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Post-Abortion Syndrome

ITS WIDE RAMIFICATIONS

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CONTENTS

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Post-abortion syndrome: a variant of post-traumatic stress disorder

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In the mental health community, resistance has all too often been considerable in acknowledging the profound effects of human trauma. This is particularly the case regarding induced abortion. Among mental health practitioners, some are simply unfamiliar with the post-abortion literature. Others are reluctant to examine or affirm post-abortion psychological harm for fear of lending support to a political position in opposition to their own. While others in their clinical practice never 'see' any symptoms of post-abortion trauma because they either do not believe it exists and hence minimize any reported associations with the abortion, or never bother to question the patient about past pregnancy losses and any possible resulting behavioral, cognitive and/or emotional changes.

In general, today, discussion of the emotional sequelae of abortion is perceived as 'politically incorrect' in the US and elsewhere. Any suggestion that abortion can cause significant emotional problems is prone to being discounted and minimised due to the prevailing opinion that abortion only causes relief and maturation.[1] This chapter will focus on some of the existing evidence of post-abortion traumatisation and attempt to provide a limited clinical description of this phenomenon.

ABORTION AND TRAUMA: THE CONTROVERSY

Elective abortion is now the most common surgical procedure in the United States. Existing research on the aftermath of abortion has often yielded

1. See for example: American Psychological Association (1987). Research Review: Psychological Sequelae of Abortion. Unpublished testimony presented to the Office of the US Surgeon General. Washington, DC: Author.

contradictory results largely due to methodological shortcomings.[2] There are some 375 studies on the psychological after-effects of induced abortion. Some are anecdotal; some are reviews; and most are so methodologically flawed as to limit their utility. Nevertheless, both sides of the abortion debate refer to various studies suggesting either the existence or non-existence of post-abortion sequelae. One of the chief proponents of abortion's psychological safety, Dr. Henry David, has concluded: 'Regardless of personal convictions about abortion, there is general agreement that uncertainty persists about the psychological sequelae of terminating pregnancies.'[3]

And yet, in a recent assessment of the after-effects of abortion, Adler et al. reported that 'the weight of the evidence in scientific studies indicates that legal abortion of an unwanted pregnancy in the first trimester does not pose a psychological hazard for most women.'[4] Nevertheless, the authors, a panel of experts from the American Psychological Association, acknowledged three confounding problems that severely limit the validity of their own conclusions: 1) 'each study has methodological shortcomings and limitations', 2) 'no definitive conclusions can be drawn about longer-term effects'; and 3) 'women who are more likely to find the abortion experience stressful may be under-represented in volunteer samples.'[5] Even to the most unbiased observer, these limitations would certainly seem to question the validity of making such sweeping claims about the psychological safety of induced abortion at this time.

THE GENESIS OF ABORTION TRAUMA: UNACKNOWLEDGED GRIEF

The essential characteristics of a traumatic event generally include but are not restricted to: 1) a serious threat to one's life; 2) a serious threat to one's physical integrity; 3) a serious threat or possible harm to one's children/spouse/close relative/friends; 4) sudden destruction of one's home/community; 5) seeing another person who has been/is being/has recently been seriously injured or killed; 6) physical violence; and 7) learning about serious threat/harm to relative/family.[6]

When there are physical complications to abortion, a serious threat to one's life is possible. Very often the perceptions of the women feeling

2. For a review see A. Speckhard and V. Rue (1992), 'Postabortion Syndrome: An Emerging Public Health Concern', *Journal of Social Issues*, 48, 1992, 95-119.
3. A. David, 'Post Abortion Syndrome?', *Abortion Research Notes* 16:3, December 1987, p. 1.
4. N. Adler et al., 'Psychological Responses After Abortion' *Science*, April 1990, 41-3.
5. Adler et al., pp. 42 and 43.
6. K. Peterson, M. Prout, and R. Schwarz (1991), *Post-Traumatic Stress Disorder: A Clinician's Guide* (New York: Plenum), p. 15.

victimised by their abortion experience includes: 1) the belief that they have killed their child; 2) that the death was violent and unjustified; 3) that the post-abortion feelings of loss and grief were unanticipated; and 4) that their coping abilities post-abortion are overwhelmed. For other women, their abortion trauma becomes manifest only after learning more about fetal development post-abortion or in a subsequent wanted pregnancy. At that point they often describe feeling overwhelmed with sadness, loss and guilt over the death of their fetal child.

When a pregnancy loss such as induced abortion is traumatic, and it cannot be openly acknowledged, publicly mourned or socially supported, the parent lives in isolation. For such an individual, grief is 'disenfranchised.'[7] But there is also an intrapsychic aspect to the sociological reality of disenfranchised grief, namely, self-disenfranchisement.[8] The interaction between society's and the self's disenfranchisement is both cause and effect.

In many cultures, death is an unspeakable loss which generates profound feelings of guilt, shame and grief. Indeed, the defence mechanisms of denial, repression and suppression require and necessitate the maintenance of silence to ward off intrusive feelings of anxiety, pain and stress. It is this same silence that perpetuates self-disenfranchised grief.

According to Kauffman's typology, in self-disenfranchised grief, the individual is responsible for the lack of acknowledgement and acceptance of the painful after-effects of the loss. The primary psychological factor inhibiting the recognition of feelings of grief is shame. One is then disenfranchised by one's own feelings of shame. It is common to feel shame in the face of normal guilt. Shame and its related feelings of alienation and inferiority can be directly attributable to experiences that are defined as 'breaking the interpersonal bridge' as discussed by Kauffman. This occurs when: 1) the familiar becomes foreign; 2) others are de-personalised; 3) there is a failure to act in accordance with internalised concepts of responsibility; 4) internalised values are transgressed; 5) trust is broken down; and 6) stigmatisation and isolation result.[9] Shame and guilt are clearly principal components of traumatisation.[10] If abortion is an intentionally caused human death event, then it is likely that the effects of 'breaking the interpersonal bridge' are considerable and psychologically serious, even traumatic.

When guilt is inhibited, it can lead to complicated mourning. Guilt that

7. K. Doka (ed.), *Disenfranchised Grief* (Lexington, Mass: Lexington Books, 1989).
8. J. Kauffman (1989), 'Intrapsychic Dimenions of Disenfranchised Grief,' in K. Doka (ed.), *Disenfranchised Grief* (Lexington, Mass: Lexington Books), 25-42.
9. Ibid., 26-9.
10. M. Wong and D. Cook (1992), 'Shame and Its Contribution to PTSD', *Journal of Traumatic Stress*, 5, 4, 557-62.

is unsanctioned and shame-covered in the mourning process will have consequences commonly associated with guilt complications in impacted and pathological grief, i.e., recurrence of the unresolved guilt produces conflicts in other relationships, fears of abandonment, self-destructive behaviours, anger, feelings of inadequacy, and depression. Ashamed of one's behaviour and emotions, the individual may experience a disorder of one's sense of self, such as emotional numbing, dissociation, self-alienation, and a damaged sense of ego-mastery.[11] These symptoms are characteristic of post-traumatic disorganisation.

Because abortion is an unsanctioned death event, because the decision to terminate the life of one's fetal child is beyond the range of normal human experience, and because abortion can be described as a significant 'breaking of the interpersonal bridge,' individuals experiencing this procedure may commonly condemn themselves to a life of silence and atonement or denial and fear. Unacknowledged grief and guilt, anticipated condemnation by others, as well as the terror of re-experiencing the trauma all enable and maintain the parameters of secrecy and isolation—all characteristic hallmarks of post-traumatic decline. Such an individual becomes 'trauma bonded.'

A CLINICAL EXAMPLE

A 35-year-old woman came for evaluation of post-abortion problems. She had seen numerous therapists, attempted spiritual resolution, attended self-help groups for women hurt from their abortions, and attempted several unsuccessful courses of anti-depressant and hypno-sedative medications. Before her abortion she had experienced several other traumas, including incest and date rape. She was also bulemic. Her abortion experience was traumatic because numerous predisposing risk factors for post-abortion trauma were not evaluated in the counselling she received beforehand. In addition, she attempted to halt the abortion before it was performed, but the doctor did not accede. In her own words:

> I feel like I am falling down a very deep hole, dark and damp, grungy and grimy. The sadness at work is unbearable. I want to grab that baby back and place it inside of me. I feel drained, achy, violated and abused. When I took the sleeping pill, in 20 minutes I started feeling like I did when the doctor gave me Demerol and Valium for the abortion. I started to panic. I felt like I was going out, my legs numbed and I felt unable to control anything. I think when I sleep more feelings surface. Without sleep I stay numb. I feel angry and depressed. The tears freely form whenever I am alone . . . they come out from hiding, revealing thoughts I don't yet know I have. But my tears know . . . and they come. They visit at dark, I wonder if they will ever leave.
>
> The Saturdays (day of the abortion two and one half years earlier) of my life hold funeral services for my baby and me. This must explain why I feel numb . . . my legs, my arms, my hands, like my daughter they are appendages and like her they are dead.
>
> It's easier to be into food than it is to acknowledge how I feel. I grieve the loss of my baby and I feel despair because I know I can't bring her back and I know I can't replace her. I fear that my one living child will be taken from me. I cling to my son to somehow hold onto my baby.
>
> I freak when my menstrual blood smears my thighs, hurling me back to the gurney and the abortion. The way I knew my baby was dead was by waking and seeing the blood on my thighs. I fall apart when I see pregnant women. I turn away when I see babies. I change check-out lanes in the supermarket to avoid being too close to them. My abortion was self-destructive. I have intense, uncontrollable anger and rage. I feel barren and I can't forgive myself. I have terrible nightmares of throwing my baby down on the floor in the kitchen. In one dream I chopped off my hair, a vital part of me. I also dreamt that I slit my wrists.
>
> The world keeps the wound alive. I am alive, just half of me, half of us, maybe. I laid on the floor last night for three and a half hours crying, curled up like a fetus.

11. Kauffmann (1989), op. cit., p. 27.

POST-ABORTION SYNDROME (PAS)

If elective abortion is nothing more than the removal of non-descript cells or tissue, then it would be highly unlikely that such a procedure could cause any significant psychological harm, much less resemble the symptom picture of post-traumatic stress disorder (PTSD). On the other hand, if elective abortion is an intentionally caused human death experience, then it is likely that some women, men and significant others could manifest profound symptoms of intrusion/re-experience, avoidance/denial, associated symptoms, depression, grief and loss. It is also true that stress and trauma begin with one's perception of it. This has certainly been true for the hundreds of women this psychotherapist has treated had been previously unable to recover from their traumatic abortion experiences.

If abortion is experienced as traumatic, the symptomatic responses may be many and varied. They can include: a variety of autonomic, dysphoric and cognitive symptoms; dissociative states lasting from a few minutes to

several hours or even days during which components of the abortion are re-lived and the individual behaves as though experiencing the event at the moment; impulsive behaviour, increased irritability, emotional lability, and depression and guilt resulting in self-defeating or suicidal behaviours. Additionally the following may also be seen: emotional distancing and numbing, feelings of helplessness, hopelessness, sadness, sorrow, lowered self-esteem, distrust, hostility toward self and others, regret, sleep disorders, recurring distressing dreams, nightmares, anniversary reactions, psychophysiological symptoms, alcohol and/or chemical dependencies and abuse, sexual dysfunction, insecurity, painful unwanted re-experiencing of the abortion, relationship disruption, communication impairment and/or restriction, isolation, fetal fantasies, self condemnation, flashbacks, uncontrollable weeping, eating disorders, preoccupation, memory and/or concentration disruption, confused and/or distorted thinking, delusions, bitterness, an enduring sense of loss, survivor guilt with an inability to forgive oneself, psychological distress associated with physical complications, and the corresponding increased need for psychotherapeutic and/or psychopharmacological treatment.

Traumatic events have the capability to shatter the individual's core assumptions about reality. In PAS it is common clinically to encounter significant alteration of an individual's primary beliefs of safety, trust, worthiness, meaning in life, pleasure, self image and degree of relatedness/connectedness to others. It is now generally accepted that post-traumatic stress reactions are more persistent after an event for which human beings are perceived to be responsible. Because of this, survivor guilt, shame and a chronic inability to forgive oneself and the need to punish are commonly found impediments to recovery. There is also evidence that an individual experiencing an abortion is more likely to be traumatised if she believes that the procedure is *absolutely safe* psychologically. Events need to be given meaning before they are experienced as stressful or not.[12]

PAS defined as PTSD

In 1987, the American Psychiatric Association acknowledged in its newly revised manual of diagnostic criteria, the *Diagnostic and Statistical Manual of Mental Disorders III-R* (DSM-III-R), that abortion is a type of 'psychosocial stressor.' Psychological stressors are capable of causing 'post-traumatic stress disorder.' Post-abortion Syndrome is a specific type of post-traumatic stress disorder. As a psychological disorder, PAS is made up of a predictable pattern of symptoms which occur in response to a physically or emotionally traumatising abortion experience. Impairment from the disorder may either be mild or affect nearly every aspect of life. 'Psychic numbing' may interfere with interpersonal relationships, such as marriage or family life. Depression and guilt may result in self-defeating behaviour or suicidal actions. Drug or alcohol abuse may develop and 'anniversary reactions' are common. Increased irritability and impulsive behaviour are also associated features of this disorder.[13]

According to the DSM-III-R, post-traumatic stress disorder traumata involve 'an event that is outside the range of usual human experience . . . e.g. serious threat to one's life or physical integrity; serious threat or harm to one's children . . . or seeing another person who has been or is being, seriously injured or killed as the result of . . . physical violence.' (p. 250) There are four basic components of PAS: 1) exposure to or participation in an abortion experience, i.e., the intentional destruction of one's unborn child, which is perceived as sufficiently traumatic and beyond the range of usual human experience; 2) uncontrolled negative re-experiencing of the abortion death event, e.g. flashbacks, nightmares, grief and anniversary reactions; 3) unsuccessful attempts to avoid or deny abortion recollections and emotional pain which result in reduced responsiveness with others and one's environment; and 4) experiencing associated symptoms not present before the abortion including guilt about surviving.[14]

Women with PAS experience feelings of alienation, isolation and horror over having experienced an abortion. For many, this death event is sufficiently traumatic and beyond the range of human experience so as to be re-experienced and the cause of impacted grieving. Some of the fears experienced include: fears about what happened to the aborted child, fears about one's own body, fears about one's sanity, fears about one's spiritual standing, and fears about being socially ostracised or branded as a deviant should others learn about the abortion.

The diagnostic criteria for PAS are provided in Figure 1. Spontaneous recovery from PAS is not characteristic. While PAS is categorised as a type of PTSD, additional diagnoses including anxiety, depressive or organic mental disorder may concurrently be made. Other variants of PTSD, not dissimilar to PAS, are 'Rape Trauma Syndrome,' 'Battered Wives' Syndrome,' and 'Post-Hysterectomy Syndrome,' all of which are also not included in the DSM-III-R, but which are widely accepted.

More than an accidental grab bag of isolated symptoms, Post-abortion

12. See generally: Peterson, Prout & Schwarz (1991) op. cit., p. 117.

13. V. Rue and A. Speckhard (1992), 'Post Abortion Trauma: Incidence and Diagnostic Considerations,' *Medicine and Mind*, 6, 1, 57-74.

14. See also A. Speckhard and V. Rue (1992), 'Postabortion Syndrome: An Emerging Public Health Concern,' *Journal of Social Issues*, 48, 95-120; A. Speckhard and V. Rue (1993), 'Complicated Mourning: Dynamics of Impacted Post-Abortion Grief,' *Journal of Pre- and Peri-natal Psychology*, 8, 1, 6-32.

Syndrome is a clustering of related and unsuccessful attempts to assimilate and gain mastery over the abortion trauma. The resulting lifestyle changes involve partial to total cognitive restructuring, behavioural reorganisation, and emotional disruption.

Characteristic symptoms: intrusion/re-experience and avoidance/denial

Women who are emotionally traumatised by their abortions, and perhaps physically traumatised as well, are frequently overwhelmed by the depths of emotions that the abortion experience evokes. The factors of being surprised and overwhelmed by the intensity of the emotional and physical response to the abortion experience frequently act upon the post-abortive woman in a manner which causes her to resort to the defences of repression and denial. The woman who represses or denies her emotional responses to the abortion trauma often re-experiences that trauma in memory at a later time. It is generally true that the PTSD symptom picture, particularly a person who experienced a traumatic abortion, worsens as the magnitude of the trauma rises, as the chronicity of the disorder increases, and as the delay in treatment lengthens.[15]

In the case of PAS, re-experience can occur in women who frequently experience nightmares following their abortion. One woman reported a recurring nightmare in which she dreams that her aborted baby is drowning in a swimming pool and she desperately and unsuccessfully keeps reaching out to save the child. Another woman described her nightly horror of wakening in a panic hearing the desperate crying of a newborn in a nightmare and then searching the house in vain to find the infant.

Re-experience also occurs in PAS women in the form of preoccupation in their waking and sleeping moments with thoughts about pregnancy in general, and the aborted child in particular. Such preoccupation frequently becomes most intense on subsequent anniversary dates of the abortion or on anniversaries of the projected due date of the aborted child. One woman described her monthly re-experiencing around her menses. During her menstruation, this married woman would ritually go into her bathroom and take a glass bottle to capture any blood clots in the hope of capturing any remnants of her two year old abortion.

PAS re-experience also occurs in the form of flashbacks to the abortion experience. As one woman described her flashbacks, 'I keep hearing the sickening suction machine. It just goes off in my head and I can't stop it.' Others avoid pregnant women, medical clinics, or babies for fear of flashing back to their traumatic loss.

15. See, generally, C. Frederick (1980), 'Effects of natural versus human-induced violence upon victims', *Evaluation and Change* (special issue), 71-5.

According to Klein, three out of four people surveyed keep sexual secrets, like abortion, from their partners and even sometimes from themselves.[16] By not acknowledging an abortion experience to one's self and/or to one's significant others, a psychological barrier is erected and an emotional toxicity is perpetuated. Coupled with denial, avoidance of abortion-related traumata can occur on a number of levels: 1) avoidance of affect/feelings (numbing); 2) avoidance of knowledge of the event (amnesia); 3) behavioral avoidance (phobic responses); and 4) avoidance of communication about the event (interpersonal distancing).[17]

When intrusion and re-experience of the trauma become too threatening, the defences of avoidance and denial help restore some sense of balance and mastery rather than feeling overwhelmed. Accordingly, affect is protected and limited coping mechanisms are restored. Confronting traumatic memories may pose a seemingly unresolvable discrepancy with the individual's existing schemas about the self and the world.[18] This may be particularly so in abortion because denial functions as a protective mechanism against experiencing the grief and loss surrounding the abortion death. One woman, when asked how she coped with her abortion experience replied: 'I didn't take it personally.' Although clinical experiences indicate that denial/numbing is a universal response to trauma, denial is also central to the development of PAS because greater amounts of psychic energy are increasingly employed to protect the individual from unwanted and intrusive re-experiencing.

Various types of denial have been described by Rue relating to abortion: occluded, periodic, compensatory, segmented, and purposive.[19] Selby delineated abortion denial according to stages: 1) preabortion denial (a) of the pregnancy itself; (b) of the responsibility for the pregnancy; (c) of the baby or humanity of the product of conception; or (d) of how she became pregnant; 2) during the abortion event denial (a) of the physical experience itself; (b) of her emotional reactions to the procedure; and 3) post-abortion denial (a) of certain aspects of the abortion; (b) of all memory of the abortion; and (c) of any relationship between the abortion and self-defeating behaviours.[20] To the extent that denial is intractable, recovery is minimised.

16. M. Klein (1987), 'Sexual Secrets', paper presented at the annual meeting of the Society for the Scientific Study of Sex, Beverly Hills, CA.
17. See generally K. Peterson, M. Prout and R. Schwarz (1991), *Post-Traumatic Stress Disorder: A Clinician's Guide* (New York: Plenum Press).
18. I. McCann and L. Pearlman (1990), *Psychological Trauma and the Adult Survivor* (New York: Brunner/Mazel).
19. V. Rue (1986), 'Post-Abortion Syndrome', paper presented at the 1st National Conference on Post-Abortion Healing, University of Notre Dame.
20. T. Selby (1990), *The Mourning After: Help for Post-Abortion Syndrome* (Grand Rapids, Michigan: Baker).

Women with PAS may employ repression in an attempt to 'forget' parts or the whole of the abortion trauma, creating 'psychogenic amnesia' which is a central feature of PTSD. This memory loss may be temporary or chronic. The tendency to avoid dealing with a traumatic abortion experience must be overcome for three reasons: (1) patients cannot process the traumatic experience if they avoid everything about it and hence are held 'hostage;' (2) the avoidance/denial itself becomes a secondary problem that further exacerbates the situation; and (3) the likelihood of future mastery of potentially highly stressful events is diminished considerably with unresolved past trauma.

When a woman's experience of an abortion trauma is delayed, it can cause confusion, fear, and bewilderment in the woman who thought she had successfully dealt with her abortion experience. One woman spoke of it this way, 'I can't believe it's my abortion that's bothering me after all these years. It was okay at the time, but now I feel really upset about it and afraid to be alone with my feelings.'

CORROBORATING EVIDENCE

Post-abortion trauma was first identified as a variant of post-traumatic stress disorder in 1981 by Rue.[21] Subsequently, additional clinicians/researchers have confirmed this diagnostic impression: Stanford-Rue, 1986;[22] Speckhard, 1987;[23] Fisch & Tadmor (1989),[24] Selby (1990),[25] DeVeber & Azenstat (1991),[26] and Angelo (1992).[27]

In a very recent study of 984 women randomly selected for follow-back from their abortion, Barnard found approximately 60 per cent gave a wrong phone number at the abortion clinic. Because of this, she was only able to obtain a sample of 80 women. Nevertheless, her findings are important: (1) 68 per cent, at the time of the abortion had little to no religious involvement;

21. V. Rue (1981), 'Abortion and Family Relations', testimony presented before the Subcommittee on the Constitution of the US Senate Judiciary Committee, US Senate, 97th Congress, Washington, DC.
22. S. Stanford-Rue (1986), *Will I Cry Tomorrow? Healing Post-Abortion Trauma* (Fleming, NJ: Revell).
23. A. Speckhard (1987), *Psycho-Social Stress Following Abortion*, (Kansas City, MO: Sheed & Ward).
24. R. Fisch and O. Tadmor (1989), 'Iatrogenic Post-Traumatic Stress Disorder', *Lancet*, 9 December 1397.
25. T. Selby (1990), *The Mourning After*, op. cit.
26. L. DeVeber, J. Azenstat and D. Chisholm (1991), 'Postabortion Grief: Psychological Sequelae of Induced Abortion', *Humane Medicine*, 7, 203-9.
27. E.J. Angelo (1992), 'Psychiatric Sequelae of Abortion: The Many Faces of Post-Abortion Grief', *Linacre Quarterly*, 59, 2, 69-80.

(2) the sample was normally distributed as to values; (3) 3-5 years post abortion, 18 per cent of the sample met the full diagnostic criteria for post-traumatic stress disorder and 46 per cent displayed high stress reactions (symptoms of intrusion and avoidance) to their abortion. Barnard used standardised psychological testing, including the Millon Clinical Multiaxial Inventory and the Impact of Event Scale. She found approximately one out of four women reported feeling emotionally detached and numb and more than one out of three described conscious efforts to avoid thinking about their abortion experience. More than one out of three identified difficulties of increased unwanted and negative arousal patterns from their abortion experience, including hypervigilence, sleep disorders, and startle reactions.[28]

In a carefully designed recent study, Hanley, Piersma, King, Larson & Foy evaluated whether some women in outpatient mental health treatment with a presenting problem of postabortion distress met DSM-III-R criteria for the Post-traumatic Stress Disorder (PTSD) categories of intrusion, avoidance, and hyperarousal. One hundred and five women were administered the SCID-PTSD module, the Impact of Event Scale, as well as the Social Support Questionnaire and the Interview for Recent Life Events, in addition to completing a semi-structured interview. The researchers concluded: 'the data from this study are suggestive that women can report abortion-related distress similar to classic PTSD symptoms of intrusion, avoidance and hyperarousal and that these symptoms can be present many years after the abortion.'[29]

Using a large probability sample of 957 women, Miller asked women who were at a minimum of 60 days post-abortion how they felt. He found: 22 per cent reported they felt worse, describing a feeling of 'sexlessness' or feeling out of touch with their body, at two weeks post-abortion, 38 per cent indicated that they felt relief mixed with feelings of distress with 18 per cent indicating they felt distress only; and 22 per cent reported some significant emotional upset or disturbance after the first few post-abortion weeks.[30] Even more important than these findings, Miller's research has provided preliminary empirical support for the theoretical modeling of pre-abortion decision making and post-abortion loss from a trauma perspective.

28. C. Barnard, *The Long Term Psychosocial Effects of Abortion*, Portsmouth, N.H.: Institute for Abortion Recovery and Research, 1990.
29. D. Hanley, H. Piersma, D. King, D. Larson and D. Foy (23 October 1992), 'Women outpatients reporting continuing post-abortion distress: A preliminary inquiry', paper presented at the Eighth Annual Meeting of the International Society for Traumatic Stress Studies, Los Angeles.
30. W. Miller (1992), 'An empirical study of the psychological antecedents and consequences of induced abortion', *Journal of Social Issues*, 48, 67-94.

For a more comprehensive review of the literature and the documentation of other types of psychological injury post-abortion, the reader is referred to Rue (1994) and Speckhard & Rue (1992).[31]

CONCLUSION

While the post-abortion debate has generated considerable controversy, according to Wilmoth: 'There is now virtually no disagreement among researchers that some women experience negative psychological reactions post-abortion.'[32] For women who have elected abortion, the volitional nature of their loss may place them at special risk for traumatisation as opposed to women who experienced stillbirth or miscarriage, over which they had no control.

In the emotionally charged public debate about abortion, overstatements abound. Some claim abortion is psychologically devastating to most.[33] Others claim that there is no evidence whatsoever of any post-abortion trauma.[34] Given the methodological weaknesses in the existing literature, the diversity of studies available, and the weight of consistent clinical evidence, any public pronouncements concerning the psychological safety of induced abortion are at this time premature at best, and at worst, misleading and harmful to women's health.

With improved research that would include large sample size, comparison groups, and differential gender responses, a more accurate assessment would be possible. Rhetoric aside, honest scientific and clinical discourse converges and confirms that there are women and men who are psychologically traumatised from their abortion experiences and that for some, their clinical profile may best be described as a type of post-traumatic stress disorder. These individuals need compassion, understanding, and genuine assistance, not judgment, disbelief and stigmatisation. Only then will women and men be encouraged to seek treatment and recovery from such a traumatic event that was entirely unanticipated.

31. V. Rue (1994), 'The Psychological Realities of Induced Abortion,' in Mannion, M. (ed.), *Post-Abotion Aftermath: A Comprehensive Consideration* (Kansas City, Sheed & Ward), in press. A. Speckhard and V. Rue (1992) see note 14.
32. G. Wilmoth (1992), 'Abortion, Public Health Policy, and Informed Consent Legislation', *Journal of Social Issues*, 48, 3, 1-17, 5.
33. Nancyjo Mann in D. Reardon (1987), *Aborted Women: Silent No More* (Westchester, Ill: Crossway), p. xxiv.
34. N. Stotland (1992). 'The Myth of the Abortion Trauma Syndrome', *Journal of the American Medical Association*, 268, 15, 2078-9.

Figure 1: Post-Abortion Syndrome: Diagnostic Criteria

A. *Stressor:* The abortion experience, i.e., the intentional destruction of one's unborn child, is sufficiently traumatic and beyond the range of usual human experience so as to cause significant symptoms of re-experience, avoidance, and impacted grieving.

B. *Re-experience:* The abortion trauma is re-experienced in one of the following ways:

1. recurrent and intrusive distressing recollections of the abortion experience;
2. recurrent distressing dreams of the abortion or of the unborn child (e.g., baby dreams or fetal fantasies);
3. sudden acting or feeling as if the abortion were recurring (including reliving the experience, illusions, hallucinations, and dissociative (flash-back) episodes including upon awakening or when intoxicated);
4. intense psychological distress at exposure to events that symbolise or resemble the abortion experience (e.g., medical clinics, pregnant mothers, subsequent pregnancies, menstruation, or sexual intercourse) including anniversary reactions of intense grieving and/or depression on subsequent anniversary dates of the abortion or on the projected due date of the aborted child.

C. *Avoidance:* Persistent avoidance of stimuli associated with the abortion trauma or numbing of general responsiveness (not present before the abortion), as indicated by at least three of the following:

1. efforts to avoid or deny thoughts or feelings associated with the abortion;
2. efforts to avoid activities, situations, or information that might arouse recollections of the abortion (e.g., pregnant women, infants, etc.);
3. inability to recall the abortion experience or an important aspect of the abortion (psychogenic amnesia);
4. markedly diminished interest in significant activities;
5. feeling of detachment or estrangement from others, including withdrawal in relationships and/or reduced communication;
6. restricted range of affect (e.g. unable to have loving or tender feelings and/or diminished sexual libido);
7. sense of foreshortened future, e.g., does not expect to have a career, marriage, or children, or a long life.

D. *Associated features:* Persistent symptoms (not present before the abortion), as indicated by at least two of the following:

1. difficulty falling or staying asleep;
2. irritability or outbursts of anger;
3. difficulty concentrating;
4. hyper-vigilence;
5. exaggerated startle response to intrusive recollections or re- experiencing of the abortion trauma;
6. physiologic reactivity upon exposure to events or situations that symbolize or resemble an aspect of the abortion (e.g., breaking out in a profuse sweat upon a pelvic examination or hearing vacuum pump sounds);
7. depression and suicidal ideation;
8. guilt about surviving when one's unborn child did not;
9. self devaluation and/or an inability to forgive one's self;
10. secondary substance abuse;
11. eating disorders.

E. *Course:* Duration of the disturbance (symptoms in B, C, and D) of more than one month's duration, or onset may be delayed (greater than six months after the abortion).

Note: Developed by Vincent M. Rue, from diagnostic criteria for 'post traumatic stress disorder' in the *Diagnostic and Statistical Manual of Mental Disorders III-R* (DSM-III-R), American Psychiatric Association, (1989, p. 250-1). The American Psychiatric Association in no way supports the existence of, nor does it find any clinical evidence for the basis of the diagnosis of 'post abortion syndrome.' The *DSM-III-R* does not reference nor include the diagnosis of 'post abortion syndrome' at this time. However, the *DSM-III-R* does list abortion as a 'psychosocial stressor'.