President’s Column

Abortion Effects Report Planned

President Reagan, in his July 30 speech to pro-life activists, assigned Surgeon General C. Everett Koop the task of preparing a report on the after-effects of abortion on women. The President indicated that it was time that we learn the full, accurate impact of abortion on the American public.

There is little doubt that the full public health implication of abortion on the American people has never been determined. Abortion has always been viewed as a solution to a social problem. Pro-abortion advocates have always assumed that any medical disadvantages were far outweighed by the social advantages. Indeed, this bias appears in much of the research as an a priori assumption in which abortion is acceptable in spite of the risks which outweigh the social disadvantages of outlawing it. In every study ever done, some health risks have been uncovered; yet most studies continue to recommend abortion to women as a satisfactory solution to a problem pregnancy.

Koop, in preparing his report, will hear from a large number of organizations. To begin this fact-finding process, on September 15 he scheduled two meetings: one with Planned Parenthood and one with the National Right to Life Committee, Inc. Accompanying him at the meetings was Dr. Michael Samuels, who is responsible for preparing the report.

Wanda Franz, Ph.D., President of the Association for Interdisciplinary Research in Values and Social Change, along with David O’Steen, Ph.D., NRLC Executive Director; Olivia Gans, Director of American Victors of Abortion; and Curtis Harris, M.D., President of the American Academy of Medical Ethics, attended the meeting. Guests at the meeting included Anne Speckhard, Ph.D.; Vincent Rue, Ph.D.; and James Rodgers, Ph.D., authors of an analysis of the literature on Post Abortion Syndrome. All of the information presented to the Surgeon General was the result of rigorous academic work and careful evaluation.

The Surgeon General expects the full report to be sent to the President next fall.
Induced Abortion Tied to Subsequent Alcohol Abuse in Women

Various studies have reported that alcoholic women are more likely than the alcoholic man to date the onset of pathological drinking to a particularly stressful event. This is most important in directly relating a prior induced abortion with subsequent drinking problems. For example, in an early study on alcoholism in women by Wall, he concluded, "In the women the problem is more highly individual, the excessive drinking being more intimately associated with a definite life situation. Both sexes have in common a narcissistic type of personality with increasing inability to adjust to reality and adult responsibility." This has been confirmed in recent writings on the subject.

In another study by Lisansky, information was gathered about the patient's "reason for drinking" on 28 men and 28 women. All but two women named a specific past event, e.g., a parent's death, a divorce, an unhappy love affair, an abortion, an operation. Of the remaining two women one said she drank in order to sleep, the other because she was lonely. Of the 28 men only 14 put the reason for their drinking in past events and these were not as specific as the women. For example, many of the men vaguely referred to their army discharges. The other 14 men assigned such reasons for their excessive drinking as feeling bored, tense, irritable, shy, etc. There are definite indications that women, in general, are more involved than men in relations with others and show more "marked social orientation."

In 1976, Morrissey and Schuckit studied 262 women seen at a detoxification center in King County, Washington, and found that 89% had experienced a gynecological event such as first childbirth, first miscarriage, first abortion, hysterectomy or menopause. 72% of the sample had borne children, 39% had at least one miscarriage, 18% had abortions, 23% reported hysterectomies, and 24% had gone through menopause. They found that primary alcoholics had the greatest likelihood of experiencing an alcohol-related problem in the same year as a particularly stressful gynecological event including miscarriages and hysterectomies. Problem drinkers and secondary alcoholics, on the other hand, were more likely to have experienced an alcohol-related problem subsequent to an abortion.

In a recent study of 1,008 Scottish women with drinking problems, 23.6% (238) reported previous obstetric problems. Pregnancy terminations by induced abortion (110) were the largest category of obstetric problems. Spontaneous abortions (94) were a close second. The study reported that pregnancy terminations positively correlated with weekly consumption (.26, p<0.001). Pregnancy termination also correlated with maximum day's consumption in a previous week (.21, p<.001) and a maximum day's consumption in the first trimester (.19, p<0.001). These conclusions were obtained based upon self-reported alcohol consumption of the women involved.

One reason for the relationship between gynecologic problems and subsequent drinking in women may be loss of self-esteem. One recent study found that alcoholic women (80%) wanted more children compared with controls (36%). Another report indicated 78% of women alcoholics reported some type of problem related to childbearing, contrasted with 34% of the married controls. The study concluded that for alcoholic women, childbearing problems may be one reflection of sex role identity. The gynecologic problems appeared to arouse or contribute to doubts about their own adequacy as women.

In a study of 30 women who had previous abortions and reported subsequent psychosocial stress, 60% reported increased alcohol use following abortion. The majority of subjects reported their first heavy drug and alcohol use to have occurred in conjunction with the stress related to abortion.

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Self-Disclosure Carries Limitations in Determination of Adverse Effects of Induced Abortion

Much of social science is based upon the self-disclosures of respondents, and self-report has been heavily relied upon in the abortion context, particularly as to its emotional and psychosocial after-effects. The conditions and limitations of self-disclosure are therefore critical, as they bear directly upon the validity of many purported facts.

An accurate portrayal of the self to others is an identifying criterion of a healthy personality, while a neurosis is related to inability to know one’s "real self" and make it known to others. Answers to factual questions may often be influenced by the desire to appear "respectable." Whenever we have reason to suspect that a person’s truthful self-report would be embarrassing, humiliating, degrading, or would place the person in an unfavorable light, we are entitled to have reservations about it. Not only may people be reluctant to openly report their beliefs, feelings or motivations, they may be unable to do so. As psychoanalysts have pointed out, many of us are not aware of our important beliefs and motivations and hence cannot report them.

Various reports have described unwanted pregnancy and induced abortion as a response to "neurotic" needs. If this is so, there may be a marked inability to reveal one's real self. This was verified in a recent survey of 252 previously aborted women who later became members of Women Exploited by Abortion. In this study, over 70% reported there was a time when they would have denied the existence of any reactions after their abortions. For some, this denial stage lasted only a few months; for others, it lasted over 10 or 15 years. Subsequently they were able to share the severe adverse effects that abortion had on their lives.

The format for questioning of aborted women appears to be very important. For example, Ian Kent, a Canadian therapist, found sharp discrepancies between data derived from a questionnaire survey administered through general practices and with the cooperation with an obstetrician-gynecologist and the responses of aborted women in a therapy group. After trust had been established in the therapist and other members of a therapy group, aborted women without exception permitted themselves to feel and express much deeper feelings about their abortions. Development of trust and confidence during the course of psychotherapy permitted deep and painful feelings to emerge that did not appear in a questionnaire interview.

Yet in a recent literature survey of possible adverse effects of abortion on women, it was observed that, "In most instances the type of interview—structured or unstructured—and the method of questioning are seldom described. Attempts at objective behavioral assessment either by study investigators or through the reports of third parties associated with the patients were rare. In the attempts made, the methods used were, at best, of unknown reliability or validity."

This is an issue that deserves more attention than it has received. TWS.

References

Theme for Sanctity of Human Life Sunday
From the Christian Action Council
"When a single child dies, the World mourns. But when 20 million children die, the World pretends it didn't happen. Please don't pretend."
Effect of Abortion on the Moral Development of Women: A Critique of *In A Different Voice*

Professor Janet Smith presented a critique of the book titled *In A Different Voice* by Carol Gilligan at the June 1987 meeting of the Association for Interdisciplinary Research. Prof. Smith believes that too little attention has been paid to the woman involved in abortion as a moral agent, and that the philosophical assumptions which inform the interpretations of interviews with women who have had abortions must be more explicit.

Gilligan believes that moral reasoning of females differs from males, that women move through three levels of moral development. The first is an initial concern with survival, then a focus on goodness, and finally a reflective understanding of care as the most adequate guide to conflicts in human relationships. Gilligan believes that women need to free themselves from convention to autonomy and integrate the needs of self into a moral decision. Gilligan rates a woman's development on the basis of the amount of responsibility and concern shown (as defined by her) and not in terms of the demands of justice in each situation. Thus, Gilligan follows a "contextual relativist" position on morality in contrast to that of Lawrence Kohlberg, her mentor, who holds that there is an objective morality determined by abstract notions of justice.

However, Prof. Smith points out serious flaws in Gilligan's treatment of the abortion issue and interviews with women who have had abortions. For example, it is not clear under what circumstances abortion would be the wrong moral choice; no examples are given of such a wrong choice. All the women interviewed, in spite of their beliefs that abortion was morally wrong, had abortions. Smith asks, "are they not violating their own moral principles?"

Gilligan attempts to judge actions by their consequences, but Smith asks, "Is an improved Post Abortion Syndrome Effects Include Alcohol Abuse (continued from page 2)

In a recent study of 252 women belonging to Women Exploited by Abortion, nearly one-third described themselves as drinking more heavily following their abortions; 15% classified themselves as alcoholics and 40% said that after their abortions they began to use or increase their use of drugs; 11% described themselves as drug addicts.  

Even moderate consumption of alcohol during pregnancy is a risk factor for spontaneous abortion. In one study, more than one-quarter of pregnant women drinking twice a week or more are likely to abort compared with 14% among women who drink less often. Heavy drinking has been associated with fetal alcohol syndrome, major and minor malformations, stillbirths and prematurity, as well as low birth weight, placental weight and birth length.  

Many adverse health and social problems, e.g., reproductive difficulties and impairment of future offspring, result from alcohol abuse irrespective of whether abortion is legal or illegal.

Footnotes
4 Some highlights in the literature of psychological sex differences since 1920, W.B. Johnson and L.W. Ferman, *J. Psychol.* 9: 327-336 (1940)
Papers presented to the June 1987 Association meeting
Post Abortion Phone Ministry
Started in Providence, R.I.

Joan C. Pendergast of After-Abortion Help-line, Inc., a Providence, Rhode Island-based telephone ministry, reported on the types of telephone calls received from November 21, 1985 through March 13, 1987. Of 164 calls received, 103 were from women after abortion; 16 were from men both before and after abortion; and 45 were from others.

The patterns of calls were reported as:

- Most callers are Roman Catholic, in a state that is 65% Roman Catholic. Many have had trouble with the “excommunication” issue.
- Many callers have not been able to talk at length about bottled-up feelings and reactions. They often begin timidly and progress into confident sharing of feelings and sufferings.
- Most women expressed guilt, depression, loss, confusion, regret, sorrow, change in the relationship with the man, anxiety, isolation, and loneliness.

- 32% of women called within three months after their abortion.
- 67% of women called within one year.
- 33% of women called after one year.

Most callers expressed relief and appreciation to volunteers for listening to them. Many are relieved to know they are not the only one suffering after an abortion.

- 16 calls were from men directly affected by abortion. Of these, 10 men called after abortion. “Our relationship is going down the tubes.” “We fight a lot. Is this what happens after?” “She refuses to even talk to me.” “I’m no longer interested in her sexually.” Two men called before abortion concerned for their girlfriends who were contemplating abortion. “She is real nervous, crying a lot.” “I’ll support her either way, but the decision should be hers.”
- 45 other calls included eight from family members concerned for a female relative after abortion. Relative Morality Critiqued (continued from 4) life situation a certain indicator that one has made a good and moral choice?” What about the improved circumstances of a bank robber’s life? This does not necessarily serve as an indication that his choice was good. Nor would the fact that one suffered a great deal as a result of helping another whose life was in danger (and let us say who died anyway). Was the choice to help a poor one?

Smith points out that considerable rationalizing is going on in the “resolution” of the abortion experience. This may well be the fundamental flaw in any ‘situation ethics’ analysis.

Space limitations do not permit an in-depth summary. A copy of the critique is available either by cassette tape or in written form by contacting the Association for Interdisciplinary Research. Professor Smith’s paper has also been accepted for publication by the International Philosophical Quarterly (Fordham University).
Abortion Callers Are Hurting (continued from 5)

abortion. "My mother wants to talk with someone about her abortion 40 years ago." One woman who encouraged her teenage daughter to abort her second pregnancy called two weeks later, feeling victimized, angry and guilty. "I quit my job to stay home to care for her first child so she could go back to school."

- Three calls were seeking help for a friend. One caller was concerned for her son's former girlfriend who called their home repeatedly, claiming she had three abortions and was now suicidal. "She doesn't go to school—she just lies around the house all day." A father worried about his teenage daughter who was to accompany a friend to an abortion clinic.

- Eight callers were seeking or contemplating abortion. One woman had lost a child to cystic fibrosis and was now pregnant again. Her husband and their doctors were adamant about no more children, but she did not wish to abort. Her husband was threatening to leave her.

Various impressions received from callers were:

- Callers often keep the ministry number for a while before calling.
- Freedom to call depends on the caller's privacy or ability to talk. Often callers hang up in the middle of a conversation, saying, "Someone is coming" or "I can't talk anymore." Some abruptly hang up. Others start to cry and hang up.
- People feeling numbness are not calling.
- Those who call are trying to recover.
- Though many referrals are given, it is not known how many are acted upon.
- Many callers don't want to go back to the abortion clinic for help, saying, "I don't want to go near that place."
- Callers are secretive, depressed, shut down, isolated, and lonely. Few have someone who can listen to them, want to, or know how to. Many don't trust anyone with their double-scandal, i.e., getting pregnant, then having an abortion.
- Callers may struggle for a long time to resolve their abortion experience.

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 on July 20 in Washington D.C. at the Hyatt Regency Crystal City. The topic of the conference will again be:

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.

In order to apply for consideration for presenting at the paper session, please mail an abstract postmarked by March 31, 1988 to:

Paper Session
Association for Interdisciplinary Research
419 - 7th Street NW, 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, self-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.

All papers will be summarized for publication in the Association Newsletter.

Post Abortion Healing Tapes Available

Tapes are still available from the excellent second annual Healing Visions Conference on Post-Abortion Counseling, Ministry and Reconciliation held at Notre Dame University, July 18-21, 1987. Contact the National Youth Pro-Life Coalition, Jackson Ave., Hastings on Hudson, NY 10706. Call (914) 478-0103 for more information.