Delayed Negative Emotional Reactions Noted in Post-Abortion Women Compared to Post-Miscarriage Women

This study reports on telephone calls received by the Pregnancy Loss Careline of Milwaukee from October 1984 through March 1988. A total of 28 post-abortion callers incidentally reported the elapsed time since their abortion, and 25 post-miscarriage callers incidentally reported the elapsed time since their miscarriage. Of these callers, the elapsed time for 14 post-abortion callers was 1 year, while only 1 of the post-miscarriage callers reported that much time since the miscarriage event.

<table>
<thead>
<tr>
<th>Elapsed Time Between Call and Event</th>
<th>Abortion</th>
<th>Miscarriage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 day</td>
<td>1 day</td>
<td>4</td>
</tr>
<tr>
<td>5 days</td>
<td>3 days</td>
<td>3</td>
</tr>
<tr>
<td>1 week</td>
<td>5 days</td>
<td>1</td>
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<tr>
<td>2 weeks</td>
<td>6 days</td>
<td>1</td>
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<tr>
<td>3 weeks</td>
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<tr>
<td>1+ mos</td>
<td>2 weeks</td>
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<td>2 mos</td>
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<tr>
<td>3 mos</td>
<td>2+ weeks</td>
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<tr>
<td>9 mos</td>
<td>20 days</td>
<td>1</td>
</tr>
<tr>
<td>1 year</td>
<td>2 mos</td>
<td>1</td>
</tr>
<tr>
<td>1+ years</td>
<td>3 mos</td>
<td>4</td>
</tr>
<tr>
<td>2 years</td>
<td>4 mos</td>
<td>1</td>
</tr>
<tr>
<td>3 years</td>
<td>7 mos</td>
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</tr>
<tr>
<td>4+ years</td>
<td>1+ years</td>
<td>1</td>
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<tr>
<td>9 years</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>15 years</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Guilt was the most frequently stated reason for caller distress related to abortion—a definite contrast to the miscarriage group. Other qualitative and quantitative differences exist between the groups, but none as marked as guilt.

In both groups there is a significant similarity, in that Boyfriend/Husband Problems in the abortion group and Relationship Problems in the miscarriage group rank high. These, along with the other findings, suggest that both intra-personal and interpersonal problems are accentuated in the abortion group. Questions and concerns regarding physical integrity and infertility are also apparent. Grief is reported in both groups. Though the profiles of the two groups have similarities, there is a qualitative difference reflected in the greater frequency distress symptoms (depression, nightmares, crying, resentment, emotional problems, and insomnia) in the abortion group. —Monte Liebman, Psychiatrist

President's Letter

A primary purpose of the Association is to assist professionals to more effectively direct their professional efforts toward expanding knowledge about the effects of abortion on the public. One way we can be of assistance is to be able to provide small grants to help those who want to do research but have expenses that prevent them from pursuing such projects.

In order to fund such efforts, the Board of the Association has recommended that we establish a fund for this purpose and request donations from you, the membership, who are most concerned with our work. We currently have two requests pending from individuals who are engaged in research on Post-Abortion Syndrome and on the effectiveness of crisis pregnancy centers. We would like to be able to assist with these and other research efforts. As you consider renewing your membership this fall, please keep in mind the important work that could be undertaken with your assistance.

Send us your membership donation to keep our organization operational, and help to expand our ability to help you and your colleagues. In addition, we would appreciate it if you would make this request available to anyone who might be interested in joining our efforts.

—Wanda Franz, Ph.D., President
The Impact of Induced Abortion on Surviving Siblings: Case Studies

It has been hypothesized that approximately 50% of the children in the Western world are or soon will be abortion survivors, i.e., they are children who have had siblings terminated by induced abortion. However, the impact of induced abortion on siblings has been little studied and few reports are available in the literature. This article attempts to summarize and describe the case reports available in the current literature.1

Dr. Edward Sheridan, an associate professor of clinical psychiatry at Georgetown University Hospital, has provided therapy for abortion traumatized siblings for 25 years. His patients have ranged from one-year-old children to adults who are still coming to terms with the knowledge that they lost a sibling to abortion.

Dr. Sheridan observed that children may become aware of an induced abortion through overheard conversations or even by being directly told by their parents. Frequently even a very young child will "sense" the mother's pregnancy and then become confused when the anticipated brother or sister does not materialize. If no explanation is given, this confusion may lead the child to somehow feel personally responsible for the loss. On the other hand, if the child becomes aware that the mother actively chose to "get rid" of the sibling, the survivor begins to fear her. The mother becomes the agent of death instead of the agent of life.

Dr. Sheridan cites an example of a three-year-old girl who was experiencing "night terrors." For some unexplained reason, she refused to go to sleep when she was home alone with her parents at night. During the day while her parents were at work, she would fall into an exhausted sleep. Finally she revealed why she was too terrified to close her eyes. She had overheard her mother say she had aborted a baby and she feared that if she let her guard down, her mother would abort her as well. The mother had become a real and dangerous threat to her, tearing away even the illusion of safety and protection.

Where the mother has had an induced abortion, Dr. Sheridan believes it alters the child's role model for his or her own parenting responsibilities in the future. It provides the child with a dangerous model for how to respond to stressful situations, teaching the child that we may get rid of human problems by getting rid of humans. A child might therefore be more likely to deal with his own stress by taking his life through suicide, or dealing with stress created by aging parents by "getting rid" of them. Dr. Sheridan said that some of these victims of abortion might, because of their experience, go on to become champions and protectors of future babies.2

Dr. E. Joanne Angelo, a practicing psychiatrist and assistant clinical professor at Tufts University School of Medicine, also has worked with siblings of aborted children. She first saw the problem while working with children who were having trouble going to school and being separated from their parents. Often, the children's fears came not from dangers perceived at school or outside the home, but from signals picked up from their parents. She discovered that many of the children were "replacement" children born after their parents had suffered the loss of another child through Sudden Infant Death Syndrome, miscarriage or abortion. When abortion was the catalyst for the replacement syndrome, the child also suffered from the mother's often unresolved—and perhaps unacknowledged—grief over the loss of her unborn child.3

Lalia—The Fearful Child

The prior induced abortions of the mother of a five-year-old girl, and the adverse impact on the girl, is documented in the literature. The girl, Lalia, was the fifth born child of a family living in North Africa. There were reports of frequent fighting between the parents, who were considering divorce. The mother complained about sexual incompatibility.

Lalia exhibited withdrawn regression, which was attributed to her mother's multiple abortions and her own fear of being destroyed by maternal aggression. On the day following her mother's fifth abortion, Lalia went to her kindergarten class. She spoke in a whisper, clung to a social worker and totally lacked self-assurance. She said that she herself had been in a terrible accident the day before, although there was no evidence to support her contention. When asked what she was afraid of, she at once answered: her mother. It became apparent that Lalia was reacting specifically to her mother's abortion the previous day.

Upon a review of the prior records, it was discovered that just after the mother's fourth abortion Lalia had spoken about children falling down stairs and had dreamed of being killed. Her pre-school history included playing aggressively with a doll and tearing the doll's head and arms off. She said it hurt the doll, but continued to pull off whatever clothes remained on the doll and then said to the doll, "That's that—now you can go away like that." The report concluded, "It is our hope that the case presented may make the relationship between maternal abortion and potentially destructive sibling reactions better known, so that the linkage may be more immediately available to therapists working with children."4

The Hostile, Aggressive Child

In another case report, a five-year-old boy was referred for psychiatric evaluation because of aggressive behavior toward his sister, poor peer relationships, and multiple tics. The boy's mother had irrational fears that her husband would leave her and had obsessive thoughts of killing the boy. The mother became pregnant when the boy was two years old. Early in her pregnancy her own father died suddenly, and the mother became extremely withdrawn and depressed and elected to have an induced abortion for health reasons.

Three months after his mother's abortion, the boy was hospitalized for pneumonia. During the hospitalization he
was noted to be “restless and to have difficulty separating from the mother.” The tics became apparent immediately after hospitalization. The following year, his mother became pregnant again and carried the child to term. However, the mother was hospitalized three months after this birth because of a severe infection.

During his mother’s hospitalization, the boy physically attacked his younger sister and was sent to live with a maternal aunt. During therapy it became apparent that he knew of his mother’s previous abortion despite the fact that he was only slightly over two years of age when it took place.

**If the child becomes aware that the mother actively chose to “get rid” of the sibling, the survivor begins to fear her. The mother becomes the agent of death instead of the agent of life.**

He described the abortion as “having her abdomen out to make her nicer.” He saw his mother as the aggressor and, via identification with the aggressor, believed that his own hospitalization had been for surgery instead of pneumonia. He fantasized that his death wishes for his mother had been responsible for “the surgery.” He thought that this surgery had castrated him internally but had left his external genitalia normal to visual inspection. The report concluded that the abortion contributed to his intrapsychic conflict in that he viewed his mother’s abortion—mutilative surgery in his mind—as the punishment for aggressive and hostile impulses and via identification with the aggressor, viewed himself as mutilated and castrated.\(^5\)

**The ‘Epileptic’ Child**

Abortion also was directly implicated in the behavior of a seven-year-old girl initially diagnosed as epileptic. For two years this girl had increasingly frequent atypical epileptic attacks preceded by unpredictable episodes of shouting at her parents, then stamping her feet and falling unconscious. She often hurt herself when she fell. A single left temporal epileptic discharge had been seen in five electroencephalograms. Many different drugs had been tried, but none of them had affected the frequency or severity of the seizures. The family admitted to no abortions or miscarriages.

When the child was examined, she was asked about her brothers and sisters. She named those that her parents had already listed, but then added the name of one more whom she said was her best friend.

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The physician, with the child sitting on his lap, suggested that they should pray for the lost baby, but the husband demurred. The physician whispered to the girl, “Let’s you and I pray for the child.” She said, “Yes, quick, quick,” so they did. The father took his child and left. Four days later the physician received a letter of gratitude from the mother, who said that the child was cured, and that her own migraine headaches had disappeared.

Three months later, the husband came in after having been recently hospitalized for hypertension. In the interview that followed he admitted to great anger about the baby, as well as an unresolved anger toward his mother, who had died some years before. After his confession he ritually mourned the death of his mother and baby. His blood pressure returned to normal soon thereafter, and eight years later all three family members remained well.\(^4\)

**Mercy—The Neglected Child**

Guilt and depression following a coerced abortion has been identified as a factor in neglect of a subsequent child. Mercy, a four-year-old child, was hospitalized with dehydration and malnourishment so severe that she nearly died. Her depressed, despondent mother agreed that the child had been neglected, but claimed that it was because the child had been so quiet and placid. The mother had little observable affection for Mercy, trembled when she picked her up and held her stiffly. Yet the mother was adamant that the child was hers and resisted the idea of foster home placement.

The social worker argued, with the support of a pediatrician, that the child had been unwanted and would continue to be neglected and should have been aborted. However, a more detailed history revealed that the mother became preg-
part, from the mother's depression subsequent to the abortion of her second pregnancy. The guilt and tension surrounding the birth of Mercy further interrupted the formation of the mother-infant bond, so that the mother failed to respond to the infant's increasingly feeble cries.7

The Anorexic Teenager

A prior induced abortion in a family has been implicated in anorexia nervosa in a teenage girl. McAll and McAll reported on 18 patients with anorexia nervosa who were treated in a hospital without initial improvement. However, 15 experienced total relief of symptoms following a process of ritual mourning for deceased family members who had not previously been mourned. Two of the patients were male. In 17 of the cases, family histories revealed a total of 25 violent deaths or deaths by suicide, five terminations of pregnancy for non-medical reasons, and eight miscarriages. In one case, a seventeen-year-old girl had had anorexia nervosa since age 14 and had been hospitalized three times. At the time of referral, she was unable to get out of bed. Her mother had an earlier pregnancy aborted. Without the knowledge of the patient, who was considered too ill to be involved, the parents went through a form of service in a church for the aborted child. When the patient was later told about this, she admitted an awareness of the existence of her unborn "sister," but said she had not mentioned this for fear of being locked up in a mental hospital. She was immediately able to get up and in a short time was successfully attending college.8

These examples illustrate that children can be adversely affected by induced abortion when as young as two years old. Guilt, anxiety, neglect, self-hate, hostility to parents, aggressive behavior toward others, irrational fears, phobias, regression and withdrawal, regression, fear of their own destruction and self-destructive behavior are noted to result from induced abortion. No one knows the total extent of these problems, but it clearly is an issue that has been too long overlooked. These case studies make it clear that induced abortion is more than a simple medical procedure to be decided by a woman and a doctor. —Thomas W. Strahan

Appreciation is expressed for the assistance of Dr. Barry Garfinkel, Department of Child and Adolescent Psychiatry at the University of Minnesota, for his valuable comments and suggestions in the preparation of this article.

Footnotes

The Abortion Experience for Victims of Rape and Incest

Rape and incest are very emotional topics. They often elicit in the general populace feelings of revulsion; people draw back from the issue of rape and incest, even from the victims of rape and incest. People don't know how to handle a person who is in that much pain. There is no quick fix. That is why it is very difficult for even pro-life people to come to grips with the argument over abortion in cases of rape and incest.

Some people who are otherwise very pro-life will condone abortion in rape and incest cases because they don't know what else to offer. And they will accept it as a rare case.

"Nobody told me about the emptiness and pain I would feel ... causing nightmares and deep depressions. They had all told me that after the abortion I could continue with my life as if nothing had happened."

This pro-life difficulty in defending the unborn even in rape and incest cases is largely due to ignorance because the facts, as I have found them, show that the victim's needs are not being served by abortion. In fact, rape and incest victims actually suffer considerably from the abortion.

The facts suggest that only a minority of rape and incest victims actually choose abortion—so right there, one should pause and reflect. Abortion is not usually chosen as the immediate solution by rape and incest victims but that is the prevailing belief of the general population. A woman has been raped and made pregnant: "Oh, she's got to have an abortion." No one has studied the rape and incest victims' needs; abortion is presumed to fill their needs.

Abortion Adds to the Pain of Rape

Various studies and my own research indicate that rape and incest victims fall into the high-risk category of aborters, and the existence of rape or incest is actually a contraindication for abortion. Jackie Bakker, whose testimony is in my book,2 says, "I soon discovered that the aftermath of my abortion continued a long time after the memory of my rape had faded. I felt empty and horrible. Nobody told me about the emptiness and pain I would feel deep within causing nightmares and deep depressions. They had all told me that after the abortion I could continue with my life as if nothing had happened." This is the same story we hear from a lot of aborted women. But for the rape and incest victim it is an especially keen story, because they have been told, "In your situation that is the only thing you can do." And they have been betrayed by that advice.

Let me give you a short explanation as to why abortion for rape pregnancy in particular is not a good idea. What are
some of the symptoms of rape? The woman feels dirty, guilty, sexually violated, of low self-esteem, angry, fearful or hateful toward men. She may experience sexual dysfunction, or feel she has lost control of her life. Now let’s look at the symptoms of abortion. The woman feels dirty, guilty, sexually violated, of low self-esteem, angry, fearful or hateful toward men. She may experience sexual dysfunction or a loss of control of her life. All the same symptoms. So instead of curing the problem, we are intensifying the same symptoms by offering abortion. Some women have described the abortion experience as feeling like rape—a form of surgical rape. Abortion, then, is a “cure” that only aggravates the problem.

Rape and incest victims are high-risk patients. We can identify high-risk patients based on research of subjects which include those who are pro-choice. First, it has been found that any element of coercion puts a woman at high risk of suffering later problems. Coercion may arise from other people or due to circumstances. If a woman feels pressured, she is entering the realm of high risk because she may be aborting against her inner feeling that says she should not. Second, any element of ambivalence about abortion—if the woman feels abortion is morally wrong or is not sure, but goes ahead with the abortion—will contribute to the feeling that she is betraying her own value system. Afterwards, she may suffer from low self-esteem and all the associated problems.

Abortion and the Victim Mentality

There is a common belief in our society, internalized by rape victims themselves, that somehow women are responsible for contributing to their rape. Thus rape victims feel self-blame and guilt. A woman’s close family or friends may reinforce these negative feelings through implied messages such as, Why didn’t you stop it? or, Why did you let it happen? or, Nice girls don’t get raped. Or the matter gets swept under the rug because they don’t want to talk about it.

Again urging repression, we see the same sort of thing in the abortion experience and in women who have problems with abortion. This is intensified even more when the patient becomes pregnant because of the rape, because then there exists a permanent symbol of the rape—at least until it is aborted. In Jackie Bakker’s case, she reports, “When I learned I was pregnant, my boyfriend and all my friends—including my girlfriend who was raped the same night—deserted me. They all acted like I [carried] the ‘ plague.’ “ So external pressures on a woman to have the quick fix of abortion imply falsely that it will somehow clean her up and solve all her problems.

Victims Give Reasons to Forego Abortion

Perhaps the best study was done by Dr. Sandra Mahkorn, published in Psychological Aspects of Abortion. Dr. Mahkorn was an experienced rape counselor who, in 1979, identified 37 pregnant rape victims who were treated by a social welfare agency. Of these 37, only five chose to have an abortion. Of the 28 who gave birth, 17 chose adoption and 3 kept the child themselves; for the remaining 8, research was unable to determine where the child was placed.

The offer of such quick and easy solutions as abortion only serves those who are uncomfortable or unwilling to deal with the special problems and needs that the complication of pregnancy might yield.

Several reasons were given for not aborting. First, several women felt that abortion was another act of violence—that it was immoral or murder. One said she would only suffer more mental anguish from taking the life of a baby. Second, some saw an intrinsic meaning or purpose to the child. Somehow this child was foisted into their lives but, on the other hand, they sensed some sort of hidden purpose behind it. And although not responsible for having brought the child into being, it had happened, and the consequences could be lived with. Third, at a subconscious level, the rape victim feels that if she can get through the pregnancy she will have conquered the rape. Outlasting pregnancy shows she is better than the rapist who brutalized her. Giving birth, then, is the way rape victims seek to reclaim their self-esteem. It is a totally selfless act, a generous act, especially in light of the pressure to abort. It is a way for them to display their courage and strength to survive even a rape.

In her study, Mahkorn found that feelings or issues relating to the rape experience were the primary concern for most of the pregnant rape victims—not pregnancy. While 19%—a significant number—placed primary emphasis on their need to confront their feelings about the pregnancy, including feelings of resentment and hostility towards the unborn child, the primary difficulty they experienced with the rape pregnancy was pressure from other people who saw the pregnancy as a blot to be eliminated. Family and friends just weren’t supportive of the woman’s choice to bear the child.

Dr. Mahkorn also found that, in the group who carried their pregnancies to term, the majority saw their attitude toward the child improve consistently throughout the pregnancy. Some remained ambivalent throughout the entire pregnancy, but for none did their attitude grow worse. None, at the end of pregnancy, wished she had decided on an abortion. Abortion therefore inhibits the healing of the rape victim and reinforces negative attitudes.

Abortion Reinforces Woman’s Powerlessness

The widespread belief that abortion is a solution to pregnancy is evident even at the first medical diagnosis following rape. For example, said Debbie Nelson, “I went back to the doctor that attended me. I remember sobbing and crying so hard when he told me the pregnancy results were positive. In that moment of shock, the doctor told me that my only choice in a situation such as this was to have an abortion. He was very kind. He held my hand and comforted me and (continued on page 6)
made a phone call to make an appointment for me with the abortion clinic." She had the abortion the next day, and she suffered for a long time afterward. Dr. Mahkorn points out that such a condescending attitude only serves to reinforce the victims' sense of helplessness and vulnerability conveyed in the sexual assault itself. The offer of such quick and easy solutions as abortion only serves those who are uncomfortable or unwilling to deal with the special problems and needs that the complication of pregnancy might yield.

Another example from my book is Vanessa Landry, another rape victim who said, "I didn't really want to have the abortion. I have always been against abortion all my life. People think that whenever anyone is raped, they have to have an abortion. My social worker just kept telling me all kinds of things to encourage me to have the abortion. They didn't give me any other option except to abort. They said that if I went on to have the baby I wouldn't have any way of supporting it. The doctor and social worker who led me to have the abortion shouldn't have. I would rather have gone on and had the child anyway on my own account. But they pressured me into the abortion, saying welfare wouldn't pay me for giving birth, but would pay for the abortion since they were saying I was going to die because I was diabetic. They said I was just another minority bringing a child into the world and there were too many already." Here is a woman who is being victimized not only because she is a rape victim, but also because she is black and a minority and she has a low income. That is one of the stories that upsets me the most.

What I really see happening in our society is that abortion is the solution for the people we don't want. And that attitude—that this is the only option we are going to offer people in difficult circumstances—is heinous. Abortion does nothing to help the victims of rape. Instead it encourages a woman only to vent her anger in revenge against the unborn child. It pits the mother against the child, which is good for neither.

On the other hand, childbirth can be a victory. For the majority of pregnant rape victims who wisely choose to forego abortion, childbirth is the choice of triumph over rape. It is a choice that says, "Rape will not dictate my life." It allows them to show their own courage and generosity. When the need of pregnant rape victims is carefully examined, it can be shown the abortion is not necessary and indeed is very likely to hinder recovery by increasing feelings of guilt, shame and low self-esteem.

Like Incest, Abortion Promotes Silence

Incest victims face similar problems. Incest is a very complex issue and it is hard to say much in a very short period of time, but the vast majority of incest victims want to carry their pregnancy to term. These are young girls for whom pregnancy is a way to break out of an incestuous relationship with their father, whom they may love despite their confusion and resentment about the way they have been used as sexual objects. Since they still love the father, having the child can not only help expose the incestuous relationship but also give hope of beginning a truly loving relationship.

In studies of incest victims, the vast majority choose to carry the pregnancy to term. Those in the minority who have an abortion do so only under pressure from their parents to conceal the incestuous relationship. Because incest is a family pathology that involves father, mother and daughter, all are involved in a conspiracy of silence.

I interviewed Edith Young, now 38 years old, who was a rape and incest victim at 12 years of age. To cover up the incident, her parents procured an abortion for her without telling her what was to happen. The emotional and physical scars of incest and abortion still last to this day. She said, "I was being sexually attacked, threatened by him and betrayed by Mom's silence... The abortion which was to be in 'my best interest' has not been... It only 'saved their reputations,' solved their problems and allowed their lives to go merrily on."

Pro-life persons don't have any reason to be ashamed to defend a pro-life view in the case of rape or incest. The ones who need to be ashamed are the pro-abortionists who have been exploiting the problems of rape and incest victims, confusing the public and promoting abortion for their own social engineering goals. To my knowledge, pro-abortionists have never yet brought together a group of rape and incest victims who carried their pregnancies to term who said, "Oh, that was the worst thing I ever did. Why didn't somebody give me an abortion when I needed it?"

We, on the other hand, can produce women who took the advice of the pro-abortionists, had the abortion and now say, "This abortion ruined my life. What were you telling me?" We need to join rape and incest victims in demanding that pro-abortionists stop exploiting the pain of innocent women's problems for their own political ends.

—David C. Reardon

Footnotes

1. Pregnancy and Sexual Assault, Sandra Mahkorn, in _The Psychological Aspects of Abortion_, ed. Mall and Watts (1979), pp. 53-72
5. Outcome Following Therapeutic Abortion. Payne et al., _Arch. Gen. Psychiatry_ 33:725-733 (June 1976)
6. Supra, note 1
7. Supra, note 2, pp. 276-278
8. The Consequences of Incest: Giving and Taking Life, Maloof, in _The Psychological Aspects of Abortion_, ed. Mall and Watts (1979), pp. 73-110
10. Supra, note 2, pp. 212-218

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