Sexual Dysfunction Related to Induced Abortion

Although induced abortion is touted as a form of sexual freedom and liberation, its effects often lead to various forms of sexual dysfunction and impairment of relationships. As seen in the following studies and anecdotal reports, both men and women frequently report sexual impotence, aversion to sex, loss of intimacy, unexpected guilt and extra-marital affairs as a result of induced abortion.

Marital/Couple Post-Abortion Sexual Conflicts

In a 1987 survey of 100 members of Women Exploited by Abortion, an average of 11 years post-abortion, 62% said that they experienced a loss of pleasure from sexual intercourse following their abortion. Fifty percent said they developed an aversion to sexual intercourse or became sexually unresponsive following their abortion. Sixty-four percent said the relationship with their sexual partner came to an end after their abortion with 41% of the relationships failing within one month, an additional 9% within 6 months and another 14% within 12 months. Fifty-two percent said they developed an aversion to sexual intercourse or became sexually unresponsive which was very different from their behavior prior to the abortion. These couples feared becoming pregnant despite available contraceptives, and 14% stopped making love which was frequently linked to a deterioration of the relationship as a whole. One husband suffered from impotence following the abortion despite his wife’s desire for another pregnancy. Sexual difficulties were reported to have lasted from 3-26 months with 8% of the couples suffering for more than 12 months. Despite these difficulties, only 2 couples with sexual problems asked for help and assistance. (White-Van Mourik, 1992)

Research Bulletin provides information and research on the medical, psychological and social aspects of abortion. Articles of approximately 4,000 words will be considered for publication in Research Bulletin.

Research Bulletin is edited by Thomas Strahan, J.D. All submissions and letters should be addressed to Marie Hagan, Executive Secretary, Association for Interdisciplinary Research in Values and Social Change, 419 7th Street, NW, Suite 500, Washington, D.C. 20004. We welcome your thoughts and ideas.

Cite as: Assoc Interdisc Res Bull.

Women developed a fear of or aversion to sexual intercourse

Another study was undertaken at the Mount Sinai School of Medicine in New York of 100 women of which 75% were married or in a long-term relationship, with a combined history of 124 induced abortions. For 62% of the women the abortion represented a major decision in their lives. At 1-6 months post-abortion, the predominant reaction of
the women was guilt, anger, anxiety, and/or confusion as opposed to relief or happiness. Thirty-three percent felt that their sexual performance as measured by sexual enjoyment or ease of forming a relationship had been negatively affected to some degree. Two women considered themselves to be sexually incapacitated. Among those who were identified as recidivist aborters, poorly resolved emotions surfaced and compounded their predicament. There was often a verbalized relief in the reaffirmation of their fertility, and several suggested they may have tried to get pregnant to test their reproductive capacities. (Sherman, 1985)

An in-depth study of 30 women who reported being stressed following their induced abortion found very high levels of reported sexual dysfunction. Nearly 2/3 s of the women in this study reported an elapsed period of 5-10 years following their last abortion, 50% reported second or third trimester abortions and 22% reported repeat abortions.

At the time of their abortion seventy-two percent reported steady relationships with the putative father to which 30% were married. 18% percent of the relationships were with an estranged or ex-spouse and only 8% were casual encounters.

Overall, 69% reported post abortion sexual inhibition, 31% reported sexual anxiety, and 35% reported sexual promiscuity. Where the relationship continued past the abortion, 35% reported a deterioration of the sexual relationship. The deterioration was often attributed to increased sexual anxiety, inhibitions, guilt and fear of subsequent pregnancies. However, 50% reported a subsequent pregnancy carried to term within a short time following the abortion, and 46% of the women expressed fear of future infertility. Many women defined the repeat pregnancy as being related to the abortion in order to make up for the aborted baby. Some couched this in religious terms, while others simply desired to make up for the loss experienced by the abortion. (Speckhard, 1987)

Clinical studies also shed light on post abortion sexual dysfunction. In a study of 18 women by a marital /couple therapist, frequent sexual dysfunctions are reported. These include: complete loss of or diminished or inhibited sexual desire, inhibited sexual arousal, anxiety and/or panic attacks prior to or during various phases of the sexual response cycle; dyspareunia; vaginismus and vulvodynia. For 13 of the 18 women it was their first marriage and for 5 women it was their second marriage. Nine of the women were Catholic, 6 Protestant and 3 Jewish. Most (14 of 18) were middle class, and the majority considered themselves to be liberated (15/18) or "egalitarian".In 17 of 18 cases the abortions were elective and based on pragmatic grounds.

In a follow-up study, sociologist Arthur Shostak studied 75 males who were committed to their wife or girl friend and accompanied them to an abortion facility. He found that 25% of the men reported abortion had contributed to the breakup of their relationship. Unexpected guilt and remorse had become too much to endure. One man said, "The abortion was such a stressful matter that it just brought us to leaving each other when it was over. There wasn't anything left... Another said, "Our relationship has deteriorated a little. It's different... Maybe we grew together as people, but grew apart as lovers"... It was concluded that changes in sexual relations and contraception questions caused new stresses immediately after the abortion which contributed to the break-up of relationships. (Shostak and McLouth, 1984)

Fourteen women reported that their husbands/partners reaction to their pregnancy was negative.
In 17 cases the women described their partners as being relieved to learn the women had decided on abortion. In all 18 cases the women recalled having little or no discussion with their partners concerning their feelings, thoughts, ethical or moral beliefs about abortion. None of the women sought or received any type of professional assistance (counseling or psychotherapy) either before or after their abortion. Unresolved grief and mourning over the lost fetus was a central issue for many women.

Love-making became an experience fraught with tension, uncertainty, trepidation and ambivalence. In a number of cases, women were able to engage in sexual intercourse without overwhelming anxiety, and only if love making occurred outside of its usual context of a bed or bedroom. Having intercourse in other rooms of the house, in unusual or uncomfortable positions or in unfamiliar surroundings posed less of a threat to these women.

Case Studies
Case #1 - One post abortion woman developed a severe burning sensation (vulvodynia) which reduced considerably the frequency of sexual intercourse with her husband. The couple had only minimal discussion of the decision for abortion and the circumstances following the abortion. For the wife, the severe burning sensation was a fitting punishment for her prior sexual activity out of wedlock and the abortion. For her husband (also the father of the aborted child which occurred prior to their marriage) the lack of sex was a fitting punishment for his earlier neglect of her needs. The couple had focused on her condition (called triangulating) instead of dealing with their conflicts. Once they faced their conflicts directly and openly, her symptomatic burning decreased considerably and the couple had sex on a more frequent basis.

(Bagarozzi, 1993)

Case #2 - John and Susan met in a singles bar 6 weeks after Susan had had her abortion and they began dating. The courtship was brief and the couple married 4 months later. The couple moved a few times and subsequently, John secured a new job which required that he work late almost every evening. Susan said "she found herself four and a half years into a marriage where there was no intimacy." She attempted to discuss with John her desire to have a child. During this conversation, Susan became overwhelmed with emotion and disclosed that she had had a prior abortion. She tried to explain to him how guilty and ashamed she felt, and how she had been carrying this burden for years, and how much a child would mean to her. As she talked, John listened silently and attentively. When she gained her composure, he said he did not think this was the time to start a family. Neither the abortion nor Susan's feelings about the abortion was addressed by John. Shortly thereafter, Susan began an affair with a man she felt was able to meet her intimacy needs and "share her pain."

After 18 months Susan ended the affair and the couple presented for counseling to discuss the future of their marriage. In counseling, it was learned that John had intercourse on his first date at the time of his senior prom which he characterized as being in a "wonderful state of shock". He continued to date this girl for two years until she became pregnant. She arranged for an abortion and did not see him again. This became the prototype for his future love relationships where women would initiate the romance and then terminate their association with him. When John learned
about his wife's abortion, it only served to exacerbate his own guilt and shame about his high school sweetheart's abortion.

Susan came from a strict military family. She suffered from feelings of low self esteem and feelings of unimportance. Although she was attractive, this brought only ridicule from her father who said she attracted boys like "shit attracts flies". While in college she moved in with a man. Although he proposed marriage on several occasions, she declined. She refused to use birth control but expected him to use a condom. When he failed to do so and she became pregnant, she was furious with him. Her response to his offer of marriage was to have an abortion. She returned home to live with her parents. When she disclosed to her parents that she had an abortion they said she had done the right thing and should not feel guilty about it. Her parents response to the abortion further confirmed her feelings of rejection and worthlessness. She said "I do or produce is worth very much-not even my child has any worth." (Bagarozzi, 1994)

Case #3- Heidi grew up in a large family with four brothers and one sister. Her father was very unpredictable. One moment he was charming, and in another moment he would go into a violent display of temper. When she was 3 years of age her brothers started involving her in sexually-oriented games. This went on until she was 12 years old and could say a firm no. But she was left with a precocious awareness of self and no firmly-set boundaries. She desperately sought affection in intimacy and began dating early. While at the home of her Confirmation sponsor she discovered a soft porn novel, and was permitted to read it. She read scenes she never should have known about which put some attractively perverse ideas in her head. Heidi was sexually active by age 15. She found out she was pregnant just about the time she was planning to break up with her boyfriend. Despite this, a marriage was planned but never took place. Her father said she could not attend the parish where the family attended and cut off her funds for nursing school. She gave birth to a baby girl and placed her for adoption. Heidi said to a classmate: "I hurt so bad I want to die."

Soon she was dating other men. She again became pregnant. A friend suggested an abortion and Heidi asked the father of the child for half of the money to pay for it. He was shocked and pleaded with her not to have the abortion. He said he loved her and wanted to marry her. Heidi went ahead with the abortion and saw the doctor walk away with a suction canister containing two little feet. She started smoking and gained 40 pounds in a year.

She graduated from nursing school and got a job across the country as an OB nurse. She moved in with three other girls who were wilder than she was. They read porno magazines and watched X-rated videos. She recalled "I drugged my conscience into a deep sleep with alcohol and sexual relationships. She was looking for someone to value her and love her, but none of the men came close.

Again, she became pregnant. This time she worked with a parish priest and decided on open adoption. The adoptive parents were with her in the labor room. She became more involved with her Catholic religious community where she began to receive healing. (Schmidt, 1994)

Case #4- A 32 year old woman had the following dream 11 years after a self-induced abortion of a 5 month unborn child. "I was in my old home town with two girlfriends and about to go horseback riding... I felt some anxiety. We couldn't get a horse. Then some lady came over and handed me a bundle wrapped in a sheet and blankets, like a baby, although I couldn't see the baby. I was delighted to hold it. ... When I opened the bundle, just to take a look, there was a kid there and it looked like it was shrinking. Like it was wasting away and I wanted the mother to come and take it away before it would die in my arms. I didn't want to be responsible for it. The more I looked, the more anxious I got."

The woman's mother had buried the aborted child in a shoe box. The woman commented that the
baby in the dream looked like the aborted unborn child. According to the therapist, she had an enormous sense of unfinished business about the pregnancy and abortion. Periodically she still made contact with the man who made her pregnant, hoping in some way to "undo" that event. When she had intercourse with him, she did not use contraceptives. If she became pregnant, she planned to keep the child and raise it. At times, her guilt became overwhelming, and her sense of loss increased with the passing years. When seen in treatment, she was 35 years old, getting a divorce, and anxious lest she never have children. (Ortof, 1980)

Case#5 - A married couple was referred to the Tavistock Clinic in London by a fertility clinic when no physical cause could be found to explain their inability to conceive. In the initial consultation they spoke immediately and at length about a second trimester abortion which occurred ten years earlier. The wife described how "the whole thing turned into a nightmare. I then blamed him for making me do it and I suppose I still do." The husband described how for 10 years he had carried the guilt and horror of what this had done to their marriage. The counselor observed that, quite apart from the fact that forgiveness was not part of the vocabulary of the wife, there were massive marital problems. Between the initial consultation and the first treatment session, a period of 4 weeks, the wife conceived. Therapy continued throughout the pregnancy, with a threatened miscarriage, a slow emergence of the wife's fears about her ability to mother, and the husband's fears about fathering. A live and healthy baby gave increasing pleasure for 8 months. However, they came back into therapy when the wife turned against the child and had a nervous breakdown. (Mattinson, 1985)

Abortion and Incest
Ellen, a 19 year old unmarried woman was living with the parents and sisters, age 23 and 21 and a 28 year old half-sister. Her half-sister had four prior abortions, her 23 year old sister had three prior abortions, and her 21 year old sister had one prior abortion. Ellen was the family's "good girl", academically successful, likable and seemed to be mothering her mother and sisters. Ellen conceived out of wedlock and had an abortion. Three months later she was pregnant again. The week after her abortion, Ellen had found her father in bed with her step-sister, and further discovered that her 23 year old sister had been aware of the incestuous relationship for 12 years. Ellen was angry, disillusioned and felt betrayed. She felt that the incest had given her permission to stop being a "good girl" and trying to maintain an image of a "good family." She and her boyfriend decided to face the pain of the first abortion, live together and have their baby. (Fisher, 1986)

Breast Implants
Sexually related dysfunctions may occur in post abortion women in other contexts. For example, a recent Washington state study of 80 white women who had received breast augmentation mammoplasty were compared to a control group of 3570 women. It was found that women with a history of one or more terminated pregnancies were twice as likely to have breast augmentation compared to women with no terminations (OR =2.0, 1.2-3.4, 95% CI) which was statistically significant. A history of smoking, lactation, high blood pressure or thyroid disorders, number of pregnancies, full-term births, or miscarriages differed little between women with and without implants. (Cook, 1997)

Comment: Having had an abortion may adversely affect a woman's self-image. This study lends support to the view that this occurs among a significant number of women.

Surrogate Mothers
A surrogate mother is a woman who contracts with a man to be impregnated by him through artificial insemination to carry the child to term, and after delivery to relinquish the child, as well as all parental rights, to the biological father. Usually the biological father is married to an infertile woman who hopes to
adopt the child herself. A study by a Michigan psychiatrist of 125 women who applied to be a surrogate mother found that nearly all (89%) required a fee of at least $5000. In addition, women also had other motivations. Out of the 125 women, 44 (35%) either had a voluntary abortion (26%) or had relinquished a child for adoption (9%). Some women believed that these previous losses would help them control and minimize any depressive feelings they might have in relinquishing the baby. A few thought they were consciously participating in order to deal with unresolved feelings associated with their prior losses. One applicant who had an abortion said that instead of "killing a baby", she wanted to give the gift of a live child to a loving couple who wanted to have and raise the child. Some women felt that the experimental contribution to child development was more important than their own biological contribution. Most women admitted that they would experience some feelings of loss and sadness, but minimized them by saying, "It would be their baby, not mine"; "I'm only an incubator"; "I'd be nest watching"; and "I'll attach myself in a different way-hoping it's healthy." (Parker, 1983)

Comment: Previous reproductive losses, particularly if left unresolved, may impair attachment of the mother and unborn child in subsequent pregnancies. For example one study found that women were more likely to abort on the basis of a fetal abnormality if they had a history of previous reproductive losses compared to women without such losses. (White-Van Mourik, 1992) Other research also provides support for impaired bonding or emotional growth of the mother with a prior history of abortion. (Cohen, 1966); (Ney, 1979)

Male Sexual Dysfunction Following Abortion

Impotency

Linda Bird Francke in her book, The Ambivalence of Abortion, describes several instances of male impotency following a wife's or girlfriend's abortion. In one instance, Fred's girlfriend had an abortion. Afterwards, the couple thought, "Let's cheer up and let the whole thing slide by". But it didn't. Fred recalled, "Since then our sex life has slowed down, We haven't slept together much lately. The first couple of times I can remember thinking, We've got to be careful... We'd get all turned on and start to do it, and then quit."... She doesn't turn me on physically as much any more. Right now I haven't been sleeping with her lately, or really with anyone. With one lady friend I find myself turned off right in the middle of it... I've been impotent a couple of times, too. I just couldn't get it on." (Francke, 1978)

In a third instance, Charles discovered his girlfriend Suzy was pregnant. Both were superficially for abortion, but Charles was deeply troubled at night by thoughts of the child. He never shared them with his Suzy, who was deeply depressed. Charles recalled, "After the abortion, Suzy was immediately better. We lived together for another year after that. Our sex
life didn't really change. We hadn't made love for three months prior to the abortion, and couldn't for six weeks after it. But we were conscious we had killed something or rather not let something live. We decided it was much more of a moral dilemma than we had realized. Suzy used an IUD after that, and we took better care. We broke up a year later... We had lots of problems we pretended were not there... Suddenly I felt emasculated. It was important for me to take the leadership role, and I couldn't with her. Suddenly I lost all desire for her and became impotent. Then one night we started to make love. I wasn't impotent, but it was obviously a chore. There were tears, and that was it. Later we broke up for good... The abortion tore at the fabric of our relationship, which was already strained, though it helped it in other ways... With men, I think, there's a confusion between potency and virility. At least I feel more manly for having made a baby. But I still have the residual feeling of having killed something, a life that was already impinging on mine. I've never resolved it."

(Francke, 1978)

Homosexuality

A case study was presented of a man identified as Mr. R., who was described as tall, handsome, well-dressed man in his mid-forties who regularly jogged in the mornings. He was referred for therapy because he was contemplating abandoning his career because he was convinced that people he worked with were whistling at him. He also thought that some of the senior people who had influence over his career were aware of his homosexuality and were talking about it. There was no confirming evidence of these beliefs. Although he frequented homosexual bars and restaurants, and most of his friends were homosexual, his sex life was described as "furtive, limited, quite unsatisfying, and unfulfilling. He revealed that he previously had had relationships with women. In his mid-twenties he had had a very successful and enjoyable sex life with a young woman. The young woman became pregnant. Mr. R. offered to marry her, but she did not feel ready for marriage and had an abortion. From that time on, Mr. R. turned to homosexuality and integrated himself into the "gay" life. He left his smaller town of origin and moved to the big city, cutting off a number of his previous family and social contacts. Until coming into therapy he had no further social or sexual contact with women. Once he recognized the discordance between his initial belief that he was comfortable with his homosexuality, and his obvious discomfort with it, his symptoms rapidly disappeared and he returned to heterosexual relationships. (Berger, 1994)

Anniversary Reaction

A married couple in therapy at the Tavistock Clinic in London did not have the difficulties some people experience when their youngest child left home at 18 years of age. Laughing at themselves and their rejuvenation, they delighted in having more time for themselves and each other. Two years later, however, in their own words, "It all went flat" for them despite much to look forward to, including a first grandchild. The husband had a series of what he called 'meaningless affairs' which shook them both. Their marriage, like many others, had its share of ups and downs, but overall, they were pleased with each other. The "Why Now?" in their life was an aborted child which, if born, would have been at least 18 years old. Apparently, as the therapist commented, a ghost, of the last felt child was due to leave home. Nonsense they said, "We haven't thought about it for years", Yet the husband, in a consulting room brought up the subject 19 years after the abortion in speaking of the compulsive affairs which threatened his marriage. By focusing the attention on the aborted pregnancy, it eradicated the compulsion behind the affairs. However it took longer to resume trust between the couple. (Mattinson, 1985)

Promiscuity

Paul met and began dating a new girlfriend. He delighted in bringing her flowers and treats and the couple found intimacy in sex. His girlfriend became pregnant and decided on an abor-
"I'm sleeping with as many girls as possible."

She called Paul and said, "I made my decision, I have to have half the money for an abortion. Paul was shocked, "Please don't have an abortion. This is my first conceived child. I love you. I want to marry you." After the abortion, Paul called again. "I'm going to kill myself. I can't live with what you've done." His attempt at suicide resulted in a headache and being locked up overnight in a psychiatric ward.

A month later he called her back and said, "I'm sleeping with as many girls as possible." (Schmidt, 1994)

Loss of Intimacy

Pete was in his mid-20's. He had a long-term relationship with a young woman. The first and only time that they had a sexual relationship she got pregnant. She decided to have an abortion for the sake of her career. Pete was unprepared to decide when life began or whether abortion was right or wrong and had very little input. After the abortion Pete said, "I felt neutered... I felt worthy of ever making love again. I stopped dating and did not start again for seven years. I could no longer even think of an intimate relationship with a woman. I have been married for 7 1/2 years and my wife is still grudgingly helping me through my healing along these lines. My problem with intimacy is not only tied to my abortion, it is also tied to the fact that I had sex before marriage." (Palmer, 1993)

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REFERENCES


Francke, Linda Bird, The Ambivalence of Abortion (1978) p. 113-147


Ney, Philip, Relationship Between Abortion and Child Abuse, Canadian J of Psychiatry, 24: 610-620 (1979)


Parker, Philip J. Motivation of Surrogate Mothers: Initial Findings, Am J Psychiatry 140:117-118, 1983


Speckhard, Anne, Psycho-Social Aspects of Abortion (1987)
