

CHAPTER 9

HEALTH

MORE SPECIFICALLY, MENTAL HEALTH

In discussing abortion, and abortion for the mother's health, it is absolutely crucial to know what "health" means, legally and in practice, regarding abortion.

"Health" was defined in detail by the U.S. Supreme Court. The Court said that abortion could be performed: ". . . in the light of all factors — physical, emotional, psychological, familial, and the woman's age — relevant to the well being of the patient. All these factors may relate to health."

Roe vs. Wade, January 22, 1973

And in its companion decision, "Maternity or additional offspring may force upon the woman a distressful life and future. Psychological harm may be imminent. Mental and physical health may be taxed by child care. There is also the distress for all concerned, associated with the unwanted child, and there is the problem of bringing a child into a family already unable, psychologically or otherwise, to care for it."

Doe vs. Bolton, January 22, 1973

In a concurring opinion, Justice Douglas further elaborated what “health” meant when, in law, it related to abortion. He detailed if she had to: “endure the discomforts of pregnancy; to incur the pain, higher mortality rate, and aftereffects of childbirth; to abandon educational plans; to sustain loss of income; to forego the satisfactions of careers; to tax further mental and physical health in providing childcare, and, in some cases, to bear the lifelong stigma of unwed motherhood.”

Roe vs. Wade, January 22, 1973

This definition of “health” has been adopted internationally. As a result, in any nation, if abortion is allowed for the woman’s “health,” that country permits abortion-on-demand unless other aspects of its laws add restrictions.

The World Health Organization of the United Nations defined it as including social, emotional and economic well being of the woman, as defined by the woman herself.

Let’s narrow it down to mental health, in the psychological sense, and ask—are there mental health reasons for abortion?

No! The woman with mental health problems is far more likely to experience post-abortion emotional and psychological problems than a more stable woman. Four classic references here are these:

“Women with a history of psychiatric disturbance were three times as likely to have some psychiatric disturbance” after an abortion as others who had no such history.”

E. Greenglass, “Abortion & Psychiatric Disturbance,”
Canadian Psych. Assn. Jour., vol. 21, no. 7, Nov. 1976, pp. 453-459

Dr. Charles Ford and his associates at UCLA report the same finding.

“The more serious the psychiatric diagnosis, the less

beneficial was the abortion.”

C. Ford et al., “Abortion, Is It a Therapeutic Procedure in Psychiatry?”
JAMA, vol. 218, no. 8, Nov. 22, 1971, pp. 1173-1178

“The more severely ill the psychiatric patient, the worse is her post-abortion psychiatric state.”

E. Sandberg, “Psychology of Abortion” In *Comprehensive Handbook of Psychiatry*, 3rd ed. Kaplan & Friedman Publishers, 1980

All of these support the original official statement of the World Health Organization in 1970:

“Serious mental disorders arise more often in women with previous mental problems. Thus, the very women for whom legal abortion is considered justified on psychiatric grounds are the ones who have the highest risk of post-abortion psychiatric disorders.”

Then “mental illness,” as a reason for abortion, is just an excuse?

Precisely.

What about psychological problems after abortion?

When your authors wrote *Handbook on Abortion* in 1971, there were a few murmurings about post-abortion problems, but little was known. We then saw the negatives as mostly physical.

When we wrote *Abortion: Questions & Answers* in 1985, physical damage, while still a major problem, was given less emphasis, and negative psychological aftermath was being seriously investigated.

With the publication of this book, far more is known about what is now called Post-Abortion Syndrome which clearly is a post traumatic stress syndrome.

A Post Traumatic Stress Syndrome?

Yes. This type of problem was first seen in large numbers in Vietnam veterans, but did not manifest it-

self until a decade after they returned. The same ten-year delay has been evident with abortion.

T. Keane, Vietnam Vets Trauma disorder level at 15%, *Am. Med. News*, L. Abraham, Dec. 2, 1988, p. 2

What is Post-Abortion Syndrome (PAS)?

Many women are very ambivalent about being aborted but do go ahead. Those around her told her (and she told herself) that it wouldn't bother her. Then symptoms occurred. She told herself it can't be the abortion causing them, and then into play came her two major psychological defense mechanisms: **Repression** and **Denial**.

For some this works successfully. For others, it shades off to manageable distress, to severe and life-changing upset and even to suicide.

There is a delay?

Yes! Her initial response in most cases is a feeling of relief. Then, with repression and denial, she avoids the problem, usually for years — 5 years is common, 10 or 20 not unusual.

But then, for some, the negative feelings bubble up and break through. Often the precipitating event is: she has a baby, or a close friend or relative has a baby that she has close contact with. She finds out she is sterile, or other life-changing events.

What are the symptoms of PAS?

Guilt is ever-present in many guises, along with regret, remorse, shame, lowered self-esteem, insomnia, numbing of feelings, dreams and nightmares, flashbacks, anniversary reactions. There often is hostility, and even hatred, toward men. This can include her husband, and she may become sexually dysfunctional. Crying, despair and depression are usual, even at times with suicide attempts. Recourse to alcohol or drugs to

mask the pain is frequent, sometimes leading to sexual promiscuity. There is also a numbing and coldness in place of more normal warmth and maternal tenderness.

Is this due to religious guilt feelings?

Perhaps, in some it is a factor, but most women reported on in the early studies were unchurched at the time.

Perhaps they had seen pictures of fetuses?

Again, not most. Most did not know “it” was a “baby” when they aborted.

But I’ve heard that the American Psychological Association says that PAS doesn’t exist.

This group has been strongly pro-abortion, and this definitely colors its thinking. But during the past two decades, there have been dozens of national conferences on PAS. There are many professional articles and over 20 books adding more and more authentication to its existence and knowledge about it.

Further, every one of the almost 4,000 pro-life pregnancy help centers in the U.S. now has found that an increasing percentage of their time is now devoted to treating PAS women.

But so many studies deny PAS.

True, and most are invalid for two reasons:

(1) *Timing*: Most studies have investigated feelings for only a few weeks or months, post-abortion, when she is still feeling relief that her problem is gone. Since the delay before PAS symptoms intrude is often 5 years or more, these studies are invalid.

(2) *Superficiality*: Her repression and denial push this deep into her subconsciousness. If the survey is done by questionnaire or single interview, she routinely denies problems. These studies are invalid. Only by lengthy psychological testing and counseling can she

often admit to some symptoms, much less tie them to the abortion she so desperately wants to forget.

You mean most studies miss PAS?

Yes, most studies show few emotional problems — only a sense of relief, but “What women really feel at the deepest level about abortion is very different from what they say in reply to questionnaires.” A Canadian study polled a group of women who had previously completed a questionnaire in which they denied having problems from an abortion. One-half of this group was randomly chosen for in-depth psychotherapy. “What emerged from psychotherapy was in sharp contrast [to the questionnaires], even when the woman had rationally considered abortion to be inevitable, the only course of action.” It was demonstrated that the conscious, rationalized decision for an abortion can coexist with profound rejection of it at the deepest level. Despite surface appearances, abortion leaves behind deeper feelings “invariably of intense pain, involving bereavement and a sense of identification with the foetus.”

I. Kent et al., “Emotional Sequelae of Elective Abortion,”
British College of Med. Jour., vol. 20, no. 4, April 1978

I. Kent, “Abortion Has Profound Impact,”
Family Practice News, June 1980, p. 80

Are there valid studies?

Yes, and two meta-analyses:

James Rogers, who carefully examined over 400 published studies, pointed to the almost universal use of “poor methodology and research design” and “grossly substandard power characteristics.” He concluded that “the question of psychological sequelae of abortion is not closed.”

J. Rogers et al., “Validity of Existing Controlled Studies Examining the Psychological Sequelae of Abortion,” *Perspectives on Science and Christian Faith*, vol. 39, no. 1, Mar. 1987, pp. 20-29

Another concurred that existing research is methodologically flawed and that women who abort show more negative outcomes than those who deliver their babies.

E. Posavac et al., "Some Problems . . . Psychological Effects of Abortion," *Psychology & Health*, 5, 13-23

How about specific studies?

An excellent study thoroughly explaining and documenting PAS by the team that named this entity is:

A. Speckhard & V. Rue, Post. Ab. Syndrome: An Emerging Public Health Concern, *J. of Soc. Issues*, vol. 48, no. 3, 1992

and

E.J. Angelo, Psych. Sequelae of Abortion, *Linacre Quart.* vol. 59:2, May 1992

and

P. Ney et al., Mental Health & Abortion, *Psychiat. Jour., U. of Ottawa*, vol. 14, no. 4, 1989

and

L. DeVeber et al., Post Abortion Grief, *Psychol. Sequel. of Ab., Humane Med.*, Vol. 7, no. 3, Aug. '91, p. 203

Two excellent monographs are:

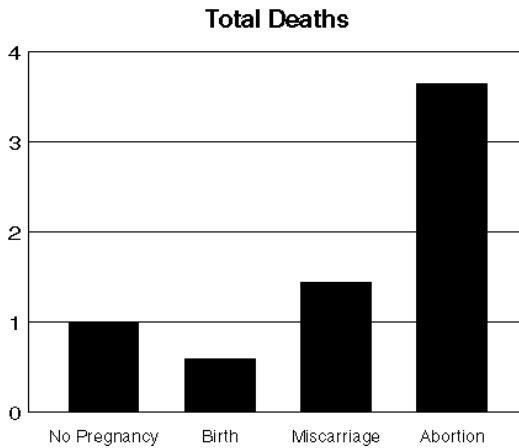
J. Brende, Post-Trauma Sequelae..Abortion..., *Trauma Rec. Pub.*, 458 Morning Glory Dr., Sparta, GA 31087

V. Rue, Post Abortion Trauma, *Life Dynamics*, 1994, P.O. Box 185, Lewisville, TX 75067

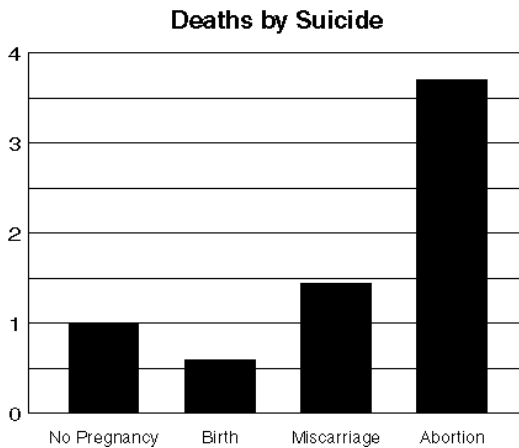
Does it ever lead to suicide?

A well-designed, national, record-based study from Finland has shown previously unreported light on pregnancy related deaths. This studied all 15-49 year female deaths for the years 1989-94 and identified any pregnancy related events in the 12 months before death.

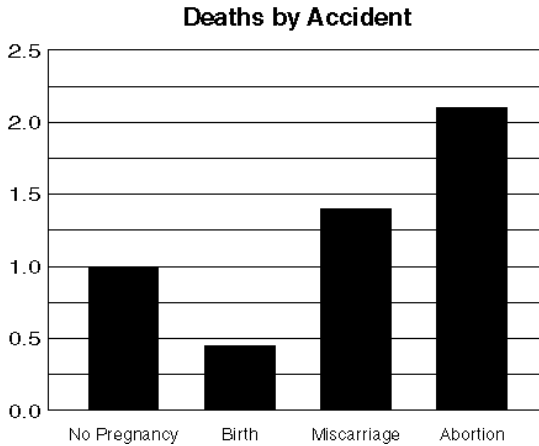
Women who aborted were 3.5 times more likely to die than who carried to term.



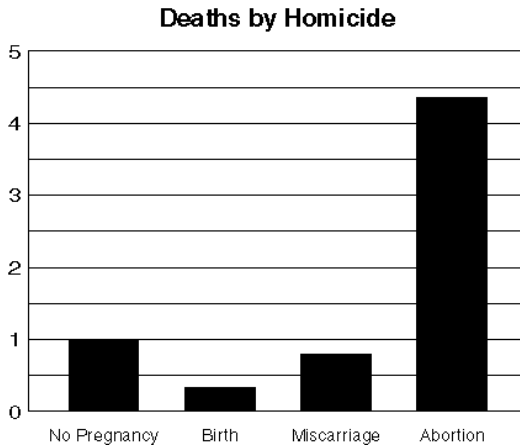
Post aborted women committed suicide seven times more often than those who carried to term.



Those who aborted died in accidents four times of-
tener than those who carried to term.



The risk of dying from homicide for post-aborted
women was seven times higher than women in the gen-
eral population and 13 times higher than those who
delivered.



Why such dramatic differences?

Post-abortive women have consistently shown high levels of depression and suicidal ideation. Women with children may be more careful, while post-abortive women may be more prone to risk-taking, hence more accidents.

Post-abortive women are more significantly into substance abuse and have more tendencies to anger and violence, which could at times lead to homicide.

Overall, the emotionally upset post-aborted woman can engage in risk-taking behavior not engaged in by a mother with a child.

Pregnancy-associated deaths in Finland 1987-1994, M. Gissler et al, Acta obstet. Gynecol Scandi 76, 1997, p651-657.
(graphs from Elliot Institute, Dr. Reardon April 2000)

- In *Abortion: Questions and Answers*, your authors detail findings of Suicider's Anonymous that suicide, post-abortion, is several times more common than post-delivery.
- Substance abuse is five times higher after abortion. This is shown by a study by D. Reardon and P. Ney in the *American Journal of Drug and Alcohol Abuse*.

What about after abortion for fetal abnormality?

- Psychological stress has been found to be significantly higher three months later among women who terminated their pregnancies between 24 and 34 weeks in cases of fetal abnormality than it was for women who delivered such babies after 34 weeks.

Jan Hunfeld, et al., "emotional Reactions in Women Late in Pregnancy Following Ultrasound Diagnosis of Severe or Lethal Fetal Malformation," 13 Perinatal Diagnosis, pgs. 603,609, 1993.

- Protecting the child from abortion, in such cases, is better for the mother as well as for the baby. Studies of psychological complications that occur within two years of an abortion show that a disproportionate number of such complications were related to abortions for fetal abnormality.

Zolse & Blacker "The Psychological Complications of Therapeutic Abortions" 160 Br. J. Psych. Pg. 742, 1992.

Are these bad enough to elicit medical health claims?

Researchers in California, examining medical records for six years after abortion, found that post-abortive women were twice as likely to have two to nine treatments for mental health as those who delivered.

P. Coleman, D. Reardon "State funded abortions vs. Deliveries" presented at Am. Psychological Soc. 12th Annual Conv. July 26, 2000

How about an example from a non-Christian culture?

In Japan, where abortion has been legal and accepted for over four decades, a common custom is to conduct Mizuyo Kuyo services in honor of the god Jizo. This god has been made the patron saint of infants who died of starvation, abortion, or infanticide. Small baby statues, in his honor, are bought and dressed. Then, in a Buddhist Temple, rites of sorrow and reconciliation are carried out.

Does abortion have any negative effects on her other children?

In some cases, a definite "Survivor Syndrome" has been demonstrated. Children usually know that mother is pregnant. They also know when she "gets unpregnant." This may cause Survivor's Syndrome, similar to that of Jews who survived the holocaust. It is an irrational but real guilt of "why was I saved and why were they killed?" Dr. Ney has written about this.

Dr. Edward Sheridan of Georgetown University has observed also a fear and mistrust of the mother. Orig-

nally, a small child, sensing a sibling's arrival, doesn't welcome it. "When the baby suddenly disappears, the frightened child may get a warped sense of his own power to 'will people away.' Or, if he knows that his mother was an active agent in doing away with the sibling, he begins to fear her." A simple explanation of this was published in:

L. Bond, "The Surviving Sibling,"
Nat'l RTL News, Sept. 25, 1986.

It is also closely associated with child abuse: Dr. Phillip Ney, Professor of Psychiatry at the University of Christ Church, New Zealand, and later at the University of Calgary, Canada, while still at the University of British Columbia, published a widely read study of this. His analysis clearly pointed to the fact that abortion (and its acceptance of the violence of killing the unborn) lowered a parent's psychic resistance to violence and abuse of the born.

P. Ney, "Relationship Between Abortion & Child Abuse,"
Canada Jour. Psychiatry, vol. 24, 1979, pp. 610-620

Is there treatment for PAS?

Yes, but it is not easy. We first must note that only a few doctors are sensitized to the necessary dynamics of treatment. Specifically, most psychiatrists and psychologists aren't much help, nor are psychotropic drugs.

This requires a gradual healing process, and, during it, she must have ongoing close emotional support from one or several people who do not have to be trained professionals.

The place to start is your pro-life pregnancy help center. They can either work with her themselves and/or will know who can.

Basically, there are five steps to the healing process:

- (1) Counter the denial. Bring this back into her consciousness and admit she was a party to killing

her own baby.

- (2) She must grieve over her lost child — tears, mourning — as for another loved one.
- (3) Seek Divine forgiveness. This was not expected but seems essential for almost every woman.
- (4) Forgive others. Difficult, again, but some of this is needed to complete the healing and get rid of her long repressed anger.
- (5) Forgive herself. Not many get this far, but those who do have real inner peace.

What is absolutely crucial at every step in the above steps is compassionate empathy, support and understanding from one or more persons around her.

J. Willke, *Women Hurt*, Hayes Publishing Co. Sept., 2002

What about Men?

Everyone is aware that many men exploit and desert their pregnant partner. However, most do not. Some men desperately want the baby and when she defies him and gets an abortion, he feels it deeply.

For men, the most consistent and evident symptom is anger. There is frustration at not being able to protect his baby; he may turn to alcohol or drugs to dull the pain. He may become a workaholic, be a risk taker. This relationship almost always fails and, because of this, he may be unable to enter another. Other symptoms include nightmares, panic attacks, sexual dysfunction and other symptoms similar to those of women.

Men Hurt Too, B. Mattes, Hayes Publishing Company, Jan. 2000.

Your authors witnessed two suicides in one year of men devastated by their “baby being killed.” One was a college student. The other, a 30-year-old police officer, married with children. Both left notes stating their suicide was due to their inability to cope with these abortions.

- *There is healing in the mourning* -