

Women at Risk of Post-Abortion Trauma

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Since 1980, mental health providers have begun treating an increasing number of women who are suffering mental and emotional difficulties as a result of induced abortions. The best available evidence indicates that on average there is a ten year period of denial during which women who were traumatized by their abortions will repress their feelings.^{14,15} Therefore, as reported by former U.S. Surgeon General Koop, existing research is inadequate to measure the magnitude of this problem.

But while the number of women who suffer post-abortion trauma is unknown, the characteristics of women most likely to suffer severe post-abortion problems have been identified. Psychologists who work with women suffering from post-abortion sequelae have identified several common factors which can be used to identify women who are at the highest risk of suffering from these problems. In brief, women at high risk are those who:

- Feel pressured into having the abortion, or
- Feel uncertainty or ambivalence about their choice.

FEELING PRESSURED INTO AN ABORTION

The first high risk category includes women who feel pressured to choose abortion in order to comply with the needs or wishes of others.^{14,16} This is especially true if the "wishes" of others are experienced as coercion, whether subtle or overt, such as threatening to withhold love or approval unless she "does the best thing."^{6,14}

Even lack of emotional support to keep a pregnancy may be experienced as a pressure "forcing" a woman to choose abortion.^{5,14,20} In addition, pressure from adverse circumstances, such as financial problems, being unmarried, social problems, or health problems may also make a woman feel she is being "forced" to accept abortion as her "only choice."

A study of 252 aborted women who suffered psychological sequelae reported that 53% felt "forced" into the abortion by others, and 65 percent felt "forced" by their circumstances. Only 33 percent felt "free" to make their own decisions. Conversely, 83 percent stated they would have kept the pregnancy if they had been encouraged to do so by one or more other persons, and 84 percent would have kept the pregnancy under "better circumstances."^{14,19}

MIXED FEELINGS ABOUT THE ABORTION

The second criteria for identifying high risk patients is the existence in the patient of any reluctance to have the abortion. The source of her doubts may result from either conflicting moral views about abortion, or from a conflicting desire to keep the baby.^{6,8,13,14,20}

Various studies have found that 65 to 70 percent of women seeking abortions have a negative moral view of abortion.^{14,19} Only 6 to 20 percent of women receiving induced abortions report that they would have been willing to seek illegal abortions if abortion had not been legal.^{12,14}

The vast majority of aborted women, therefore, can be classified as "soft core" aborters for whom abortion was a marginal choice which they would not have pursued if it had been illegal.

The ambivalence which the majority of women feel with regard to the morality of abortion is compounded by the ambivalence which many feel about keeping the baby. Researchers report that 30 to 60 percent of women seeking abortion express some desire to keep the child.^{5,14,19} Of women who suffer post abortion trauma, 45 percent went to the clinic still hoping for a "miracle" option which would have allowed them to avoid the abortion and/or keep the baby.¹⁴

From studies published on the characteristics of women seeking abortion, it can be estimated that up to 70 percent of all abortion patients fall into the category of high-risk patients because of the presence of coercive pressures and/or ambivalent feelings at the time of the abortion.^{14,19}

It is noteworthy that the two criteria for high risk abortion patients -- feelings of being under pressure to abort and feelings of ambivalence -- are typical of women who abort for reasons of physical health,¹⁴ psychological health,^{6,14} fetal malformation,² rape or incest.^{10,14}

Indeed, when viewed within the frame work of high-risk criteria, all of the categories typically associated with "hard case" abortions are actually contra-indications for abortion. While there are many reasons for this, a simplified explanation is that the harder the circumstances which a pregnant woman faces, the more she feels "forced" into a decision which is not freely her own.

FEELINGS OF SELF-BETRAYAL

In light of the above evidence, the psychological impact on high-risk abortion patients is quite understandable. In the vast majority of cases, women seeking abortion feel under intense pressure to do so. Yet at the same time they experience moral qualms about abortion itself, and/or they feel maternal desires to protect their pregnancies. Therefore, for these women, abortion is not a glorious right by which they are able to reclaim control of their lives; instead it is an "evil necessity" to which they submit because they "have no choice."

Rather than affirming their own values, these women feel forced to compromise their values. Rather than feeling proud of themselves for standing up against difficult situations, they feel ashamed of themselves for being "spineless cowards."^{5,14}

This feeling of self-betrayal is a devastating blow to the woman's self-image and her feelings of self-worth. She is internally divided by an emotional "war" within and against herself. On one side are her original moral beliefs and maternal desires. On the other side is her abortion experience which represents a choice to act against those feelings. These two sides of herself are irreconcilable. The unresolved feelings which arise from this internal warfare can manifest themselves as a wide variety of psychological illnesses.

LOW RISK ABORTION PATIENTS

In contrast to the high-risk abortion patients, the women who appear to be least at risk are those for whom abortion is a free choice which they make under little or no pressure. In addition, such women would have no moral qualms about abortion and would have little or no interest in having children.¹⁴

Because they truly desire abortion as a "good," these women can be categorized as "hard core" aborters because they are more likely to pursue an abortion even if it were illegal.

In contrast, high-risk patients are generally "soft core" aborters because they are looking for ways, or even excuses, to avoid their unwanted abortions. These women are very unlikely to pursue an illegal abortion unless coerced into by others.

Prior to 1973, there were approximately 100,000 to 200,000 illegal abortions each year.^{12,14,17} Compared to the rate of 1.6 million abortions which are now occurring each year, the rate of abortion has increased 10-15 fold. This increase in the number of abortions performed has occurred primarily at the expense of high risk abortion patients, the "soft core" aborters.

WHAT WOMEN SUFFER

Researchers investigating post-abortion reactions report only one positive emotion: relief. This emotion is understandable, especially in light of the high degree of pressure aborting women feel to "get it over with."^{5,14}

Temporary feelings of relief are frequently followed by a period psychiatrists identify as emotional "paralysis," or post-abortion "numbness."⁷ Like shell-shocked soldiers, these aborted women are unable to express or even feel their own emotions. Their focus is primarily on having survived the ordeal, and they may be, at least temporarily, out of touch with their feelings.

Studies within the first few weeks after the abortion have found that between 40 and 60 percent of the women questioned reporting at least some negative reactions.^{1,14,19} In one study of 500 aborted women, researchers found that 50 percent expressed negative feelings, and up to 10 percent were classified as having developed "serious psychiatric complications."⁶

Thirty to fifty percent of aborted women report experiencing sexual dysfunctions, of a temporary or permanent nature, which appear immediately after their abortions.^{5,14} These problems may include one or more of the following: loss of pleasure from intercourse, increased pain, an aversion to sex and/or males in general, or the development of a promiscuous lifestyle.

Up to 33 percent of aborted women develop an intense longing to become pregnant again in order to "make up" for the lost pregnancy, with 18 percent succeeding within one year of the abortion.^{15,13,18} Unfortunately, many women who succeed at obtaining their "wanted" replacement pregnancies discover that the same problems which pressured them into having their first abortion still exist, and so they end up feeling "forced" into abortion the second time as well.

DENIAL OF REALITY

While many high-risk women will begin experiencing negative emotional and behavioral patterns soon after their abortions, these problems are frequently blamed on people, situations, or circumstances other than the abortion. This is typical occurs during a period of denial which commonly follows a traumatic abortion experience.

During this time, the high-risk woman may go to great lengths to avoid people, situations, or events which she associates with her abortion. She may even become vocally defensive of abortion in order to convince others, and mostly herself, that she made the

right choice and is satisfied with the outcome. But later, when seeking counseling for seemingly unrelated reasons, this woman may discover that her psychological difficulties stem from a traumatic abortion which she had repressed.

Repressed feelings can result in psychological and behavioral difficulties which exhibit themselves in unpredictable ways. One example of seemingly unrelated problems can stem from repressed feelings is found in the increased occurrence of eating disorders such as anorexia nervosa and bulimia among aborted women.¹⁵ In some cases, counseling for a traumatic abortion experience can lead to a dramatic recovery from anorexia nervosa.⁹

Denial and repression may last for years, or even decades, until some event finally triggers a "crisis" which forces a woman to confront her unresolved feelings. Numerous researchers have reported that post-abortion crises are often precipitated on the anniversary date of the abortion or the unachieved "due date."^{11,14,18} Reproductive experiences such as the birth of a later child, miscarriage, or unsuccessful attempts to get pregnant, are also frequently associated with precipitating a delayed post-abortion crisis. Some women, who would otherwise appear to have been satisfied with their abortion experience, are reported to enter into emotional crisis decades later with the onset of menopause or after their youngest child leaves home.³

SELF DESTRUCTIVE BEHAVIOR

Women who have undergone post-abortion counseling report over 100 major reactions to abortion. Among the most frequently reported are: depression, loss of self-esteem, self-destructive behavior, sleep disorders, memory loss, sexual dysfunction, chronic problems with relationships, dramatic personality changes, anxiety attacks, guilt and remorse, difficulty grieving, increased tendency toward violence, chronic crying, difficulty concentrating, flashbacks, loss of interest in previously enjoyed activities and people, and difficulty bonding with later children.¹⁵

Among the most worrisome of these reactions is the increase of self-destructive behavior among aborted women. In a survey of over 100 women who had suffered from post-abortion trauma, fully 80 percent expressed feelings of "self-hatred." In the same study, 49 percent reported that they began to use or increased their use of drugs and 39 percent began to use or increased their use of alcohol. Approximately 14 percent described themselves as having become "addicted" or "alcoholic" after their abortions. In addition, 60 percent reported suicidal ideation, with 28 percent actually attempting suicide, of which half attempted suicide two or more times.¹⁵ Suicide counseling services have reported that a exceptionally high number of their clients are aborted women, especially among women between the ages of 15 and 24.^{4,14}

If you know someone who needs psychological, medical, or legal help dealing with an abortion experience, call 1-800-634-2224.

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