



Karen's Story

Karen's story is interspersed in four parts throughout this publication. Karen's story is a true one. It has been used with her permission to illustrate the key points identified throughout this issue of *Life Cycle*, and to give testimony to the pain and sorrow of women who suffer Post-Abortion Syndrome.

"Mom, I'm pregnant." Words I never expected to have to say and words my mom certainly never expected to hear—not yet.

The summer before my senior year in high school, I became pregnant. I was not a promiscuous girl—but a teenager who thought "it would never happen to me."

My mom brought me to the clinic. We never really gave the abortion much thought. You see, I had school to finish, a whole life ahead of me. I'll never forget the look on her face as I turned to leave the waiting room. We both changed that day. Although I immediately felt a sense of emptiness, the feelings of relief were much stronger and carried me through the days ahead. However, I soon began to skip school, drink, and use drugs. My grades dropped from A's and B's to failing. Nothing mattered.

Surgeon General C. Everett Koop's Statement on Post-Abortion Syndrome

On January 9, 1989, U.S. Surgeon General C. Everett Koop sent a letter to President Reagan explaining why he will not issue a report on the after-effects of abortion on the health of American women.

Koop's letter specified that the medical research on the topic was inadequate to make a judgment about the dangers of abortion. He recommended that the federal government fund a new, extensive research program costing millions of dollars because there is a lack of definitive information on the physical and psychological complications of abortion. In recommending the new study, Koop apparently feels that abortion can no longer be considered completely "safe," and also, that there *is* sufficient evidence to suggest that post-abortion problems are severe enough to justify government expenditure of funds to research the whole question.

Post- Abortion Syndrome

An introduction

Wanda Franz, Ph.D.

It is common for abortion researchers to report that the immediate reaction of a woman following an abortion is primarily one of feeling relief. The usual situation is that a woman finds herself with an unplanned pregnancy at a critical time in her life. The abortion seemingly solves the crisis by relieving the immediate pressure.

However, there is growing evidence that the abortion experience sets off a complex reaction which can have a powerful,

negative impact on the woman, creating an undefined stress in her life.

According to Vincent Rue, Ph.D., Director, St. Thomas More Counseling Center in Southern California, the woman's response to this stress resembles Post Traumatic Stress Disorder, which was observed in a significant number of Vietnam War veterans resulting from severe stress encountered during the war. In the typical situation, the reaction occurs years following the stressful event, causing a significant psychological

disorder because the person tends not to connect the negative reactions with the original stressful event. In addition, in the case of the Vietnam War veteran, as well as the post-abortive woman, professionals and the public-at-large have tended initially to discount the importance of the stressed person's complaints.

It is important to realize that many of these women did not experience such problems prior to the abortion. It is clear from all of the research that the immediate reaction of relief may turn into long-term dysfunctional behavior for which the woman is totally unprepared.

Clinicians call this type of reaction *denial*. Terry Selby, M.S.W., A.C.S.W., past director of Counseling Associates in Bemidji, MN, believes that the longer the woman denies the abortion after-effects, the more severe her reactions could be. Psychologists, such as Anne Speckhard,

The National Right to Life Educational Trust Fund promotes positive, compassionate alternatives to difficult problems such as crisis pregnancy, abortion, infanticide and euthanasia. By educating the public on these and other vital right-to-life topics, NRL helps to rally support for those innocent persons whose lives are in jeopardy. Through its affiliations with various kinds of social services, NRL encourages care and support for the unplanned, the unwanted and the imperfect of all ages.

The Trust Fund offers donors and volunteers the opportunity to promote respect for human life by supporting programs and publications; research; communications on radio, television, and in magazines; legal defense in state and federal courts; and educational seminars.

Life Cycle is a publication of the WRL Education Fund, the educational arm of Wisconsin Right to Life, Inc., and an affiliate of the National Right to Life Committee. Opinions expressed in *Life Cycle* articles do not necessarily reflect the policy of the WRL Education Fund.

For additional copies of this issue of *Life Cycle*, write to NRL Ed. Trust Fund (use coupon below) and ask for *Life Cycle* #112. Prices for additional copies: 1-10 @ \$.40 ea.; 11-49 @ \$.39; 50-99 @ \$.38; 100-499 @ \$.37; 500+ @ \$.36. Payment to NRL Ed. Trust Fund must accompany order including postage and handling (add \$4.00 for order under \$30, and 10% for \$30 and over). Shipments are sent UPS; give street address.

For Canadian orders, add 15% for shipping. Schools, libraries and churches can be invoiced. Rush order? Call (202) 626-8809.

National Right to Life News, "the pro-life newspaper of record," is available at a special library rate of \$10 per year. Check the appropriate box on the coupon.

Life Cycle is a separate entity from Life Cycle Books of Toronto, Canada.

Please send me _____ additional copies of this issue (#112) of *Life Cycle*
Please send me more free information on life issues.
Please send me *National Right to Life News* for one year at the special \$10 rate.

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

Return this coupon to:

National Right to Life Educational Trust Fund,
419 7th Street N.W., Suite 500, Washington, DC 20004-2293.

Karen's Story

Ph.D., Arlington, VA, have suggested she is denying the reality that the abortion was the death of her own child. Thus, she could be compared to a "walking time bomb" waiting to go off. Many different kinds of life experiences, such as a future pregnancy, a death in the family, or a problem with infertility following the abortion, can cause the woman to discard her denial of the psychological effects of her abortion.

David Reardon, in his book *Aborted Women: Silent No More*, has documented some of the common symptoms and problems from a nationwide sample of hundreds of women. In retrospect, these women say they have feelings of low self-esteem, guilt, depression, and anger at those who performed or encouraged the abortion. Some destructive behaviors which can occur include substance abuse, sexual promiscuity or frigidity, and withdrawal from social relationships. Virtually all of the women suffering with PAS report that they received poor counseling prior to their abortions. They were completely unprepared for the devastating emotional reactions which followed. Consequently, they report feeling victimized, used, and helpless.

When we experience the death of a loved one, it is very important psychologically to grieve in order to accept the reality that a death has occurred. However, the post-abortive woman is not allowed to mourn the death of her child. She is encouraged to treat the experience as insignificant. She finds, instead of comfort and support, tremendous pain. This pain has been named Post-Abortion Syndrome.

The whole world fell apart in our once normal family life. I became very sexually active with my boyfriend and soon was pregnant again. This time, I knew no one was taking my baby from me. I chose life for my child. The emptiness that was in me, for a time, was gone. I had so desperately wanted to replace the baby I had aborted.

I waited until the day I felt her kick to tell anyone about the pregnancy. (At the time, I thought it was illegal to have an abortion after three months.) No one was going to take my baby from me. I was married in high school. I went back to getting my A's and B's and life went on—or so I thought.

Several years later, while going through a divorce, I became pregnant again. I felt cheated. I had been using birth control. I felt I had no choice. I had to have another abortion. I was afraid I would lose my job and my friends if they knew. How was I going to raise another child on my own anyway?

I had my second abortion on a beautiful, sunny day. Jack went with me. We tried to pretend it was just another day. When we arrived, picketers were there handing out literature. I almost changed my mind until Jack said, "Don't look at it!" I knew he wanted the abortion, even though we hadn't discussed it. I had told him that it was what I had to do.

Everything was fine until I was on the abortionist's table. I began to remember the feelings I had during the first abortion and started to cry. The nurse reassured me and told me it was "only the medication" making me feel that way. A part of me died that day.

For nine years I felt that the abortions I had undergone were the best thing I could have done in a bad situation. I didn't realize the impact they had on my life. I began to drink more heavily and when I did, I would usually become violent. I neglected my daughter—not in the sense that she was deprived of food or clothes, but the nurturing that should have been there was gone.

Suicidal thoughts were growing stronger and stronger all the time. Then it happened. I woke up in the hospital and realized I needed help. I quit drinking and returned to church.

I was trying to rebuild my life but the feelings of guilt and low self-esteem were still there. I began to have nightmares—horrible, horrible nightmares. There was nothing I could do about the nightmares that would come. I would see my aborted children, and wake up feeling like a terrible mother and person. The dreams were beginning to affect my job. I would leave in tears when I saw a mother cradle her newborn child, and thought of my own aborted children who would never know my love or feel my arms around them. I would look at the empty backseat of my car and think that I should be buckling small children into their car seats.

Everywhere I went there were reminders of the crimes I had committed against my children. The self-hatred and lack of forgiveness of myself, and others involved in the abortions, became worse. I never once imagined that those few minutes that hot summer day would have such a great impact on anyone other than myself.

Catherine Souhrada, M.S.W.

Vincent M. Rue, Ph.D., noted researcher in the area of Post-Abortion Syndrome (PAS), has suggested that the parent-child relationship is "comparable to no other relationship in its uniqueness and complexity."¹ This uniqueness is illustrated by the bonding between mother and child which begins when the mother intuitively knows a pregnancy has begun, and later has this confirmed through testing. Abortion terminates this bonding process.

Dr. Rue notes:

"Abortion creates an immediate void in the parent characterized by ambivalence, emptiness, and confusion. As the fetal child dies, so also does a part of the parent—male or female—married or not, minor or adult. Abortion is not then just a pregnancy termination or a cellular disposal system. It is a personal and relational amputation. You see, parents are parents forever, even of a dead child. One mother said it this way to me: 'My unborn child is no longer where he was before; he is now wherever I am.'²"

PAS can be viewed as a complex series of reactions to the abortion itself as well as to other events preceding the abortion.

One of the many reactions associated with the abortion, and which may indicate the presence of PAS, is the denial of the abortion itself and all of its aspects, especially the reality of the death of a child. Nancy Michels, who summarizes major conclusions of PAS researchers in her book *Helping Women Recover From Abortion*, identifies the denial in PAS as "...the condition that occurs when women repress [deny] grief that results from the loss of their aborted child."³

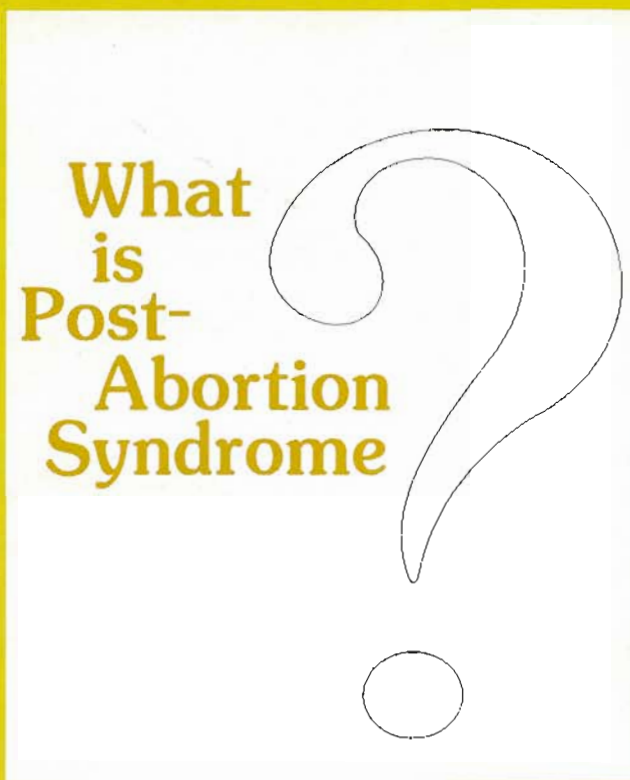
Recent research in PAS indicates that its effects can be seen in the post-abortive mother and her family. However, women remain the most visible victims of PAS since they experience the abortion directly, and ultimately bear the final responsibility for the abortion decision.

PAS represents: 1. An impairment and termination of the parent-child bonding process; 2. A creation of role conflicts for parents; 3. A denial of the grief and mourning which needs to be recognized and expressed for the aborted child; and most significantly, 4. A physically and emotionally debilitating condition which can impair a woman's functioning and

well-being individually, socially and in the family context.

How many women suffer from PAS?

The number of women who suffer from PAS can only be estimated since: 1. The American Psychological Association has only recently determined that abortion can be a crisis event for women; 2. Abortion is now known to have long-term negative



effects upon a woman's life; 3. Symptoms of PAS do not surface until weeks, months or even years after the actual abortion.

Dr. Rue suggests that an estimated ten million women have experienced an abortion in the past 15 years [many women have had repeat abortions].⁴ Of these, approximately two million women, and perhaps as many as six million, suffer, or are at risk of suffering, from PAS because these women have experienced events that place people at a high risk of suffering from emotional problems: a sudden family death, the death of a child, the sudden death of an infant, and survivor guilt.⁵ Additional events which increase the risk of suffering PAS are: prior pregnancies and abortions, no relationship support, low self-esteem, or adolescent [teen] age rather than adult abortion.⁶

How is PAS known to be present in one's life?

Nancy Michels notes Dr. Rue's (1986) findings which show some of the

following patterns which recur and which can help identify a woman suffering from PAS:

1. The woman will have experienced the stressor event [the abortion itself]. This would include occurrences leading up to the abortion, the abortion procedure, and the feelings the woman experienced as she aborted. This would also include emotions she felt during the decision-making process of whether to have an abortion, and the responses she may have received from the principal people in her life (parents, [husband or boyfriend], counselors, pastors, friends).

2. The woman re-experiences the abortion in at least one of the following ways: recurrent memories of the abortion or the unborn child, recurrent dreams about the abortion or unborn child, and the sudden feeling of repetition of the abortion. In the latter case, she may see herself lying on the procedure table and watching as the abortionist vacuums or suctions her baby out through the tube. The terror and pain she felt during the abortion will be as real in her mind as it was the day of the abortion.

3. The woman experiences an avoidance phenomena—that is, she is less involved with her external world in at least one of the following areas: a marked, diminished interest in her personal life; a sense of detachment from others; a reduced ability to feel or express emotions; depression; less communication; and/or increased hostile interactions. To illustrate

this point, a post-abortive woman states: "I feel as if I'm a colder person now. I'm numb when I had been so vulnerable before. I used to grieve for dead babies or hurt children. Now there is nothing."

4. The woman will experience at least two of these associated symptoms: hyper-alertness, exaggerated startle reaction or explosive hostile outbursts; sleep disturbance; an increase in the severity of the symptoms when she is reminded of the abortion (such as seeing or hearing about pregnant mothers, and exposure to nurseries or clinics); guilt about surviving when the unborn child did not; guilt about the abortion decision-making to resolve the problem pregnancy and the inability to forgive herself for her involvement; memory impairment or trouble concentrating; and avoidance of activities that remind her of the abortion.

5. The woman can be categorized according to one of three PAS groups:

a. Those stressed acutely [less than six months after the abortion].

b. Those stressed chronically [more than six months after the abortion].

c. Those not stressed or not currently stressed but who are at risk due to a delayed reaction [to the abortion].⁷

When a woman does not accept or acknowledge the impact of an abortion on her life, she uses various coping mechanisms which may temporarily mask the unresolved grief over the death of her unborn child. But Dr. Rue notes that these unresolved feelings manifest themselves in the form of many psychological ill-effects such as: guilt, depression and withdrawal from social contacts and friends, grief, sadness, shame, hostility toward self and others, regret, recurring dreams/nightmares of a child calling out or crying and coming apart before her eyes, alcohol and/or drug dependencies, uncontrollable weeping, eating disorders such as overeating or extreme dieting/fasting because of a hatred of self, a sense of loss and emptiness, and suicidal ideas and behavior.

Anne Speckhard found in her study that 65% of her subjects reported thoughts of suicide, and 31% actually made suicide attempts.⁸ Michels reports women with multiple abortions are more likely to consider suicide. A study of high risk youth in Minnesota (1986) identified 4% of female respondents as more likely to commit suicide if they had undergone an abortion.⁹

In young teens, these behaviors can be translated into a lack of desire to kiss when dating (if dating occurs at all after the abortion); a loss of the relationship with a boyfriend, even when the abortion may have been done to protect and continue the relationship; a loss of interest in prior goals such as graduation from high school, college, a career; fear of little children or even contact with children at any time; an avoidance of prior friendships, family relationships or dating relationships; or sexual promiscuity and/or substance abuse.

Physical implications of abortion

The physical effects of the abortion can impact dramatically on the post-abortion woman's life by causing unknown long-term health problems, even death. The physical effects of abortion, like the

emotional effects, may occur immediately after the abortion or years later when, for example, a woman may attempt to conceive another child, only to learn that she can't because of sterility resulting from the abortion. A physical complication following an abortion can trigger, in an already emotionally fragile woman, an overt, active case of PAS.

David Reardon, in his book *Aborted Women: Silent No More*, lists short- and



long-term physical effects of abortion. He notes that over one hundred complications are associated with abortion.¹⁰ Since each abortion procedure may have a specific set of complications associated with it, the following is a summary of general complications of an abortion:

Potential immediate effects of abortion

Infection, hemorrhage, cervical damage, damage to other internal organs, perforation of the uterus, abdominal pain, menstrual irregularity, headaches, dizziness, bloodclots and death.

Potential long-term effects of abortion

Sterility (inability to bear children), stillbirth, miscarriage in future pregnancies, premature births of babies in future pregnancies (which can lead to

mental and physical retardation, cerebral palsy and death in newborns).

Extensive research into complications from abortions has been difficult because most abortion clinics do not provide follow-up examinations; many long-term effects of abortion do not emerge in an immediate post-abortion examination; many women hide their identities and may not use follow-up care even if available; women do not associate later health problems with the abortion itself; or treatment of complications is done by hospitals or clinics other than where the abortion was performed.¹¹

Guiding so many affected women from recognition of the problems associated with an abortion through the healing process remains a challenge which society must undertake to restore PAS victims to some semblance of normal psychological and physical health. Those who are healed can then reach out to prevent others from making such a debilitating mistake.

Footnotes

¹ Vincent M. Rue, Ph.D., "Post-Abortion Syndrome," First National Conference on Post-Abortion Counseling, University of Notre Dame, South Bend, IN. (1986), p.23.

² Vincent M. Rue, Ph.D., "The Victims of Abortion," National Right to Life Committee Convention, Kansas City, MO. (1984).

³ Nancy Michels, *Helping Women Recover From Abortion*, (Minneapolis, MN: Bethany House Publishers, 1988), p.30.

⁴ Vincent M. Rue, Ph.D., "Post-Abortion Syndrome," First National Conference on Post-Abortion Counseling, University of Notre Dame, South Bend, IN. (1986), p.38.

⁵ Nancy Michels, *Helping Women Recover From Abortion*, (Minneapolis, MN: Bethany House Publishers, 1988), p.35.

^{6,7} *Ibid.*, p.31-33.

⁸ Ann Speckhard, *Psycho-Social Stress Following Abortion*, (Kansas City, MO: Sheed & Ward, 1987), p.57.

⁹ Minnesota Extension Service, "Responding to High Risk Youth," A Statewide Interactive Satellite Video Teleconference for adults who work with adolescents, University of Minnesota, St. Paul, (October 28, 1986), p.45-50.

¹⁰ David Reardon, *Aborted Women: Silent No More*, (Chicago, IL: Loyola University Press, 1987), p.92.

¹¹ *Ibid.*, p.91.

Karen's Story

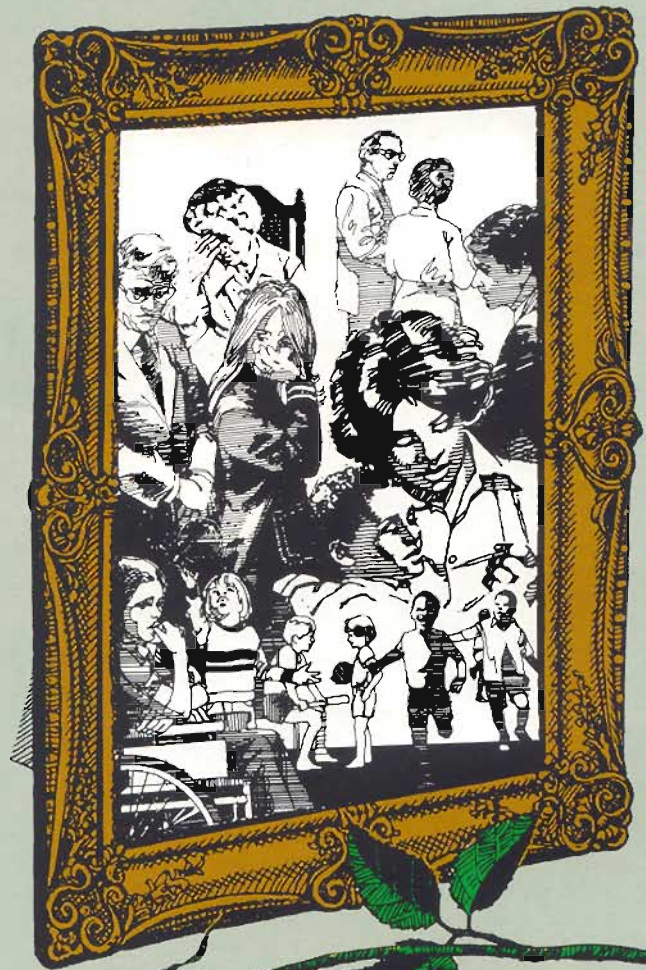
Thirteen years later, I find myself comforting my mother who struggles with the fact that, as she puts it, "she led her 16-year-old daughter by the hand" to my first abortion. She cries—sometimes for me and the pain I have endured, and sometimes for the grandchildren she'll never hold. She looks at her three living grandchildren and wonders what her other, aborted grandchildren would look like. Who would they be?

The last person I thought would ever be affected by the abortions is my daughter. We've shed tears together over the losses—hers as well as mine. I've had to deal with questions of "Why didn't you abort me?"; "Did you want to abort me?"; "Would you love them more than me?" and "How old would they be?" She had asked me several times if I'd had an abortion—almost as if she already knew.

It's been hard on my dad and my husband as well. I often wonder about the father of the first child, if he knows.

I told him after the abortion that I was never really pregnant.

The Other Victims of Abortion



Barbara Pedretti

In the late 1960s people lobbying for easy access to abortion often denied that anyone was injured by abortion and referred to it as a victimless crime. What we have learned in the 20 years since legalization of abortion in the United States is that in every abortion there are several victims.

Films such as *Everyday Miracle Birth* and *The First Days of Life* revealed the secrets of the unborn baby made possible by ultrasound imaging and intra-uterine photography. These technological advances have allowed us to witness these secrets in our classrooms and meeting places. Later, Dr. Bernard Nathanson recorded the haunting drama of an unborn child's unsuccessful struggle against abortion in *The Silent Scream* and *Eclipse of Reason*. There is no longer any doubt that the most obvious victim of abortion is the unborn child.

American Victims of Abortion (AVA), a Washington-based organization whose members support and encourage the development of honest, caring support systems for women who suffer PAS, asserts that fathers, grandparents, and siblings of aborted children can also experience the deep, long-lasting feelings of pain, anger, and upset following abortion.¹

Abortion's Effect on Men/Fathers

Sociologist Arthur Shostak, himself the father of an aborted child, has spent several years studying abortion's impact on men. Shostak interviewed 1,000 males who accompanied their partners to abortion facilities, then concluded that "abortion is a great, unrecognized trauma for males, perhaps the only major one that most men go through without help."²

Several researchers have found that males approach an abortion decision in an abstract way, stressing duty, rights and rules.^{3,4,5}

Shostak also found that a majority of men want to participate in the decision-making regarding abortion. Fifty-eight percent of the single men and 80% of the married men he interviewed said that both the man and the woman should have an equal say in the decision.⁶

In addition, Shostak found that men in general hide their stress and bury their own doubts about the decision to abort beneath the desire to support the woman and "do the right thing." In the absence of open communication about the abortion decision, the woman may interpret her partner's silence as an expression of consent to the abortion, even though he

may actually be opposed to it. She asks herself, "What kind of man would let me abort this child?" At the same time, he is wondering, "What kind of woman would kill her baby?"⁷ If she senses disapproval or disappointment, the woman may misinterpret it to be directed toward her, instead of toward the abortion.

The loss of trust and closeness in such relationships is often irreparable. Don Bredes, a free-lance writer, describes how his fiancée's decision to abort brought an end to their relationship. "I had to tell her...I could not bear to stay with her while she did it [the abortion] nor to look at her afterward."⁸

Lost relationships and failure to fulfill expected male roles exact their toll on post-abortion men. According to Vincent M. Rue, Ph.D., clinical psychologist, aggression/activity; dominance/power, achievement/success; self-reliance/autonomy, are male roles expected and encouraged by society. These conflicting roles often lead to a further breakdown in communication in a relationship. Studies confirm that the likely demise of the male's relationship with his partner can bring on alcoholism, suicide, depression, mental illness, physical illness and premature death, Rue says.⁹

The anger that men experience when they are not part of the decision-making process results in their sense of frustration and powerlessness, from having no control. "Guilt over their role in the pregnancy and their inability to change things without pain is also prevalent," says Nancy Michels in "Abortion Affects Fathers, Children."¹⁰

Michael Blumenthal, an abortive father, recalls his six-year-old abortion experience: "I remember—not with pride, but with shame and humility—how I behaved then, how in a masculine haze of anger and self-involvement, terrified of my own neediness, overwhelmed by my own fears, I failed to offer emotional support to a woman who deeply needed me."¹¹

Effect on Children

Children of post-abortion parents may be deprived of the nurturing and care they need to thrive. "I felt like I was a total failure at motherhood; there was so much hate boxed up inside me that I couldn't really love," reveals Carol S. M. DeFleuron in her post-abortion anguish.¹² In some cases the denial of the aborted child's humanity results in a diminished appreciation of children in general.

In a study corroborated by other researchers, psychiatrist Philip Ney found that unrestricted abortion decreases the

normal societal restraint against rage, the taboo against aggression toward the defenseless young, and [reduces] the value of children. Abortion also increases hostility between generations, escalates the battle of the sexes during the decision-making process, [inhibits] the pair-bonding ability in mothers with their infants and hence, promotes child abuse.¹³

In addition, post-abortion parents who are fatigued from depression and recurring nightmares, are without emotional support. They may also be preoccupied with the never-ending task of suppressing their abortion experience and may find themselves unable to effectively cope with their roles as mothers and role models.

Janet Willis describes the violence that developed in her family following her abortion. "The psychological problems were numerous. David and I couldn't even talk about the abortion without physically abusing each other. We continued to abuse each other for seven years," she said. "We became abusive to our daughter verbally, and I became physically abusive to her."¹⁴

The "wanted" replacement children born to post-abortion parents face a different set of problems, according to Dr. Ney. The child who has knowledge of, or suspects that a sibling has been aborted, lives in distrust of the future.

This child is afraid to ask for details for fear of discovering something more awful than what is already imagined; possibly that he is also unwanted or that his parents do not love children. Another child may be overprotected by parents who attempt to control the circumstances that led to the previous abortion. The child's intelligence, adaptability, and curiosity are stifled. The overprotective parents make the growing child doubt his or her own safety. The substitute child—conceived to replace an aborted sibling—carries the parents' high expectations, which the child may not be able to fulfill.¹⁵

Dr. Edward Sheridan, a clinical associate professor of psychiatry at Georgetown University Hospital, asserts that the replacement syndrome can have a powerful effect on a growing child. "When this is compounded by a sense that the mother has killed a baby brother or sister," he stressed, "the child perceives a 'dangerous world.'" This new perception alters the child's role model for his own parenting responsibilities in the future, according to Sheridan.¹⁶

Effect on the Extended Family

Entire families are affected by one member's abortion. Grandparents, aunts, uncles, and other relatives of the unborn

child may mourn the loss of the baby. His family was "baffled, angry, sorrowful," when Don Bredes told them of his fiancée's decision to abort. A grandparent reveals her pain, "As we (Christmas) shop, our eyes fall on the pretty baby clothes our little one will never wear. Then we console ourselves as best we can, knowing that the real angels are with our little one now...Yet it is a loss we will never be able to forget..."¹⁷

Family members who shared in the abortion decision will also share in the guilt of the child's death. Another grandparent shares her secret. At the time, she says, she and her daughter just thought it would be better to have an abortion. But now she feels, "It is the worst mistake I have ever made in my life....Whenever I see a baby, it hurts me so much that my heart really does feel as if it will break."¹⁸

In cases where family members fail to recognize the loss of the child as significant, they may be touched in varying degrees by the mourning and sorrow of the post-abortive woman who is their daughter, sister, or niece. These effects may range from feelings of rejection, isolation, or loss due to the woman's avoidance of family situations that remind her of the baby she aborted, to the social and economic tragedy of her alcohol or drug abuse, to a lurking fear of potential suicide.

Effect on Abortion Providers

Probably the most surprising group of post-abortion stress victims are abortion providers. In 1979, Dr. Bernard Nathanson acknowledged that he was "deeply troubled" by his past involvement with abortion.¹⁹

Family practitioner Richard S. Moon, M.D., found that including abortions in his practice was "more trouble than they were worth." In "Why I Don't Do Abortions Anymore" he complains that families and boyfriends coerced pregnant teenagers to abort, patients refused to provide medical histories, women requested repeat abortions, and regular patients stopped seeing him after he performed their abortions. But his biggest concern was for his staff, "...they truly felt that an abortion done for convenience was tantamount to murder," he said. "Before one procedure, my nurse—who was infertile and wanted to adopt...broke down and cried."²⁰

The situation is even more glum in facilities that specialize in abortion. In "We Do Abortions Here,"²¹ nurse Sallie Tisdale describes her abortion-related dreams. "I have fetus dreams, we all do here: dreams of abortions one after the

other, of buckets of blood splashed on walls; trees full of crawling fetuses," reveals Tisdale. She also admits denial, ("I don't say 'pain' anymore than I would say 'baby'") and deception, ("I sometimes lie a little, weasling around its infantile features..."). She says her "own belly flip-flops with sorrow" during abortions, but she has "cultivated a certain disregard" and tries to disassociate herself from guilt by "allowing my clients to carry their own burden, shoulder the responsibility themselves."

Unfortunately, for people who seek and provide abortions, as well as the unwitting children and other family members who are innocently exposed to it, most will find themselves diminished by the abortion experience. These people become the other victims of abortion—filled with emotional problems and feelings of shamefulness, often viewing themselves as no longer lovable and forgivable. The vast majority of American people (68%) believe it is wrong to destroy the life of an unborn baby.²² Abortion's legal acceptance and the frequency with which it occurs in this country (4,000 per day) place most Americans in conflict with their social environment. Simple mathematics predict a staggering impact from abortion's after-effects.

Footnotes

¹"American Victims of Abortion." Pamphlet, National Right to Life Educational Trust Fund, 1987.

²John Leo, "Sharing the Pain of Abortion," *Time*, (September 26, 1983), p.78.

³Nancy Michels, "Abortion Affects Fathers, Children," *Helping Women Recover From Abortion*, (Minneapolis, MN: Bethany House Publishers, 1988), pp.151-173.

⁴John Leo, "Sharing the Pain of Abortion," *Time*, (September 26, 1983), p.78.

⁵Carter Jefferson, "Men and Abortion," *National Right to Life News*, (January 15, 1987), p.20.

⁶John Leo, "Sharing the Pain of Abortion," *Time*, (September 26, 1983), p.78.

⁷Nancy Michels, "Abortion Affects Fathers, Children," *Helping Women Recover From Abortion*, (Minneapolis, MN: Bethany House Publishers, 1988), p.160.

⁸Don Bredes, "Rights and Choices," *New York Times Magazine*, (February 21, 1988), p.62.

⁹Vincent M. Rue, Ph.D., (1984), "The Familial Context of Induced Abortion," *Restoring the Right to Life: The Human Life Amendment*, James Bopp, Jr., editor, (Provo, UT: Brigham Young University Press, 1984).

¹⁰Nancy Michels, "Abortion Affects Fathers, Children," *Helping Women Recover From Abortion*, (Minneapolis, MN: Bethany House Publishers, 1988), p.158.

¹¹Michael Blumenthal, "The Clinic," *New York Times Magazine*, (November 2, 1986), p.62.

Karen's Story

After nine years of pain, I began to feel that somehow this "safe, simple procedure" was wrong. No one showed me pictures of fetal development or told me what a horrible person I was. The feelings came from within. I wanted to get involved, to help other girls see that there were other solutions to a problem pregnancy so that they wouldn't have to experience the pain I had.

A week later, I found some people who were doing just that! I began to look into the issue to see what I could do to

help. It was during this time of helping others that healing came. Healing, I have learned, comes after years of pain, guilt and sorrow. The healing process took years to deal with all the heartache I had experienced and caused.

I confided in a friend who listened and cared. As I openly shared my pain, others began to confide in me about their own pain. I joined a post-abortion support group for women. I'll never forget how I felt when I realized my situation was not unique. I fit in so well with the statistics for post-abortion women. I was relieved for myself—to know I wasn't crazy, but really sad for all the women who were still living the hell I had known for so long.

I was able to finally grieve for the children I had lost.

¹²Carol S.M. DeFleuron, "A Lifetime of Agony and Regret," *National Right to Life News*, (January 15, 1987), p.11.

¹³Vincent M. Rue, Ph.D., (1984), "The Familial Context of Induced Abortion," *Restoring the Right to Life: The Human Life Amendment*, James Bopp, Jr., editor, (Provo, UT: Brigham Young University Press, 1984), p.124.

¹⁴Janet Willis, "I was Going to Avenge my Kids' Deaths with my Death," *National Right to Life News*, (January 15, 1987), p.11.

¹⁵Vincent M. Rue, Ph.D., "Post-Abortion Syndrome," First National Conference on Post-Abortion Counseling, University of Notre Dame, South Bend, IN. (1986), pp.51-53.

¹⁶Leslie Bond, "The Surviving Sibling: Another Victim of Abortion," *National Right to Life News*, (January 15, 1987), p.19.

¹⁷Mary Louise Gans, *National Right to Life News*, (January 15, 1987), p.19.

¹⁸WEBA, "If Only," Pamphlet, 1988.

¹⁹Bernard Nathanson, M.D., *Aborting America*, (Toronto, Canada, Life Cycle Books, 1979), preface.

²⁰Richard S. Moon, M.D., "Why I Don't Do Abortions Anymore," *Medical Economics*, (March 4, 1985), pp.61-63.

²¹Sallie Tisdale, "We Do Abortions Here," *Harper's*, (October, 1987), pp.66-70.

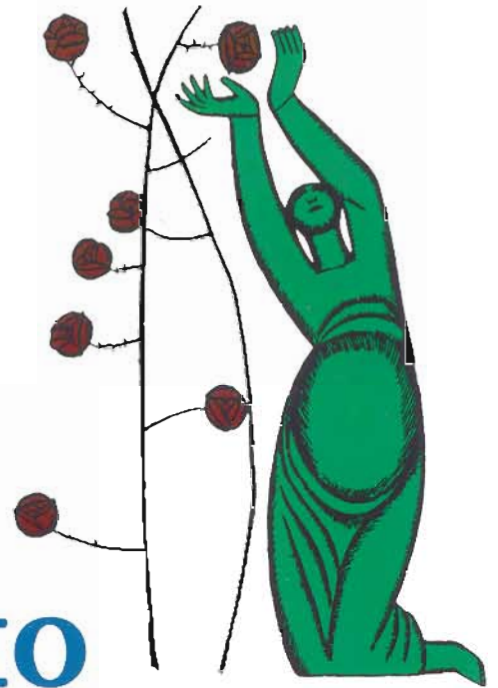
²²Louis Harris, *Inside America*, (Vintage Press, 1988), p.181.

I gave them to the Lord and know they're in heaven with Him.

I had to forgive the people who had been involved with the abortions - the abortionists, my mother, and Jack. I asked God to forgive me for what I had done and finally, I forgave myself. I don't have nightmares anymore. Although healing has come, I still grieve and mourn for my children, those precious little ones. However, now mine is a healthy grieving, a memory of those who died, just as one would remember a parent or friend who had died.

The so-called "safe, simple procedures" that were to allow me to live my life and go on, nearly ruined my life and many other lives as well.

The Healing Process How to Begin



Terri Fangman

Is abortion "like skinning your heart instead of your knee, only no air can get in to heal your heart so it just sits and festers till you can't take it anymore?" Or, is abortion "the removal of just some tissue—nothing to worry about?" These could be quotes from women in a post-abortion support group in your city.

For years, post-abortion women have been searching for an understanding of the emotional trauma they were told probably wouldn't happen, or if it did, would be "no big deal." The intensity of many women's feelings following an abortion have led them to begin to band together to start support groups for themselves—similar to what recovering alcoholics did 20 years ago. Because these women could find little support from the established psychiatric or religious community, they turned to each other.

Many grass-roots, post-abortion support programs have been established, but the focus of this discussion is on one particular program, *Walls Evaporate, Blessings Abound*. There are three reasons for this emphasis: 1) The program was started by me, a woman who had an abortion at the age of sixteen; 2) After years of inner conflict, suffering and failure to receive support from existing resources, I sought peer support; and 3)

The program deals with the entire healing process many hurting women go through to find peace within themselves.

My abortion experience is as follows. "I could be your best friend - warm, kind, outgoing, funny, and loving the outdoors. Many people liked me. I was dating Joe for about a year when he began to put sexual pressure on me, making me feel uncomfortable. My sixteenth birthday was coming up: I knew Joe had something special planned. He took me to a wonderful Italian restaurant. Later we went to the park where we drank a twelve-pack of beer that Joe's brother had gotten for us.

"Things got out of control, and later as I put on my clothes, I felt uncomfortable and embarrassed over the situation I had promised myself that this wouldn't happen until I was ready for it. A few weeks later, I had missed my period and went for a pregnancy test. The test was positive. The agency offered a solution. I could go to the agency on Saturday morning and by Saturday evening I'd be feeling good as new. I set the appointment, told Joe, received his half of the \$200 needed, and all was set. Saturday came: I went through an 'assembly line abortion' and went home. No big deal.

"In the months that followed, I became withdrawn, drank, and used drugs. In the years that followed, my heart ached, but I

didn't know why. My sexual activity increased in proportion with my decreasing self-esteem. After seeing a counselor in college for nightmares, I attempted suicide. I became so obsessed with becoming pregnant that I intentionally became pregnant and made adoption arrangements for that child. Recognizing the serious problems in my life led me to seek peer support."

Reactions to this experience may range from, "Oh, come on, no one gets pregnant the first time"; "Abortion doesn't lead to drugs, suicide, and other babies. You're just putting me on." However, the incident above is my *true* experience. I am President of W.E.B.A. (Women Exploited By Abortion) in Cincinnati, OH, and also creator of the program *Walls Evaporate, Blessings Abound*. While an abortion is done in minutes, the healing process can take years. The guilt and grief can be overwhelming. It requires a woman to go through a healing process in order to find peace within herself. Women experience reactions to their abortions at different times. Some may experience symptoms a short time after their abortion; for others the pain may not emerge for years. A few of the symptoms may include depression (especially on the anniversary date of the abortion), guilt, grief, shame, withdrawal, and loss of confidence.

At the time a woman makes the decision to have an abortion, she must deny the existence of a baby inside of her and view it solely as a "clump of tissue." However, a woman who experiences problems after the abortion—physical and/or emotional—frequently has a subconscious "inner voice" which continues to remind her it was truly a baby, *her baby*, that she aborted. The denial is the conflict.

For days, months or even years after the abortion, the post-abortive woman may tell herself there was no baby. This *denial* can create an inner conflict between her belief that no baby existed, and what she knows in her heart—that she killed her unborn child. However, once the woman allows her conscious and subconscious to agree there was a baby, the denial is broken and healing can begin. This healing begins when a woman is able to tell her story repeatedly in a safe, confidential place, with a friend, a family member, a counselor or a minister, or any other place where she feels most comfortable. After re-telling her story as often as needed, talking out the details, the woman can begin the reconciliation process.

In order to reach inner peace, she needs to deal with 1) Others involved with the abortion, 2) God (as each woman sees Him); 3) The child; and 4) Herself.

The first step toward reconciliation is with others. This could be her boyfriend, her doctor, the person who drove her to the clinic, or just about anyone else who was involved in the abortion directly or indirectly. One of the ways *Walls Evaporate, Blessings Abound* encourages a woman to reconcile is to suggest that she first acknowledge her anger, talk about it, and then write a letter expressing her feelings.

In this letter, the woman is encouraged to be honest and to accept her share of the responsibility for the abortion. For example, a woman may really not have wanted an abortion, but was told by her mother that if she didn't, she would have to leave home. The woman ultimately made the decision and aborted, but the mother's pressure contributed to the decision. The result is that both the girl and her mother share responsibility for the abortion. Care needs to be taken not to make the mother an excuse but to view her as just one of many reasons the abortion occurred. The goal is to help the post-abortive woman look at the truth of the situation, and eliminate her excuses regarding responsibility for the abortion that may have been harming her emotionally for a long time.

The letter is written not only to express her feelings but to ask a particular person(s) for forgiveness for his/her part in the abortion decision, and to encourage reconciliation in the woman's heart. Oftentimes the woman is asked to write a hypothetical return letter from the person receiving the forgiveness. A reaction may be: How can this be remedial if the letter is never sent? Because those who need to be reached for reconciliation may be unavailable, letter-writing is a means for the woman to find peace and forgiveness in her heart.

The second step is reconciliation with God. People understand God in many different ways. Most people have some concept of a Supreme Being and when a woman acts against her own personal beliefs and morals, a reconciliation must be made with those beliefs. Forgiveness is sought from the one she has acted against—God. In order to do this, each woman is encouraged to seek out her individual and personal form of reconciliation according to her own religious practices. If she is having difficulty with this, letter-writing may again be encouraged as a means of communication and healing.

The third step is reconciliation with the child the woman has aborted. The woman already views the child violently removed from her as a child—her child. Reconciliation is done in many ways:

naming her child, attending a funeral service, writing poetry or a letter. The woman needs to be encouraged to experience grief in her own personal way. Mentally she may need help to see her child as a whole being instead of pieces of a child, as many women view their aborted children. The whole child, having a name, and assumed to be in heaven (if a woman has this belief), helps a woman reconcile herself to her lost child.

The fourth and final step of the *Walls Evaporate, Blessings Abound* program is for the woman to reconcile with herself. The question arises: Why is this discussed last when it is most likely what the woman was seeking assistance for in the first place? The reason is that it is easier to forgive everyone else than it is to forgive yourself. When she has reconciled herself with all the others involved in the abortion, there is no one but herself left to forgive. Sometimes it is very hard for the woman to let go of bad feelings about herself because they are hard to forget. The woman must distinguish between forgiving and forgetting, for she will likely never forget her abortion. Forgiving requires taking an action in order to have it happen. One of the things a woman who has had an abortion is very good at is assuming 100 percent of the responsibility, accepting guilt that does not belong to her. Consequently, one of the things a woman is asked to do is to look in a mirror and tell herself she forgives herself for having had an abortion. It is always necessary to help her see the truth of the situation and to accept only her part of the responsibility for the abortion.

Another feeling which plagues the post-abortive woman is her insistence that what she feels is guilt when in fact what she is experiencing is grief for her lost child, a longing in her empty arms.

Not all women experience the same feelings, but those women who seem to be having a difficult time dealing with their abortion, oftentimes need help putting the pieces of their broken lives back together again. Hopefully, a support program in a woman's community is available to aid those suffering from post-abortion trauma. If not, a woman should seek someone she feels comfortable with and talk with that person. She should explain her feelings and not leave anything out because it will likely return to haunt her. It is important for her to remember that feelings are okay and there are places that can be of help.

There is hope.

The Cultural Experience of Abortion in America



Olivia Gans, Director, American Victims of Abortion

Future generations will look at the history of legal abortion in America and question the intelligence of a generation of women and men who fought to maintain abortion, a deadly answer to so many real social problems. Instead of insisting on the development of widespread personal opportunity, resources and economic improvement for women, they have sought the legal continuation of a procedure that degraded women and their children before 1973 and continues to do so at a rate of 1.6 million times a year.

As a result of the Supreme Court's 1973 *Roe v. Wade* decision which made abortion legal through all nine months of pregnancy, and in all 50 states for any reason, millions of women, including myself, followed a course of action which has left us bereft of our children and sick at heart. Some of us have been physically scarred by our abortion. Many of us have felt emotionally overwhelmed by our despair and anger. All of us have been devastated by court decisions that so carelessly cheapened the value of our own lives.

A policy of abortion on demand does not create a compassionate society, nor does it solve the problems of poverty, neglect or lack of opportunities for women. Rather than creating a climate for solving the very real problems that women face when coping with an unplanned pregnancy, abortion on demand becomes a reliable and too easy answer for society's "problem solvers" to thrust onto women. The death of our children should not be the best answer our nation can offer.

Thousands of women and men from all over America are finding each other and providing to one another a support they

did not find at their individual moments of crisis. When we most needed help, the only thing we received was rejection. And so our babies died for lack of genuine support and encouragement.

We are mothers and fathers with empty arms. But we have not been silent these past years, and we will not be silenced now. Our pain is real. There is much to be learned from our experiences to protect and benefit women and their families in the future. It can no longer be assumed that abortion is good for women. America must seek out the truth about abortion's

damage to all concerned. We must prepare ourselves to provide *better* answers to mothers and families in crisis. We must demand them, and we will.

It is easy in today's social climate for women to stand shoulder to shoulder in support of abortion on demand and continue to blind each other to the destruction that has occurred since 1973. It is not easy to stand up and acknowledge the truth that our abortions were wrong and the cost was our children's lives. Now is not the time for silence, it is the time for truth.

A New Video Release

"ACHING HEART, TOO"



- Two women poignantly describe their abortions and how their lives have been affected.
 - A clinical psychologist explains his counseling experience with Post-Abortion Syndrome.
 - "Aching Heart, Too" introduces a seven-year-old abortion survivor. Olivia Gans, director of American Victims of Abortion (AVA) says, "This video, 'Aching Heart, Too,' makes an emotional plea to all our hearts. It is a simple, short introduction into the post-abortion experience. A welcome addition to the growing number of educational materials in this area."
- "Aching Heart, Too" is artfully produced with original music, written to appeal to teenagers as well as adults.

ORDER NOW:

Send name, address and \$39.95 plus \$2.00 shipping and handling to:

Wisconsin Right to Life
P.O. Box 58, Wausau, WI 54401

*MONEY BACK GUARANTEE
IF NOT SATISFIED*

National Post-Abortion Resources

The *Life Cycle* articles have focused upon the pain associated with abortion to provide a better understanding of the cause of this pain and efforts to provide remedies. Following is a partial list of *some* of the post-abortion (PAS) support programs that are well-developed and located in different parts of the United States. It is not the intention of the authors of these articles to condemn or condone the actions of those who have used abortion in a moment of crisis, but rather to give a sense of hope and offer compassion to those who grieve today for events of the past. We hope we have helped.

After Abortion Helpline

P.O. Box 28633
21 Violet Street
Providence, RI 02908
(401) 941-3050

American Victims of Abortion

419 7th Street N.W./ Suite 500
Washington, DC 20004
(202) 626-8800

Counseling Associates of Bemidji, Inc.

P.O. Box 577
Bemidji, MN 56601
(218) 751-9510

New Life Family Services

1515 E. 66th Street
Minneapolis, MN 55423
(612) 866-7643

Open Arms (National Office)

Abortion Related Ministries
P.O. Box 1056
Columbia, MO 65205
(314) 449-7672

PACE

(Post-Abortion Counseling and Education)

701 West Broad Street / Suite 405
Falls Church, VA 22046
(703) 237-2100



Project Rachel

National Office of Post-Abortion Reconciliation
and Healing
St. John's Center
P.O. Box 07477
Milwaukee, WI 53207-0477
(414) 483-4141

WEBA, Inc.

4900 Glenway Avenue
Cincinnati, OH 45238
(513) 921-WEBA

Last Harvest Ministries

2720 Stemmons Fwy.
Suite 801, South Tower
Dallas, TX 75207
(214) 630-6565

WEBA of Illinois

P.O. Box 43292
Chicago, IL 60643
(312) 263-1175

Throughout the United States there are numerous programs which offer post-abortion assistance. Plans are being made to implement a national 800 number for information about your specific area. Also, many individual support groups exist locally. Please contact your local minister, priest, rabbi, or social agency for information.