Detrimental Effects of Adolescent Abortion

It is of particular importance to identify abortion risk factors in adolescents not only for counseling and public policy reasons, but also to assist judges to determine whether or not an abortion may be in the "best interests" of an adolescent. Over one-fourth of the abortions in the U.S. are performed on women under 20 years of age, yet few studies compare adolescents with adults in their ability to cope with abortion.

Campbell, Franco and Jurs (1988) in a study at the Medical College of Ohio compared 35 women who had their abortions as teenagers with 36 women who had abortions after the age of 20. They found that teenagers were significantly more likely to report marital difficulties in their family of origin, to attempt suicide after abortion, to have severe nightmares following abortion, and to be less likely to report being coerced into abortion. In addition, the adolescents had significantly higher scores on scales measuring antisocial traits, paranoia, drug abuse, and psychotic delusions. The authors concluded that adolescents are more likely to use immature defenses such as projection, denial or "acting out" after abortion and that these immature coping defenses might become permanent.

Barglow and Weinstein (1973) observed the effects of abortion in adolescents compared with adults and concluded that two major factors distinguish the adolescent emotional response to abortion. First, the abortion decision is more often controlled by parents, peer group or sexual partners. Secondly, developmental immaturity contributes to ambivalence about the decision, to a distorted perception of the procedure, and to a variety of pathological reactions. Other important differences have also been found. Lewis (1980) found that adolescents are less likely to consult with a professional regarding their pregnancies and are more likely to see their pregnancy decision as externally 'compelled'. Smith (1973) found that teenagers are more likely than adults to be ambivalent about their abortion decisions and have an abortion at a later stage of gestation. Margolis et al. (1971) also observed ambivalence and guilt following abortion more often in young women under 18 years of age than in those who were older.
Long Term Study
Franz and Reardon (1990) completed a study of 252 women from a support group for women (Women Exploited by Abortion) who suffered negative effects of abortion. Thus, the women were self selected by joining the support group. The subjects’ abortion had occurred an average of ten years earlier. The sample was separated into those having their abortion under the age of 20 and those over the age of 20. The average age at the time of abortion was 21.2 years and varied from 12-40, 3% of the women were under 15, 42% were 15-19, 33% were 20-24, 14% were 25-29 and 8% were 30 years or older. The average age at the time of the survey was 31.2 years and ranged from 16-64 years. The longest time since abortion was 36 years. The least time since the abortion was 7 months. 87% of the sample was white, 92% of the abortions were legal. Only 17% of the women were married at the time of the abortion; 65% were single, 8% were engaged and 11% were separated.

"Adolescents were significantly more likely to report greater severity of psychological stress, to feel they were misinformed during counseling and to prefer to keep the baby."

Adolescents, defined as women of less than 20 years, of age, were significantly more likely to report greater severity of psychological stress (t = 2.75, p < .006), to feel they were misinformed during counseling (t = 2.10, p < .04), and to prefer to keep the baby (t = 1.92, p < .056). The fact that adolescents were more likely to report receiving misinformation could be due to the fact that adolescents have a greater difficulty in understanding and integrating complex information, such as that involving a decision to abort. It is possible that correct information was given or inferred but the adolescents did not understand it. It is also likely that adolescent egocentrism might hinder adequate counseling efforts. Barglow and Weinstein (1973) also found that adolescents in particular “forgot” detailed information on abortion procedures carefully given only minutes before which was attributed to being overwhelmed by anxiety and overstimulation of the experience.

Other findings from this study have implications for counseling adolescents considering abortion. A report of “worsened self image” was significantly related to being least satisfied with the choice at the time (x² = 59.7, p < .0001), being least satisfied with the services at the time of abortion (x² = 45.85, p < .007), feeling extreme pressure to have the abortion (x² = 52.54, p < .001), having the least well-thought-out decision (x² = 53.25, p < .0008), believing they had received the least information (x² = 83.55, p < .0001) and very much wanting to keep the baby (x² = 53, p < .0008). Wallerstein (1972) also found that adolescents had lowered self-esteem explicitly related to the pregnancy and abortion experience. Since adolescents are so heavily involved with establishing a self-image, the possibility of the abortion experience to act as a factor in “worsened self-image” is of great importance. The abortion context could delay the development of an identity. Counseling procedures should not pressure adolescents into the abortion decision or make them feel they don’t have adequate time and information to make an informed decision. (Borten, 1987) This is particularly difficult with adolescents due to their tendency toward egocentrism and difficulty in reasoning in the abortion context.

In addition, age at the time of abortion was significantly correlated with “time since the abortion” (r = .70, p < .0001). The younger the women was at the time of her abortion, the longer the time until she sought help for post-abortion problems. Age at the time of the abortion was also correlated with satisfaction today (r = .13, p < .03). That is, the younger the woman at the time of her abortion, the least satisfied she was later. These data suggest that the adolescent is apt to deny her problems longer than the older woman and to be more negatively affected by the decision.

A worsened self-image was related to deficiencies in the abortion decision-making process.

A series of t-test comparisons of significance (p = .05) were made between adolescents and older women. The adolescents were significantly more likely to have a long time lag between the abortion and the survey (t = 2.20, p < .03), to have abortions later in the gestational period (t = 2.16, p < .04), to be less satisfied with services at the time of abortion (t = 2.49, p < .01), and to feel forced into the abortion (t = 3.40, p < .0008). These data indicate that adolescents are less apt to want to abort. This was largely confirmed in the total sample of 252 women as 84% said that their pregnancy would not have resulted in abortion if they had been encouraged differently. (Reardon, 1987) This may be typical
for young people who often have less actual control over their lives than adults. The lack of control appears to be associated with longer periods spent in denial and with greater psychological stress. A failure to accept the reality of the abortion experience has been shown to interfere with natural grieving processes, which in turn has been associated with post abortion psychological problems. Thus, adolescents may be at greater risk for problems following abortion than older women.

Women were asked the amount of time taken to make a decision to have an abortion. Fifty-two percent took from one to four days, 24% took one week, 12% took 2 - 3 weeks, 6% took 4 - 6 weeks and 5% reported that it took longer than 6 weeks to decide. Women who reported being rushed the most to have the abortion i.e. one week or less to decide (x² = 48.41, p < .003) also reported the greatest severity of psychological problems. (x² = 48.42, p < .003)

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**Women who reported being rushed to decide reported the greatest severity of psychological problems**

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**Adolescent Body Image**

Adolescents tend to be strongly dependent on environmental feedback to establish their sense of who they are and the impression they make on others. Thus, the adolescent personality tends to be heavily dependent on external sources for assurance of its qualities and characteristics. However, the young person has a strong sense of dualism: an inner me and an external me. At this age, it is possible for the person to be aware of an internal “unique, special me” being covered up by an external “proper me”. They express frustration that the “true inner me” is not given proper recognition; hence the need to engage in anti-social activities to goad parents and influential adults into a closer examination of their real qualities. (Broughton, 1978)

This tendency in young people has important implications for post abortion counseling. If a teenager has had an abortion, she may be covering up this fact as a part of her hated inner reality. She may perceive all of her interactions with concerned others as superficial and not involving her real self. She may struggle to maintain the separation of the two elements of her being, while, at the same time desiring integration. She may have difficulty accepting responsibility for the needs and problems of her inner self, claiming that her proper, external self didn’t agree to the irresponsible actions. On the other hand, she may perceive the abortion to be something that happened to the minor, unimportant, outer self. Thus, the adolescent is in a position to ignore the importance of the abortion, since it has not touched the essential “inner self”. This attitude could produce the characteristic pattern of teens in which they appear to go through the abortion without any problems and with hardly a backward glance. For this immature person, the abortion can be inconsequential. It is possible that the process of maturing helps to trigger knowledge and understanding that forces the young person to grow up. So the developmental process could be linked to the awareness of the denial regarding the seriousness of the abortion experience. That is, the young woman may at some point go through the process of changing her view of herself as someone who has merely “had an abortion” to someone who has participated in the “destruction of her child”.

**Adolescent Egocentrism**

Due to adolescent egocentrism an adolescent social environment may have reality only in so far as it provides her with feedback about her own personality. She misinterprets many social interactions as being directed entirely toward her inner reality. She cannot conceive of other people having needs and problems which may be motivating their behavior. She sees everything in terms of her own agency and causation.

Every action is carried out in order to see how others respond to it, a response called the “imaginary audience”. Clothes are chosen to see what response they will bring in others (shock, approval, envy, etc.), not necessarily how effective they look. The same system applies in interpersonal relations. The date to the school prom is chosen to enhance prestige with the group and to boost the ego. Dating during adolescent years is carried out more to discover the identity of the self than of the date.

The young couple will spend hours preparing for the evening out. The clothes will be carefully chosen and the hair correctly combed. And when these young people meet, they will look into each other’s eyes and see - not the other person, but the response to all the effort they have made. Like looking into a mirror, they see only themselves. They both have a need to receive affirmation. They have no understanding of a mutual relationship or of giving of themselves in unselfish love.
This is entirely appropriate, since it is the primary developmental task to come to a better understanding of self. Once the self is fully grasped, it is then possible to establish a truly mature, mutual relationship with another person.

For the teenager who has had an abortion, this orientation can give a very distorted view of the causative factors impacting on her behavior. She may be inclined to blame others for her behavior, because she perceives them as functioning only for her. For example, she isn't responsible for getting pregnant, it's her mother's fault for not providing her with contraception, etc. It will be particularly difficult for the adolescent to accept responsibility for her own decision to have an abortion and, consequently, for any problems that occur afterward. Since she didn't plan to get pregnant, "it just happened." Therefore, she has no responsibility for it.

The adolescent girl who has had an abortion may find it very difficult to admit personal responsibility for problems. She will be inclined to blame others for her unhappiness, because she couldn't possibly be responsible herself. She perceives her life in terms of a "personal fable". (Elkind, 1967) She is so special that negative events won't ever happen to her. The statistics that apply to others can't possibly apply to her case. She will deny that she has a problem or that she could develop one. If she is engaging in self-destructive behavior, she will deny that the root cause may be her abortion experience.

Normal grieving is required for the maturing of the individual which requires a passage of time. A mature developmental level requires self control and self responsibility which allows for realistic assessment of one's actions. A delay between the abortion event and the emergence of post abortion syndrome may well be related to developmental changes in the individual woman. To encourage the adolescent to abort therefore may lead to delays in normal maturational processes.

Wanda Franz, Ph.D

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"To encourage the adolescent to abort may lead to delays in normal maturational processes."

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Franz, W, and Reardon, D., Negative Effects of Elective Termination of Pregnancy in Adolescence, Presented at the annual meeting of the National Council on Family Relations: Seattle Washington, Nov. 13, 1990


Reardon, David, Aborted Women: Silent No More (1987)


Health issues in Adolescent Pregnancy Decision-Making

Early Child Bearing Provides Protection From Breast Cancer

A woman's age at her first full term pregnancy is a critical risk factor for breast cancer. This is an issue of particular interest to adolescents. The longer the length of time from the onset of the first menstrual period to the first full term pregnancy the greater the risk of breast cancer. If one arbitrarily assigns a relative risk of 1.0 to nulliparous women, then a nearly three-fold variation in breast cancer risk can be observed ranging from 0.5 for women who have their first child before age 20 to 1.4 for women who give birth to their first child after age 37. 


Induced abortion, which is usually in the first trimester, does not appear to provide the protective effect of a full-term pregnancy. Thirteen studies have reported that an induced abortion is a risk factor for breast cancer (Relative Risk 1.1-2.7); 4 studies report that an induced abortion provides a slight protective effect against breast cancer and 6 studies report that an induced abortion has no effect on breast cancer risk. Early Abortion and Breast Cancer Risk Among Women Under Age 40, H. L. Howe et al, Int'l J. Epidemiology 18(2): 300-304, (1989) citing various studies.

Abortion Increases Risk of Adolescent Infection

Induced abortion by aspiration curettage (the most common method) is directly implicated in post-abortion infections such as endometritis (inflammation of the uterine wall) or (PID) Pelvic Inflammatory Disease (inflammation of the female genital tract). Adolescents are at a particularly high risk especially when unrecognized sexually transmitted diseases (STD) such as chlamydia or gonorrhea are present at the time of abortion. The incidence of untreated endometritis following abortion ranges from 3.5% to 14.7% according to John Hopkins Hospital Studies. Morbidity Risk Among Young Adolescents Undergoing Elective Abortion, Burkman et al, Contraception , Vol. 30: 99-105 (1984); Post-abortal Endometritis and Isolation of Chlamydia, Trachomatis, Barbacci, M. et al Obstet. Gynecol. 68: 686 (1986).

Adolescent Abortion Risks Increased Maternal Smoking

Women tend to smoke for emotional reasons and as a coping reaction to stress. There is a particular intensification of fear and anxiety in pregnant women who have had previous abortions. Women who have had elective abortions are more likely to smoke during subsequent pregnancies intended to be carried to term compared with women with other reproductive outcomes. A Swedish study of maternal smoking among 4719 women during 1970-78 found that 37.4% of women having prior abortions smoked 10 or more cigarettes per day compared with 21.1% of parity matched controls and 18.9% of all Swedish women. The women with prior abortions were more often teenagers and unmarried at delivery than the control groups. Outcome of First Delivery After 2nd Trimester Two-Stage Induced Abortion: A Controlled Historical Cohort Study, Meirik, Nygren, Acta Obstetricia et, Gynecol Scand. 63(1): 45-50 (1984);
Psycho-Social Aspects of Adolescent Abortion

Marriage, Economic Support Reduce Incidence of Adolescent Abortion

Induced abortion certificates were examined in 1984 in New York City among 31,207 teenagers including Whites, Blacks, Puerto Ricans and Latinos who were not Puerto Ricans. Medicaid (welfare) benefits significantly lowered the incidence of abortion in each of the ethnic groups studied but by far the most significant factor in reducing the incidence of abortion was marriage. A single previous abortion greatly increased the likelihood of a subsequent pregnancy ending in abortion. see Table 1.

Table 1.

<table>
<thead>
<tr>
<th></th>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latino</td>
<td>.07</td>
<td>.81</td>
<td>.34</td>
</tr>
<tr>
<td>Whites</td>
<td>.09</td>
<td>.96</td>
<td>.51</td>
</tr>
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<td>Blacks</td>
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<td>No</td>
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<tr>
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<td>0</td>
</tr>
<tr>
<td>Medicaid</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Pregnancies were live births and induced abortions only

**Group 1** - Women were married, had no prior children, had completed the 11th grade, had no prior abortions and received no Medicaid.

**Group 2** - Women were unmarried, had no prior children, had completed the 11th grade, had one prior abortion and received no Medicaid

**Group 3** - Women were unmarried, had one child, had completed the 9th grade, had no prior abortions and received Medicaid.


Abortion is More Than a Medical Decision

Researchers at the University of Maryland studied 229 black Baltimore urban adolescents aged 13-18 who had never been married and were experiencing their first pregnancy during 1972-73. One hundred fifty one (66%) delivered their baby and 78 (34%) had an abortion. Those who delivered attached greater importance to religion, tended to like baby-sitting to a greater degree and were somewhat more likely to be on welfare. (44% vs 28%) Deliverers tended to have a higher degree of emotional support and a better relationship with their mother. The girls’ relationship with her boyfriend was an important factor in the decision. The longer the duration of the relationship the lower the incidence of abortion although very few of the deliverers intended to marry in the future. The deliverers boyfriend was more likely to be working full-time as opposed to the boyfriend of those who aborted who was apt to be attending school full or part time.

Those who aborted were more likely to be attending school and to be at the appropriate grade level for their age, while deliverers had a higher probability of having discontinued school. However, the pregnancy per se was not the primary reason for discontinuing school as the pregnancy frequently occurred after the girl had left school. The availability of contraceptives was not a deterrent to pregnancy and the decision to become a teenage mother was a complex process involving support and pressures from family and boyfriend, personal attitudes and goals and economic and educational factors. Delivery or Abortion in Inner-City Adolescents, Fischman, Am. J. Orthopsychiatry 47 (1): 127, (1977)

Comments:

Unlike many other kinds of medical decision making, the abortion decision does not limit itself to a private discussion between a woman and a doctor. It is heavily influenced by the prevailing social situation. It has important community aspects and is influenced by family, economic and religious considerations which are outside the control or expertise of a doctor.

Adolescent pregnancies need not unduly interrupt the education of the young woman. A long term study of black inner-city Baltimore adolescents found that 70% had resumed school after delivery and half had completed high school after five years. Two out of three completed high school within ten years. Furstenberg, F., Adolescent Mothers and Their Children in Later Life, Family Planning Perspectives 19(4): 142-151, July/Aug, 1987
Adolescents Report Increased Isolation, Repeat Pregnancy Following Abortion

Thirty eight of fifty girls age 15-20, avg. 17.5 were studied via a questionnaire and an interview with a psychiatrist and social worker two years following their abortion at Montreal Childrens Hospital. Thirty seven percent of the girl’s fathers were absent by death or separation. Despite relationships of 6 months or more in most instances 37% of the girls broke up with the putative fathers following abortion. Thirty-two of the 38 girls (84%) remained in school or on the job and 32 of 38 reported contraceptive use, as opposed to only 2% reported use prior to the abortion.

The girls reported they felt mentally older and made statements such as, “I feel older than girls my age; ‘I can make decisions now; ‘I feel tougher now; ‘I have to take care of myself, my boyfriend will not look after me; ‘I think of the consequences before I do something. Eighteen percent of the girls had a repeat pregnancy, including those who did not participate in the study. The authors suggested “a high degree of emotional disturbance for the repeaters”. Follow-up of 50 Adolescent Girls Two Years After Abortion, Cvejic, et al, Canadian Medical Association Journal, Vol. 116, January 8, 1977, pp. 44-46.

Comments:
Adolescent pregnancy often occurs where there has been separation from a parent due to death or divorce to bring attention to personal or family problems. These adolescents are at increased risk of severe and long-lasting psychological problems following abortion including increased risk of repeat pregnancy and abortion. Mental changes based on statements of the girls evidence a distancing from others, and a hardened attitude (“I feel tougher”) and thus, may represent a skewing of the maturational process. Increased isolation represents a particular risk factor for future psychiatric problems as well as a variety of health and social problems. Due to the trauma of abortion many women are thereafter desperate for effective contraception. Adolescents are likely to be inconsistent in use of contraceptives due to greater frequency of sexual activity, a desire to replace the loss via another pregnancy, to ‘prove’ femininity or various other reasons. Psychology of the Misuse and Rejection of Contraception, Am J. Obstet. Gynecol 110; 227 (1971)

Coerced Abortion in Adolescence Risks Serious Psychological Problems
An immature teenager is especially vulnerable if she values her pregnancy and is given an abortion under pressure. She is very likely to: [a] develop severe post-operative depression that necessitates working through her loss as if after a bereavement; [b] withdraw from her peers and completely isolate herself; [c] deny the reality of her pregnancy and abortion; [d] develop depressive equivalents such as acting-out, difficulties at school, anti-social and aggressive behavior; [e] run away from school and/or home or university; [f] attempt to commit and occasionally succeed in committing suicide (these girls are said to become accident prone and may resort to alcohol, drugs or self-mutilation); and/or [g] identify with the fetus and become ridden with guilt, shame and rage toward herself, her parents, her sexual partner, the doctor and the hospital. Counselling of Patients Requesting an Abortion, Joyce Dunlop, The Practitioner, Vol. 220:847-852, June 1978.

Comments:

Male Adolescent Conflicts in Abortion
The impact of abortion on adolescent males has been little studied. In a study of 35 adolescent males whose sexual partners were undergoing abortion at Bronx Municipal Hospital most prominent were regressive wishes for nurturance, competition with one’s own father, and efforts to meet parental ego ideals of maturity and responsibility. Cases examined in detail revealed rage, fear of abandonment and total despair. Adolescent Males, Fatherhood and Abortion, A. A. Rothstein, Journal of Youth and Adolescence 7 (2): 203-204 (1978)

Comments:
Little generally is known about developmental changes in male adolescents who are involved in abortion.
Wide Variations in Emotional Health and Functioning are Reported Following Abortion

Seventy One adolescents (13-16 years) and their parents were interviewed by a psychiatrist during 1971 prior to a requested abortion at North Carolina Memorial Hospital. Ten subsequently did not have an abortion. Twenty could not be located or refused to participate at a 6 month follow-up interview. At the 6 month follow-up, depression (41%), guilt (46%), anger (24%), crying spells (27%) and worry (34%) were reported by the 41 participants mostly confined to the immediate post-operative period. Twenty five (63%) had discontinued the relationship with the prospective father. Emotional health and functioning showed a wide range of variation and was reported to be the same or better in 75% of the cases. However, only 11 (27%) were classified as having good general functioning and a fair to good heterosexual relationship.

Fifty percent had poor relations with parents marked by covert or overt hostility between mother and daughter. School grades generally remained the same or improved and increased maturity and consideration of others was reported. Seventeen (41%) had resumed sexual intercourse but 6 of the 17 were not using contraceptives. One-third of the adolescents stated they were against abortion on request but rationalized that they were “exceptions.” Adolescents were considered mildly delinquent and showed higher than normal results on MMPI scales related to psychopathic deviate (Pd), schizophrenic (Sc), hypomania (Ma) and masculine-feminine (MF) on both pre and post-abortion tests. Follow-up After Therapeutic Abortion in Early Adolescence, Perez-Reyes, Arch. Gen. Psychiatry 28: 120, Jan, 1973.

Comments:
Abortion is frequently a cause or an effect of the break-up the male - female relationship. This may also inhibit future male - female relationships and impair future family formation.
Conflict with one’s mother is a risk factor for continuing social and psychological impairment following abortion. The higher than normal MMPI post-abortion results and the low percentage considered too have good general functioning and heterosexual relationships are evidence of continued impairment despite the diminishing of outward emotional symptoms.
Beliefs about abortion were frequently inconsistent with action taken reflecting possible ambivalence and inner conflict. Often those considering abortion are told by abortion counselors that ambivalence is normal and don’t worry about it. However, ambivalence may be one of the root causes of later pathological mourning according to psychiatric theory.

This study tends to confirm the findings of other research which found that young, unmarried females will temporarily cease sexual intercourse following abortion only to start up again shortly thereafter with another partner. The Ambivalence of Abortion, Linda Bird Francke (1978)

Anniversary Reactions - Adolescent Mourning on the Perceived Date of Birth

In a study at the Medical College of Ohio 71 women in a patient led support group who had poorly assimilated their abortion experiences 42% had clearly reported abortion anniversary reactions. Fifty percent had their abortions as adolescents. Psychological Profile of Dysphoric Women Post Abortion, K. Franco et al, J. of the American Medical Womens Assoc. 44 (4): 113-115, July/Aug 1989. Anniversary reactions may include depression, sadness or crying or abdominal cramping motivated by incomplete or abnormal grieving over the loss of the child. Anniversary reactions may be very traumatic. In one case a 17 year old girl attempted to kill herself while driving under the influence of alcohol and 29 Bufferin tablets and smashed her car repeatedly into a bridge over-pass damaging the car beyond repair. The date of the incident was on the perceived date birth of the aborted child. In another instance a 16 year old girl took 27 Tylenol tablets as part of a suicide attempt and was brought to the emergency room of a hospital. Her suicide attempt corresponded to the approximate date her aborted child would have been born. The author stated that the cases raise the question of possible motive for guilt. “Should the patient’s perceived death of the fetus during abortion be punished by suicide?” and “Does a real or perceived anniversary or birthday reactivate internal or interpersonal conflicts?” Adolescent Suicide Attempts Following Elective Abortion: A Special Case of Anniversary Reaction, Tischler, Pediatrics 68 (5): 670, Nov. 1981.
Decline in Psycho-Social Functioning Found in Post-Abortion Adolescents

In a study by well known social researcher Judith Wallerstein, 22 unmarried women aged 14-22, avg. 18, were interviewed following their abortion from an original group of 114 women. These women had obtained abortions for mental health (21) or physical health reasons (1) at a Planned Parenthood facility in a Northern California city during 1969-70. Nineteen of the women had experienced moderate to severe emotional distress during their pregnancy. Nine women reported no conflict or very little conflict in regard to the abortion decision and had no conscious fantasy in regard to the fetus as a baby. For the remaining women the central conflict was either the deception of their families and the burden of secrecy (4), abortion as “the killing of the baby” (8), fear of lasting physical damage to themselves (3), fear of damage to future babies (2), or coercion by their families (2). Fourteen of twenty-two did not confide in their families. Catholic women were more concerned than other women with protecting their families from knowledge of their pregnancy and abortion.

At 5-7 months post abortion 11 women reportedly maintained, recovered or surpassed their previous level of psychosocial functioning although only 2 of 11 had maintained their relationship with the prospective father and 5 of 11 indicated they would have welcomed counseling following their abortion although they had not sought counseling. All 11 were sexually active with contraception. At 5-7 months 7 women exhibited moderate to considerable decline in psychosocial functioning as measured from their reported, adequate pre-pregnancy status. New maladaptive behaviors and symptoms included mild to moderate depressive episodes, new physical complaints for which medical attention had not been sought, difficulty concentrating in school, withdrawal from previous social contacts, lowered self-esteem explicitly related to the pregnancy and abortion experience, a newly begun pattern of promiscuous relationships with men, and regression to more infantile modes of relationships with parents. Four of the seven women would have welcomed post abortion counseling although they had not sought it. Three women with a history of major prior disturbances and longstanding marginal psychosocial functioning were chronically depressed and continued in poor psychological health at 5-7 months and the one who aborted for physical reasons suffered from moderate depression.

Nine of twenty-two were seen at 14 months post abortion and none had improved in the interim and several were sexually active without contraception at the later date. Where secrecy from families was insisted upon this remained a continuing source of guilt and difficulty. Adverse symptoms were particularly noticeable in the 14-17 age group and the author warned that the pregnancy and abortion experience in this group is a “considerably heightened risk and a point of potential major maturational skewing.” Psychological Sequelae of Therapeutic Abortion in Young Unmarried Women, Judith Wallerstein et al, Archives of Gen. Psychiatry 27:828-832, (Dec. 1972)

Comments:

There appeared to be a loss of instinct for self preservation and loss of self respect as many did not seek needed medical attention for physical injury, failed to seek needed psychological counseling, increased sexual promiscuity and failed to use contraception despite knowledge of the possible consequences.

Abortion secrecy was a particular issue where families had religious objections to abortion. Parental notification laws with judicial by-pass provisions thus appear to infringe upon the parental rights in the moral and religious area in these instances. This raises potential religious freedom or religious preference issues when judges are asked to authorize adolescent abortion without parental knowledge.

San Diego Study Finds Lack of Informed Consent, Severe Postabortion Guilt

A San Diego study in 1970-71 of 52 unmarried teenage women age 14-20 rated pre-abortion mental health and post-abortion adjustment by a team of interviewers, from 3 days to 54 months following abortion. The primary legal reason for abortion was mental health (80%); 18.6% of the abortions were illegal 61.5% experienced strong post abortion guilt, and over one-half (54%) said they felt coerced in their decision, often by their mothers. Thirty-eight percent felt they needed psychological help; 19% did not feel they needed psychological help. The abortion appeared to be an important predictor of a deteriorating relationship with the male partner. Forty-four percent of the males encouraged the girl to have the abortion, 13.5% discouraged the abortion and 35.6% were unaware of the pregnancy or were not involved in the abortion decision. Two out
of three girls had poor relationships with both parents prior to the abortion which tended to deteriorate following the abortion. Girls who had poor relationships with their mother had more difficult adjustment to the abortion than did girls with good relationships. Relationships with fathers were more difficult to assess. Frequently girls tried to glorify their fathers when, in fact, little relationship existed.

Twenty girls (38.4%) changed their moral convictions and 10 girls (19.2%) changed their religious convictions during or after their pregnancy and abortions. Changed moral convictions included feeling differently about sex, abortions or killing. In addition to possible changes in formal religious faiths, religious convictions also included changed feelings about their view of God and what was sinful.

Over half (54%) of the girls knew the baby’s probable birth date and 1/4th anticipated the baby’s sex, fantasized about the baby’s appearance, chose a name for the baby and reacted to pregnant women or infants. Alternatives to abortion were considered by only 1/2 of the girls.

Girls often lacked strong female figures with whom they identified, lacked close friendships, frequently had a history of drug experimentation or use and evidenced poor ego development. Actual or potential losses or need deficiency was observed in nearly one-half and 2 out of 3 displayed masochistic or aggressive behavior which was primarily evidenced by punitive relationships with men, a desire to have a bad life situation and suicidal tendencies. Post abortion guilt, poor mental health prior to the abortion and a considerable involvement with her pregnancy i.e. naming the unborn child, knowing the probable date of birth and feeling empty after the abortion, were primary characteristics of girls who had difficult adjustments to their abortions. Psychological Problems of Abortion for the Unwed Teenage Girl, Cynthia D. Martin, Genetic Psychology Monographs, 88:23-110, (1973)

Comments:

Informed consent to abortion was lacking in a substantial number of cases due to coercion and failure to consider alternatives to abortion. The pregnancy and abortion was a violation of conscience and religious convictions of many women and altered their moral and religious beliefs. In other studies changes in religious beliefs and practices following abortion have included decreased participation in traditional religious rituals and a decline in religious affiliation.

Adolescent women undergoing abortion may have a greater tendency to fantasize about their unborn baby. A previous study by psychiatrist Edward Senay of women who presented for abortion reported a lack of fantasizing about their unborn baby.

Poor mental health prior to the abortion was an indicator of poor post abortion adjustment and thus appears to represent a contraindication for abortion. One of the arguments for legalized abortion speculated that ‘unwanted’ children could cause family disintegration. However, in this study it was pregnancy followed by abortion that tended to increase family alienation and disintegration.

Abortion is Risk Factor in Adolescent Suicide Attempts

A 1985 study by researchers at the University of Minnesota of 3636 Minnesota rural high school students (grades 9-12, avg. age 16.3) found that if a girl had undergone an abortion within the last 6 months she was 10 times more likely to have attempted suicide than if she had not had an abortion in that period (4% of attempters had abortion vs 0.4% of non-attempters). If a girl had an abortion any time previously in her lifetime she was about 6 times more likely to have attempted suicide compared with girls who had not aborted. (4% of attempters had abortions vs 0.7% of non-attempters). Girls attempting suicide in general were more likely to be depressed, recently broken up with their boyfriend, have come from disrupted, chaotic home environments and to have exhibited poor judgment in their use of birth control, moral decisions and academic achievement. According to Dr. Barry Garfinkel, chief author of the study and head of child and adolescent psychiatry at the University of Minnesota, the most important factors in teen suicide are impulsiveness, anger and anxiety. The more tension the more likely it is that adolescents will end their lives. At a press conference announcing the study results Dr. Garfinkel was quoted as saying, “All too often we take these events (abortions) as either producing an alleviation of stress or of being helpful to young people, and I think we have to re-examine the issues.” Stress, Depression and Suicide: A Study of Adolescents in Minnesota, Barry Garfinkel et al in Responding to High Risk Youth, Minnesota Extension Service, University of Minnesota (1986); Suicide, Minnesota Daily, Oct. 29, 1986, p.3,16
Immature Coping Defenses Used Following Adolescent Abortion

In a study at the Medical College of Ohio of women in a patient led post abortion support group who had poorly assimilated their abortion experiences, researchers compared differences in the 35 women who had their abortions as teenagers with 37 women who had their abortions after the age of 20. They found that teenagers were significantly more likely to report parental marital difficulties, to attempt suicide following abortion (29% vs 13%) and to have severe nightmares following abortion. (80% vs 43%). In addition, the teenage abortors had significantly higher scores on the Millon Clinical Multiaxial Inventory (MCMI) scales measuring antisocial traits, paranoia, drug abuse and psychotic delusions. The authors concluded that adolescents were more likely to use immature defenses such as projection, denial or “acting out” and that these immature coping defenses might become permanent defense mechanisms. *Abortion in Adolescence*, N. Campbell, K. Franco and S. Jurs, Adolescence, Vol. XXIII, No. 92: 813-823, Winter, 1988

Abortion - Suicide Attempts Linked in Adolescent Runaways

Researchers from the New York State Psychiatric Institute and Columbia University extensively interviewed 75 female adolescent runaways in collaboration with 4 community agencies in New York City. Subjects of discussion included their sexual behavior, drug use, conduct problems, suicide tendency and depression. Suicide attempts and suicide ideation were found to be significantly related to having had an abortion. (p < .05). Female runaways who had been pregnant were also more likely to have been in trouble with the law, to use drugs, and to engage in frequent unprotected sexual intercourse, and to have had high risk sex with multiple partners in the previous three months. (all p < .05) *HIV/AIDS Prevention and Multiple Risk Behaviors of Gay Male and Runaway Adolescents*, Haignere, Clara et al, Paper presented to the Sixth International Conference on AIDS: San Francisco, June, 1990

Comments:

*Abortion appeared to weaken the desire for self-preservation and increase self-destructive behavior. Abortion tends to increase sexual promiscuity and drug or alcohol use. Abortion thus tends to increase the HIV/AIDS risk. Three or more sexual partners in a lifetime is considered a risk factor by the Centers for Disease Control. Drug use is also a risk factor for HIV/AIDS.*

Adolescents Replace Pregnancies Following Abortion

In a study of 40 Chicago adolescents in 1976-77 those who had previously had an abortion, miscarriage or other infant or fetal loss conceived again shortly after their previous loss. Twenty-five said the had purposely become pregnant again as a replacement for the previous loss. Thirteen did not admit to planning the subsequent pregnancy but avoided contraception even though they were aware of the consequences of doing so. It was concluded that adolescents who do not fully address the process of mourning after abortion, miscarriage or infant loss may face a greater risk of subsequent pregnancy. *Adolescent Mourning Reactions to Infant and Fetal Loss*, Nancy Horowitz, Social Casework, Nov. 1978 pp 551-559

Adolescent Dreams Show Abortion is a Frightening, Overwhelming Experience

A psychiatrist and social worker studied 365 patients including 78 adolescents age 13-18, avg. Sixteen undergoing abortion at Michael Reese Hospital in Chicago in 1973 and observed that adolescents in particular experienced the abortion procedure to be frightening, dangerous and punitive and often temporarily overwhelming. Pre-abortion dreams reflected preoccupation and anxiety related to the abortion. Post abortion dreams suggested the presence of mourning processes. Sample dreams included the following; A Black Muslim girl (age 16) dreamed prior to the abortion. “I dreamed the devil performed the abortion. He just reached up his hand, pulled it out, and danced around with me with it in his arms while laughing and yelling.” Another 15 year old girl who had a conflict with her mother who wanted the abortion and her boyfriend who wanted the child dreamed soon after the abortion, “My mother and four men chased me into a white garage. The men held me and my mother made a cut in my vagina while I screamed.” Yet another 18 year old girl with a history of sexual promiscuity, auto accidents and drug use dreamt following her abortion that she is being mutilated by doctors attacking her uterus and also her brain. She also had a dream in which a “girl plays a stringless ukulele which symbolizes the baby which really can’t

Comments:
The adolescent abortion experience appears to meet one of the criteria for post-traumatic stress disorder (American Psychiatric Association, DSM-III-R Manual, 1987) which requires that PTSD be outside the range of normal human experience and be markedly distressing to almost anyone.

Adolescent Pain During Abortion is Attributable to Pre-Abortion Depression
A Canadian study at McGill University measured pain levels in 109 women ranging in age from 13-34 years who underwent first trimester abortion by suction curettage under local anesthesia. Pain scores were significantly higher for younger patients (13-17 years) compared with older women. Adolescents were nearly twice as likely than older patients to experience the severe levels of pain. Pre-abortion depression was the principal predictor of pain in abortion which also correlated significantly with other measures of emotional distress such as anxiety, emotionality, ambivalence, fear, greater pain expectancy and rumination prior to abortion. Moral conflicts, concerns about others' judgement and lower perceived tolerance to pain also contributed to pain and distress. Pain of First trimester Abortion: A Study of Psychosocial and Medical Predictors, E. Belanger et al, Pain 36: 339-350 (1989), see also, Pain in First Trimester Abortion: Its Qualification of Relations With Other Variables, Smith, G. M. et al, Am. J. Obstet. Gynecol., 489-498 (1979)

Comment:
Depressed adolescents have been found to be indecisive and have difficulty concentrating. This tends to undermine informed consent as they would be more vulnerable to the suggestions of others and have difficulty assimilating information during pre-abortion counseling. They are also less likely to act to preserve their own physical or emotional well-being. See Chiles J. et al, Depression in an Adolescent Delinquent Population, Arch. Gen. Psychiatry 37; 1179 Oct. 1980

Repeat Abortion Harmful to Adolescents
Nearly 50% of the abortions in the U.S are repeat abortions. Increasing moral and social deterioration as well as increased psychological conflicts have been observed in women with each additional abortion. Increased isolation, confusion, poor decision-making, deteriorating relationships, increased drug abuse, increased smoking, increasing psychiatric hospital admissions and a decline in religious affiliation have been noted. Special Issue on Repeat Abortion, Association for Interdisciplinary Research Newsletter Vol. 2, No. 3, Summer 1989.

For example a 16 year old girl says she just had her second abortion. However, the counselor says it was her fourth not her second. The girl says, "this abortion doesn't make me feel sad, I feel good really good and very happy. There are no complications and welfare pays for it... Being Catholic doesn't bother me at all, but I don't confess it. I'm scared of what the priest would say. I wish I could tell my mother. But she would be so angry." The girl mistakenly believes she has mastered her abortive behavior, but denial, impaired communication and increased isolation are obvious problems. The Ambivalence of Abortion, Francke, L. (1978) p. 191

This is not an isolated instance. A 1984 New York City study of 31,207 teenagers found that those who had experienced one prior abortion were approximately four times more likely to terminate a subsequent pregnancy by abortion. The Social and Economic Correlates of Pregnancy Resolution Among Adolescents in New York City by Race and Ethnicity: A Multi Variant Analysis, Joyce, Am. J. Pub. Health 78(6): 626 June 1988. In another study of teenage abortion, 404 women were followed through medical records of a Los Angeles hospital over a 5 year period. Thirty-eight percent had a previous abortion and 18% had 2 abortions within the same year. Incidence of Repeat Abortion, Second Trimester Abortion, Contraceptive Use and Illness Within a Teenage Population, Rena Bobrowsky, Ph.D thesis Univ. of S. Calif. (1986); Dissertation Abstracts Int'1 47(9), Mar. 1987.

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