well as substantially probable (with a probability of at least 30%) (Rimon-Zarfaty and Jotkowitz, 2012). Yet a recent study indicates that the "more stringent 2007 criteria ... did not affect the rate of rejections" (Aviram et al., 2014, p. 141); thus, regardless of the existence of these guidelines, according to Israel's Ministry of Health (2010), 98–99% of all abortion requests were approved.

Biologically, a fetus is accorded medical, ethical and legal significance at viability – the point in the gestational cycle at which independent extra-uterine survival is possible. Accordingly, most countries confer moral and legal status upon the fetus after 24 weeks (Moodley, 2008). In Israel, however, legal status is conferred only at birth (Gross, 2002). It is perhaps for this reason that feticide requests are so often granted, and that the rate of feticide in Israel is relatively high: Whereas the feticide rate is less than 0.1 per 1000 births in the Netherlands, Denmark, and Norway (Garne et al., 2010), in Israel it is around 1.23 per 1000 births (Leichtentritt, 2011).

According to Israeli law, during the prenatal period, the fetus has no legal rights: "the Israeli fetus has no legal standing whatsoever and is not recognized as an autonomous being" (Hashiloni-Dolev, 2006, p. 136). Only birth confers legal and moral personhood and fundamentally changes the newborn's legal status. As a result, studies that examined committee members' views revealed a "negative eugenics philosophy" as a justification for their decision (Rimon-Zarfaty and Raz, 2009, p. 203). In other words, "protection of the fetus is virtually a non-issue in the committee deliberation processes" (Rimon-Zarfaty and Jotkowitz, 2012, p. 28). It was against this backdrop – that the fetus has no rights; almost all feticide requests are approved; and fathers' stances are peripheral – that this study was carried out.

3. Methods

The current research is a qualitative investigation based on in-depth semi-structured interviews and on the hermeneutic phenomenology approach. Hermeneutic phenomenology is the process of interpreting and describing a human experience, such as having one's child undergo feticide, in order to understand the central nature of that experience while attending to the context within which that experience is situated (Ricoeur, 1976). The hermeneutic phenomenology approach therefore seemed most suited to a study that aimed to investigate the feticide experience in the Israeli social context.

3.1. Participants

Participants were Israeli fathers whose fetuses underwent feticide due to severe abnormalities. In light of documented difficulties in recruiting this particular group (e.g., Graham et al., 2009), the majority of the participants ($n = 10$) were recruited with the help of their female partners who had participated in an earlier phase of this research project (Leichtentritt et al., 2016). The remaining seven participants were enlisted via the snowball technique. A summary of participants' demographics and information concerning the terminated pregnancies appears in Table 1; all names are pseudonyms.

3.2. Data collection

Before beginning this research, we applied for and received approval from the hospital's Helsinki Committee as well as from Tel

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