Founded in 1983, Family Research Council is a nonprofit research and educational organization dedicated to articulating and advancing a familycentered philosophy of public life. In addition to providing policy research and analysis for the legislative, executive, and judicial branches of the federal government, FRC seeks to inform the news media, the academic community, business leaders, and the general public about family issues that affect the nation.

Family Research Council relies solely on the generosity of individuals, families, foundations, and businesses for financial support. The Internal Revenue Service recognizes FRC as a tax-exempt, 501(c)(3) charitable organization. Donations to FRC are therefore tax-deductible in accordance with Section 170 of the Internal Revenue Code.

To see other FRC publications and to find out more about FRC's work, visit www.frc.org.

Post-Abortion Suffering A Psychiatrist Looks at the Effects of Abortion





TONY PERKINS, PRESIDENT 801 G STREET NW WASHINGTON, DC 20001 order line 800-225-4008 WWW.FRC.ORG

BC10A0

FAMILY RESEARCH COUNCIL Washington, DC



Thank you for choosing this resource. Our pamphlets are designed for grassroots activists and concerned citizens—in other words, people who want

to make a difference in their families, in their communities, and in their culture.

Recent history has clearly shown the influence that the "Values Voter" can have in the political process. FRC is committed to enabling and motivating individuals to bring about even more positive change in our nation and around the world. I invite you to use this pamphlet as a resource for educating yourself and others about some of the most pressing issues of our day.

FRC has a wide range of papers and publications. To learn more about other FRC publications and to find out more about our work, visit our website at www.frc.org or call I-800-225-4008. I look forward to working with you as we bring about a society that respects life and protects marriage.

President Family Research Council

POST-ABORTION SUFFERING: A PSYCHIATRIST LOOKS AT THE EFFECTS OF ABORTION

BY MARTHA SHUPING, M.D. AND CHRISTOPHER GACEK, J.D., PH.D.

 $\ensuremath{\mathbb{C}}$ 2010 family research council

ALL RIGHTS RESERVED.

PRINTED IN THE UNITED STATES

Post-Abortion Suffering A Psychiatrist Looks at the Effects of Abortion

BY MARTHA SHUPING, M.D.

AND CHRISTOPHER GACEK, J.D., PH.D.

The growing weight of scientific studies and the voices of women themselves tell the story of abortion as a life-changing, adverse experience for many. Relying on Dr. Martha Shuping's experience as a psychiatrist, we can describe the psychological impact of abortion through the lens of her clinical counseling and the emerging scientific literature.

First Impressions

In 1973, as a 19-year-old pre-medical student, I worked as a volunteer at a clinic that helped women access abortion services. Although the clinic originally sent women to New York for their abortions, in the early days following *Roe v Wade*, we began referring to a clinic in our own back yard. In just one evening of training, I learned to tell women that the fetus was nothing more than a clump of cells and that the procedure was akin to having one's tonsils removed. There were no side effects or complications to consider with this "simple, safe procedure."

Thirty-five years later, abortion clinic staff are still reciting the same clichés, but I would not give the same advice today. I know better. As a psychiatrist, I have helped women heal from the effects of their abortions for more than 20 years through

MARTHA SHUPING, M.D., is a practicing psychiatrist who lives in Winston-Salem, N.C.

CHRISTOPHER GACEK, J.D., PH.D., is a senior fellow at the Family Research Council

This article was originally published in the February 2009 issue of *Townhall* magazine as "Big Girls Do Cry: The Hidden Truth of Abortion." The first three paragraphs have been omitted due to their focus on political debates pertaining to the arrival of the new presidential administration. individual psychotherapy and group programs for abortion recovery. Having been entrusted with the intimate details of hundreds of abortions, I now could not truthfully say there are no risks: Women's hearts are at risk with abortion, and peer-reviewed research increasingly confirms the risks to women's mental health.



Medical and scientific studies and personal stories reveal that abortion is a life-changing experience that causes many women to suffer psychologically.

Pressure to Abort

When I met Jill,* she was reporting symptoms of severe clinical depression—she was unable to enjoy anything, had frequent crying spells, could not sleep for more than a few hours at night and had frequent thoughts of suicide. She also reported frequent, disabling panic attacks during which she felt like she was having a heart attack, with shortness of breath, rapid heartbeat and chest pain. Her symptoms were severe enough to prevent her from holding a job. She had been prescribed dozens of medications over a period of about ten years, but nothing had helped. Trying to get a handle on why treatment wasn't working, I asked her, "How did this start?"

Jill had become pregnant at 18, and her father had threatened her with homelessness if she did not have an abortion. That's pressure. He told her she could not live at home with her baby, so she had an abortion, not knowing of any other options. She pinpointed the abortion as the start of her symptoms.

Besides textbook symptoms of depression and panic, Jill also reported other symptoms that seemed specific to the abortion. She felt extremely upset when she was around her sister's baby, because it reminded her of her own baby whom she had wanted but lost. She felt guilty avoiding family gatherings, but it was too painful for her to be around her infant niece. She also couldn't stand the sound of a vacuum cleaner, which reminded her of the suction device used in her abortion.

It is not only teens who experience pressure to abort and the consequences of an unwanted abortion, but

* All names have been changed for the privacy of the women who have agreed to share their stories.

adult women, too. Melody was a married stay-athome mom with two children and a husband who was well-established in a successful career. She was happy about her pregnancy and looking forward to the birth of another child. She was shocked to learn that her husband was unwilling to accept one more child into his busy life. When they met with their pastor, he also pressured for the abortion. If her husband felt he was too busy or lacked energy for one more, she should be supportive and respect his wishes.

The effect on the babies to be aborted is obvious, but little attention is paid to how increasing abortions will affect women.

Pressured by her husband and her pastor, Melody complied with the abortion, but found herself afterwards disabled by grief and depression. She would lie awake crying through the night and then find herself unable to get out of bed to face the day, unable to care for her two living children as she grieved the one she had lost. Despite her pastor's permission to abort, her own heart had given her no such permission. She believed she had committed a sin that could not be forgiven. She wanted to die.

Amazingly, abortion providers know that at least some women are pressured, and they also know that being pressured puts women at greater risk for mental health problems after abortion. A 1993 "Fact Sheet" from Planned Parenthood lists numerous risk factors known to put women at risk for negative psychological reactions, and being pressured or coerced is one of them.

In the textbook, *A Clinician's Guide to Medical* and Surgical Abortion, even "perceived" coercion is considered a risk factor for an adverse mental health outcome after abortion. If the woman feels that she is being coerced, she's more likely to have problems—whether or not others agree with her perceptions.

Many women, like Jill and Melody, have told me of being pressured. This is consistent with a 2004 study led by Dr. Vincent Rue (comparing Russian and American women after abortion), in which 64% of the American women reported feeling pressured to abort.



Louisiana State Leader for Operation Outcry, Cindy Collins, left, and another supporter stand outside an abortion clinic, ready to tell pregnant women of their options other than abortion. Operation Outcry is a grassroots movement of women speaking out about their abortions.

In light of this, one might expect this issue to be routinely explored in pre-abortion counseling. Is this abortion truly the woman's choice, or is she being pressured by someone? Has she been informed about options that may be available to her, such as maternity homes that offer a free place to live, plus job training and child care after the child is born? Information on the range of options may relieve some of the pressures.

Lack of Counseling

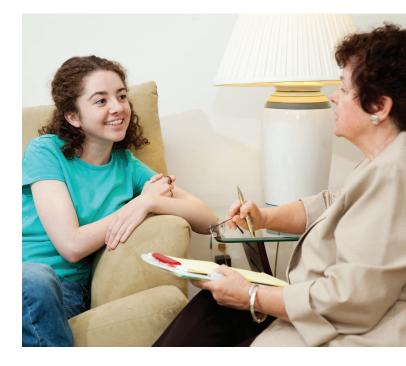
Certainly, not all abortions are pressured. The word "choice" is often used when speaking of abortion. This would seem to assume that actual choices are available and accessible, perhaps even implying that women are informed of their choices during informed-consent counseling.

Julie was 16 when she became pregnant. She was happy and excited about the baby, and her mom was happy about becoming a grandmother. Julie already had a part-time job and was trying to think through a realistic plan to care for her child. She says she definitely wanted the baby and was still considering her options when her boyfriend's father made the appointment for the abortion.

Julie had the abortion without receiving any counseling or information on support services that might have helped her to make a different choice. She said she definitely wanted her baby but did not know what else she could do.

Julie was not given any information about the type of procedure or what would take place, only that it would stop the pregnancy. It was so painful, she was not able to walk afterwards, but had to be carried to the car. She was surprised to later pass the baby at home alone.

The majority of women who come to me report they had had little to no counseling. One woman said, "I received better informed-consent counseling when my dog had surgery, compared to what I received before my abortion."



The majority of the American women in Rue's study reported similar experiences in regard to counseling. Two thirds reported they had received no counseling at all. Only 17.7% reported being counseled on alternatives, and only 10.8% believed they had received adequate counseling.

Wanted Babies

For Jill, Melody and Julie, their abortions were clearly someone else's idea. But nobody pressured Rose at all. The abortion was her idea, and her secret. She told no one.

Rose was 17, and her pregnancy was far enough along that she had felt her baby move. She said, "I really wanted this child, but I didn't know what to do"—a statement I have heard from many women. A senior in high school, just weeks away from graduation, Rose worked and saved her money, and in the end, pawned some cherished possessions to get enough money for the abortion.



An abortion doctor talks to an unidentified 27-year-old woman before she undergoes an abortion.

Still, even though Rose clearly had made her own choice for abortion and worked to pay for it herself, she is equally clear that she wanted her baby. I often hear this from women, that even though abortion was chosen, the baby was heartbreakingly wanted. Researchers often mistakenly assume that an unintended pregnancy is always an unwanted pregnancy and that the choice of abortion always implies that the baby was unwanted. But many woman report wanting their baby while choosing abortion.

Rue's study showed that 17.7% of the American women reported the pregnancy was "desired," even though abortion was chosen. Thus, perhaps more than 200,000 American women abort desired pregnancies every year. Why would it then be surprising if many women experience grief, loss and other powerful emotions after their abortion?

Suicidal Thoughts and Attempts

Rose says that immediately after the abortion she felt an overwhelming sense of loss and regret, beyond anything she had imagined. She named her son Joseph as she walked out the clinic door.

Soon after the abortion, she made two suicide attempts. First, she took a gun to a lonely place at night and tried to shoot herself. After the gun misfired, she hit it against the asphalt parking lot, and it went off, just grazing her. But when she put the gun to her head a second time, it again misfired. Giving up on the gun, she took a large overdose of medication and slept for two days, awakening unharmed.



Numerous studies confirm that this is not an isolated occurrence. A 2006 study from New Zealand under lead author Dr. David Fergusson found that young women had four times higher risk of having suicidal thoughts and attempts after abortion, compared to a group of young women who were never pregnant. The same group of postabortive young women had three times higher risk of suicidal thoughts and attempts compared to another group of young women who became pregnant but did not abort. The study controlled for more than a dozen different factors and was statistically significant, with only a 1-in-1,000 probability of the result being due to chance.

Fergusson's study also revealed that the young women had a statistically significant increased risk of major depression after abortion, compared to those who were never pregnant and those who were pregnant but did not abort. (Major depression is a psychiatric disorder in which suicidal thoughts often occur.) Dr. John Thorp, the McAllister Distinguished Professor of OB/GYN at the University of North Carolina Medical School, was lead author of a large review article which included all large, long term studies of abortion in English through 2002. The authors concluded that abortion is associated with depression serious enough to cause risk of self-harm and that women should be warned in the informed-consent process.

Only in vacant policy debates and politically sanitized clinical studies do abortion's effects on women seem minor and unworthy of recognition.

Several other peer-reviewed studies have uncovered an increased risk of suicide after abortion, a risk that persists over a period of years. But suicide and suicide attempts are the most extreme adverse outcome after abortion and appear to represent "the tip of the iceberg."

Many women have degrees of emotional reactions that may be causing distress to themselves and even those around them without ending in death or a suicide attempt. It is important to realize that there are many different symptoms and different psychiatric illnesses to which the abortion may be a contributing factor.

Mental Health Overview

Dr. Priscilla Coleman, Associate Professor of Human Development and Family Studies at Bowling Green State University, says in her report, "Abortion and Mental Health," that studies using nationally representative samples and various controls have shown that abortion significantly increases risk for several mental health problems, including depression, anxiety, substance abuse and suicidal thoughts and behaviors.

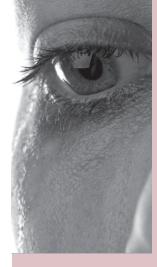
In her report, "Does Abortion Cause Mental Health Problems?," Coleman identifies more than 40 studies from peer-reviewed literature that include controls and show a strong effect of abortion as a risk factor contributing to the development of these mental health problems.

There is not one set of reactions after abortion, or one type of psychiatric disorder that may result after abortion. Rather, a large body of solid research indicates that abortion can function as a stress that places women at higher risk for developing a range of mental health problems.

The 2006 Fergusson study illustrates this point. For total mental health problems, not only depression and suicidal ideation, the post-abortive young women had higher rates of mental health problems compared to the other two groups, after controlling for numerous factors.

Delayed Reactions

Darla described her abortion experience as "very peaceful." She says, "Everyone was very kind," and she felt only relief that she could finish her college studies without interruption. She had no concerns about her abortion until almost 20 years later.



Abortion Research

A study in the *Journal of Psychiatric Research* led by Dr. Priscilla Coleman in 2008, utilizing a nationally representative U.S. sample, showed that abortion was associated with increased risk

for 12 mental health problems, including panic attacks, panic disorder, PTSD, major depression, bipolar disorder and substance abuse disorders. The associations were statistically significant and included statistical controls.

In some previous studies, it has been speculated that mental health problems after abortion may have been due to other factors. But Coleman showed that abortion "made a significant independent contribution to more mental health outcomes than a history of rape, sexual abuse in childhood, physical assault in adulthood, physical abuse in childhood and neglect."

Dr. Coleman is Co-Director of the Association for Post-Abortion Research and Training, where her research, and that of others, can be accessed at: www.standapart.org

Family Research Council Panel Discussion (10/9/2008) – "Post-abortion Mental Health Effects, Awareness, and Politics" (video, audio, documents): www.frc.org

Dr. Martha Shuping, M.D., has research and resources at: www.rachelnetwork.org Working in a health profession, she found herself caring for premature babies in a hospital nursery. "That's when it really hit me." Somehow, the tiny preemies reminded her of the abortion and her own child who might have been similar in size and development.

The degree of distress she experienced was profound enough to lead her to mental health treatment and later to Rachel's Vineyard, an abortion recovery weekend. Telling others about her abortion in a confidential group setting was a key component in her healing. "There was a sense of laying down this burden, laying down this secret. I felt free being released from this secret."

Today, Darla has completed a degree in counseling and is now a Rachel's Vineyard facilitator, helping others to heal.

Grief and Healing

Rose's abortion issues did not end with the failed suicide attempts. She also went through a period of drug addiction. Even after resolving her addiction, thoughts of her baby persisted for many years.

When Rose was in nursing school, helping a woman during a miscarriage, "It made me think of my baby, and I wanted him back."

She said, "I thought about him every day. How old would he be? What color were his eyes?" Even after being married and having a daughter, she remembered her aborted child, Joseph.

She was afraid to bond with her infant daughter, believing that her daughter might die as a punishment for the past abortion. She wasn't able to feel emotionally close to her daughter, as she remembered Joseph and felt she should have nurtured him.



Danielle Hallenbeck, North Carolina state leader for Operation Outcry, displays a rose from a memorial service for her baby that she keeps in her grandmother's Bible. Danielle, who attended a Rachel's Vineyard retreat, says the event changed her life.

Rose's healing began with an abortion recovery support group. The memorial service at the conclusion was especially significant for her. She read a poem in memory of Joseph, later crossstitching the poem into a keepsake. This and other mementos now help her to remember Joseph in a positive way. After 30 years, she says that healing from her abortion has finally allowed her to develop a close relationship with her daughter.

Julie's grief was similar. After the abortion, "I named the little boy Dennis." She continued to remember him over the years. During pregnancy, childbirth and important events with her children, the thought of her missing first child was always there, taking away from the joy she should have felt. Constantly stuffing down grief "kept me from fully enjoying my life."

Her children knew she was depressed but could not understand why. One of her adult children says, "Now I understand—it is like a missing piece." Participation in an abortion recovery program has given Julie the peace of recognizing that her child is in heaven and has finally allowed her to enjoy closeness with her children.



During memorial services at the Rachel's Vineyard retreats, candles are lit in memory of each child lost through abortion.



A Brighter Future

Like Darla, Julie and Rose now share with others the peace and comfort they have received, as members of Rachel's Vineyard teams. The existence of a growing abortion recovery movement, with thousands of support groups and programs from which to choose, testifies to the need women have to grieve for their loss while offering true hope that healing can take place.

Only in vacant policy debates and politically sanitized clinical studies do abortion's effects on women seem minor and unworthy of recognition. The real voices of many women tell far different stories—stories of life-altering experiences marked by a profound sense of loss and the need for spiritual and emotional repair. Maria put it this way, "The day that my baby died I realized that I had died, too." She is not alone. Maria and many others like her deserve our acknowledgement, our help and our love.

Abortion Recovery Resources:

- The Abortion Recovery Care Directory is an online, international listing of abortion recovery programs, serving 30,000 people annually. www.abortionrecovery.org
- *The Four Steps to Healing*, by Martha Shuping, M.D., and Debbie McDaniel, M.A., L.P.C., is a purse-size paperback that helps you begin to explore abortion issues privately. Drawing on the experiences of real women, the book leads you through a four-step process of abortion recovery. www.postabortionhealing.net
- Forgiven and Set Free: A Post-Abortion Bible Study for Women, by Linda Cochrane, can be used individually or in support groups. ISBN: 080105723X.
- The National Helpline for Abortion Recovery is staffed by consultants who have personally experienced abortion, providing referrals to a variety of programs in your area. 866-482-LIFE or www.NationalHelpLine.org
- Option Line refers callers to support groups affiliated with Care Net and Heartbeat International.
 800-395-HELP or www.optionline.org
- Rachel's Vineyard offers confidential, nonjudgmental weekend retreats at 150 locations worldwide, in Protestant and Catholic formats, open to men and women.
 877-HOPE 4 ME or www.rachelsvineyard.org

- SaveOne offers options for support groups, one-on-one help, and individual self-study of materials with workbooks for men and for women, with chapters on five continents. 866-329-3571 or www.SaveOne.org
- **Surrendering the Secret** materials are available for individual or support group use. Certified leaders can be found at: www.surrenderingthesecret.com

Pregnancy Resources:

- **Option Line** connects you to pregnancy resources in the U.S. or internationally. 800-395-HELP or www.optionline.org
- The Nurturing Network offers a wide array of pregnancy resources, specializing in the needs of college and career women, in the U.S. and internationally.
 800-TNN-4MOM or www.nurturingnetwork.org

In the UK:

- **Care Confidential** offers free, confidential help during pregnancy, and also hope and support after abortion. 0800-028-2228 or www.careconfidential.com
- British Victims of Abortion provides one-onone counseling, phone counseling and support groups for those struggling after an abortion. 0845-603-8501 or www.bvafoundation.org
- Life offers both pregnancy resources and abortion recovery counseling. 0800-915-4600 or www.lifecharity.org.uk

ADDITIONAL RESOURCES FROM FAMILY RESEARCH COUNCIL



The Top Ten Myths About Abortion BC07J02

One thing that can be said with certainty is this: the American people do not understand the facts surrounding abortion. Instead, their views are clouded by various "myths." In this pamphlet, we separate myth from reality. From whether abortion is protected under the Constitution to whether one can truly be "personally opposed, but pro-choice."

Politicized Science: The Manipulated Approval of RU-486 and Its Dangers to Women's Health BC07A01

RU-486's ability to bring an end to a human life developing in the womb is known to all, but the drug's considerable harmful effects on women's health have been minimized or ignored completely. Several organizations, including the Family Research Council, have unearthed a vast amount of information regarding safety concerns about the drug, as well as evidence documenting

the Clinton Administration's manipulation of the FDA approval process. This pamphlet provides an overview of what we now know about the drug's approval and the dangers posed by RU-486 to women's health.



Take Action Alerts CATSUB

Alerts notify you about opportunities to actively participate in Family Research Council efforts to uphold pro-life, pro-family, and pro-freedom values in Washington. Complimentary



Washington Update wusub

Family Research Council's flagship subscription: a daily email update with the latest pro-family take on Washington's hottest issues. Complimentary

To order these resources or to see more FRC publications, visit our website at www. frc.org or call 800-225-4008.

FAMILY RESEARCH COUNCIL



The Family Research Council champions marriage and family as the foundation of civilization, the seedbed of virtue, and the wellspring of society. We shape public debate and formulate public policy that values human life and upholds the institutions of marriage and the family. Believing that God is the author of life, liberty, and the family, we promote the Judeo-Christian worldview as the basis for a just, free, and stable society.

Located in the heart of Washington, D.C., the headquarters of the Family Research Council provides its staff with strategic access to government decision-making centers, national media offices, and information sources.