LETTER FROM THE PRESIDENT

Dear Members of the Association,

I am pleased to present this new edition of our Newsletter in its upgraded format. I believe that the new format will provide a better vehicle for presenting the issues and concerns of the Association. We intend to make this Newsletter an instrument for helping professionals address the effects of abortion on our culture. We hope to include bibliographies of papers being published, book reviews, information on research and research tools to help make us more effective. If you would like to see something which we are not including, please let us know.

I am happy to introduce you to the Editor of this Newsletter: Thomas W. Strahan, who works with the Rutherford Institute in Minnesota. We really appreciate his willingness to take on the task of making the Newsletter an effective voice for the concerns of professionals.

In the last year, the Association has become deeply involved in the need for research documentation of Post Abortion Syndrome, a clinical entity identified by clinicians but not well-evaluated in the research literature. With the President's call for Dr. Koop of the Public Health Department to present a report on the after-effects of abortion, this issue has come to a head. We have identified a number of competent individuals to help us to document the problems of Post Abortion Syndrome. We are pleased to be in a position to help with this important area of public policy. We will keep you informed of the developments in this area.

We invite any of you to contribute information to our Newsletter. Please send your ideas, comments, articles, etc. to us at the address given. We look forward to working more closely with each of you.

Wanda Franz, Ph.D.
President

American Psychiatric Association Includes Abortion as “Post-Traumatic Stress Disorder”

The abortion experience has now been included as a stressor event that can trigger post-traumatic stress disorder.

Vincent Rue, psychologist and researcher on the adverse effects of abortion, has called this a “really important event.” The APA defines a post-traumatic stress disorder when “the person has experienced an event that is outside the range of usual human experience that would be markedly distressing to almost anyone.” The category now includes serious threat or harm to one’s children, or seeing another person who has been seriously injured or killed as the result of an accident or physical violence. This describes the abortion event more closely than ever.

Furthermore, APA’s DSM-III-R (Diagnostic and Statistical Manual of Mental Disorders—Revised [1987], pp. 20, 250) now specifically includes abortion as a psycho-social stressor under physical injury or illness.
Association Holds Second Annual Meeting—Study of Abortion Experience of 100 Women Exploited by Abortion Presented

The Second Annual Meeting of the Association was held in New Orleans in June 1987. One of the four speakers at the meeting, David Reardon from Springfield, Illinois, reported on data collected from 100 women affiliated with Women Exploited by Abortion.

All of these women have had some negative experiences following their abortions and all identify themselves as "exploited" by abortion. Thus these data do not tell us the percentage of women who have problems. They do, however, clearly identify the specific, long-term types of problems experienced by women who do have problems.

These women are representative of the population of those having abortions in that the majority were young when they had the abortion (under age 25), they are relatively well-educated (most having graduated from high school), they have had only one abortion and it was an early suction-type, and most of the women had never had any previous emotional problems that required counseling. They differ from the general population in that 95% are white.

From studying the results of this survey, it is clear that there are women who have abortions in spite of their beliefs about it. In addition, there are women who experience severe emotional problems following the abortion; and the nature of these reactions appears to be relatively consistent within the sample. For example, the majority felt guilt, depression, anger, and sorrow. Virtually all of them regretted having the abortion. The study demonstrates that many women have not fully reconciled their abortion experience, even after many years.

The data is important because of its in-depth analysis and represents clear evidence that there are long-term adverse effects from abortion. A substantial number (54%) thought the abortion was the betrayal of their own ideals. Even after many years (the average was 11 years since the abortion), the abortion was vividly clear (81%). 33% reported they attempted to "atone" for the abortion by having a replacement baby. 52% experienced difficulty in maintaining and developing personal relationships.

The data developed by Mr. Reardon, as well as subjective insights of the women, is being compiled into a book entitled Aborted Women: Silent No More, which will be available in the fall of 1987 from Loyola University Press, 3441 N. Ashland Ave., Chicago, IL 60657. A copy of the Survey of Post Abortion Reaction questions is also available. Those desiring only the Survey questions and responses should contact the Association for Interdisciplinary Research, 419 7th St. NW, Suite 500, Washington D.C. 20004.

Federal Government Offers New Investigator Research Awards

The Office of Population Affairs will award research grants for various Public Health Service (PHS)-supported research projects.

ELIGIBILITY

An applicant investigator must be sponsored by a non-Federal public or private non-profit or for-profit institution engaged in health or social research and located in the United States or its possessions or territories.

These awards are restricted to individuals who have not previously been principal investigators on a PHS-supported research project. Exceptions may be granted to individuals who are changing their field of scientific endeavor.

The principal investigator must ordinarily have an advanced degree or its equivalent. The applicant should have completed his/her formal professional education. In most instances the principal investigator will have no more than five years of research experience after completion of formal training at the time the award is made.

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CALL FOR PAPERS

The Association is planning for the third conference paper session to be held at the site of the National Right to Life Convention in the summer of 1988. The topic of the Conference is: After Effects of Abortion

We are soliciting papers on this topic from any appropriate academic discipline. Both members and non-members of the Association are invited to participate. Data-based research papers will be given priority but other academic papers will be included and are encouraged. The purpose of this paper session is to help identify professionals who are doing work in this area and to encourage interaction between concerned professionals.

In order to apply for consideration for presenting at the paper session, please mail an abstract postmarked by February 1, 1988 to:

Paper Session
Association for Interdisciplinary Research
419 7th Street, N.W., Suite 500
Washington, D.C. 20004

Prepare (1) two copies of an abstract of no more than 500 words, (2) one cover sheet with the authors' names and professional affiliations and the address and phone number of the corresponding author, and (3) a stamped and addressed envelope. All applications will be reviewed by a committee of members of the Association, with the most appropriate ones being chosen for presentation at the paper session.

Applicants for Surrogate Mothers Often Had Prior Abortions

Recently the topic of surrogate mothers has been much in the news, especially the case of Baby M born to surrogate mother Mary Beth Whitehead.

Philip J. Parker, a psychiatrist in private practice, studied 125 women who applied to be surrogate mothers. 42% were professing Catholics, 57% were Protestant and 1% Jewish. Of those studied, 35% either had had a voluntary abortion (26%) or had given up a child for adoption (9%). Most women admitted they experienced some feelings of loss and sadness, but minimized them by saying, “It would be their baby, not mine,” “I'm only an incubator,” “I’d be nest watching,” and “I'll attach myself in a different way—hoping it’s healthy.”

Parker’s article stated that women felt (often unconsciously) that surrogate motherhood would help them master a previous voluntary loss of the fetus or baby through abortion or adoption.


REVIEW CYCLE

Receipt dates for applications are the same as for regular research grant applications: February 1, June 1, and October 1. Funding decisions can be expected within eight months of an application receipt date.

PROGRAM AREAS AND CONTACTS

Office of Adolescent Pregnancy Programs, OPA—research in the following program areas are of current interest:

The influence of family, peers, societal norms, the media and other social, demographic, economic and psychological factors on the postponement of adolescent premarital sexual relations; consequences of adolescent premarital sexual relations; influences on and effects of the adoption option for the unmarried adolescent mother and her baby; parenting behavior of the unmarried adolescent mother and its effects on the child; and evaluations of public and private strategies or interventions designed to deter adolescent premarital sexual relations, support families in character development and rearing of their children, or provide services to pregnant and parenting adolescents.

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Healing Visions Conference Held at Notre Dame

The Second Annual Conference on Post-Abortion Counseling, Ministry and Reconciliation, sponsored by the University of Notre Dame Institute for Pastoral and Social Ministry and The National Youth Pro-Life Coalition Educational Foundation, was held July 18-21. Keynote speakers were Rev. James T. Burtchaell, C.S.C.; Vincent M. Rue, Ph.D., psychotherapist; Susan Stanford, Ph.D., a counselor and consultant in private practice; and Sr. Paula Vandegaer, S.S.S., A.C.S.W., L.C.S.W., and currently executive director of International Life Services and editor of Living World magazine.

Abortion Is A Sin

Rev. Burtchaell defined abortion as a sin in need of forgiveness. He noted the need to recover the meaning of the word "sin." He described sin as a deterioration of reflection and consent of the will. It may be often committed casually, frivolously, or impulsively. Sin is both a result and a cause of deteriorating behavior. He believed that too much attention was being paid to abortion trauma and breakdown and not enough to the selfishness which allows one person to destroy another. He stressed that recovery will take time—don't try to rush it. Reconciliation and forgiveness are costly. He warned those who are attempting to help to really want the person to recover. It takes a largeness of heart to really want to see this happen.

Overcoming Denial

Sr. Paula Vandegaer discussed post-abortion healing, emphasizing ways to overcome denial. She defined denial as not seeing the problem and not wanting to do anything about it. She suggested AA as a good place to look for solutions to the problem of denial. To overcome denial, 1) confront the individual factually, and 2) help the woman to talk about her abortion.

She did not believe that complete healing is likely without spiritual renewal. It is not possible to keep religion and spirituality separate from counseling. She stressed that whatever you do, speak in love and always speak the truth. Each is incomplete without the other.

She outlined various defense mechanisms people often use to protect their egos, including:

- rationalization—one makes what they choose a good. (One cannot out-debate a rationalizer.)
- suppression—one gets very busy, it is hard to be alone with God, may play the radio all the time, gets involved in good causes. (The unmeditated life will not yield wisdom.)
- repression—out of consciousness, one tends to suppress all feelings, lose trust, lack tenderness.
- compensation—one substitutes another

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Healing Visions (continued)

child for the one that is aborted. (This may result in repeat pregnancy-abortion.)
- reaction formation—one says “abortion is a woman’s right,” is likely to get involved in causes.

To overcome denial, it is necessary to confront the person factually. Help the woman to talk about her abortion. What were the circumstances? Is it a sore spot? Do you have fantasies? How did you feel when you didn’t have that baby? Make sure the woman feels safe when talking to you. Pray with people if they are open to it. A woman in denial often shows up with marriage problems, excessive drinking, etc. Abortion may be the key underlying problem.

For the woman not in denial, reconciliation is needed. Have her tell what happened, talk to the person she needs to talk with, write letters.

Reconciliation with the baby is also needed. Different religions may believe different things. Even women who have left the church often still retain early internal constructs. It is appropriate to ask them about their religious faith. One can use letter writing, praying to the baby, or ritualize a burial ceremony.

The woman also needs reconciliation with herself. Sort out blame. Come to a realistic appraisal of what she is responsible for and what others are responsible for. There is a need to sense forgiveness from God. Probably she needs the assistance of a clergyman, and a return to prayer. Catholics have the Sacrament of Reconciliation.

Post-Abortion Syndrome

Dr. Rue gave an overview of the recent political, legal and professional developments relating to post-abortion syndrome. Space limitations will not permit a discussion of much valuable information, but a few key points will be highlighted.
- A New York court in Martinez v. Long Island Jewish Medical Center has recently recognized that money damages can be obtained from negligent infliction of emotional distress even with the absence of physical injury arising from long-term emotional trauma from an abortion.
- Preliminary evidence suggests a strong correlation between abortion and youthful suicide.
- Senator Gordon Humphrey regularly reads into the Congressional Record stories of women who have been traumatized by abortion.
- The issue of post-abortion trauma will not go away. It is growing geometrically. It is not a pro-life or pro-choice issue. It is a pro-family issue. It involves men, women and children.
- The American Psychological Association is minimizing the adverse effects of abortion and is weaving a web of great deception.

Post-Abortion Syndrome (PAS) is an inherently intrusive syndrome because:
1) It is typified by communication-restricting rather than communication-amplifying

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Healing Visions (continued)

behavior. It is subjectively unpleasant to recall, so also the accompanying feelings of depression and grieving, avoidance and denial are common characteristics.

2) It is self-devaluing and self-insulating because the abortion experience is a negative event. Guilt and shame are endemic; feelings are typically overwhelming, if one gives permission to feel; relationships are negatively impacted.

3) It promotes symptomatic confusion and compounding. PAS frequently leads to multiple problems affecting every area and aspect of a person's life.

PAS will more likely arise when certain circumstances are present at the time of the abortion. These are:
1. a maternal orientation.
2. prior children.
3. prior abortions.
4. religious affiliation and conservatism.
5. a lack of relationship support.
6. force or coercion.
7. second trimester.
8. genetic vs. elective abortion.
9. pre-abortion ambivalence.
10. prior emotional problems.
11. low self-esteem.
12. a lack of family of origin support.
13. adolescent vs. adult.

The Need for Integration

Dr. Susan Stanford developed four themes:

- healing vision
- integrating psychology and spirituality
- how do we each see our role?
- linking the different parts of the Healing Visions Conference together.

She summarized some of the findings of the conference which recognized a need to:

1) Improve research.
2) Exchange with others what we have learned.
3) Be supportive of one another. Burnout too easily sets in. Listen to that “still, small, voice” in quiet times.
4) Produce a professional journal on abortion trauma.
5) Educate various groups, i.e., peer support groups; develop role of the clergy, think of ways to educate professional organizations; recognize the need for appropriate referral of women in need.
6) Get more participants involved in abortion healing.
7) Interweave our faith traditions among one another.

Noting that there is a specific role that each person can bring, Dr. Stanford gave the following advice:

- Consider what the Lord Jesus wants from each of us. (See I Corinthians 12.)
  - Don’t consider yourself less worthy or more worthy than you ought.
  - Consider what you need to do to yourself or for yourself to be a more loving person (maybe say “no” a little more—or “yes”).
  - Ask ourselves what is our growing edge—what is that place or area in us that needs to grow? What do you need to let go of? Where do we need to trust God more?
  - The clamor of great learning will not bring around those we need to reach unless we love.
  - Don’t attempt to teach values without their spiritual dimension.

She stressed that Jesus heals through his love. Speak in love, listen in love, avoid condemnation. Jesus healed through touching. Timing is essential, walk gently, listen gently.

In addition to the keynote addresses, many other workshops were held. A list of the workshops and cassette tapes of each of the sessions could be obtained by contacting the National Youth Pro-Life Coalition, Jackson Ave., Hastings-on-Hudson, NY 10706 (914) 478-0103.