

The Post-Abortion Review

Vol. 10, No. 1

Elliot Institute, PO Box 7348, Springfield, IL 62791

Jan.-March 2002

Long-Term Depression Linked to Abortion

Top Medical Journal Publishes Elliot Institute's New Findings

A new Elliot Institute study published in the prestigious *British Medical Journal (BMJ)* found that women who abort a first pregnancy face a significantly greater risk of subsequent long term clinical depression compared to women who carry an unintended first pregnancy to term.

Publication of the study coincided with anniversary events related to the Supreme Court's *Roe v. Wade* decision legalizing abortion. Despite promotion of the study's release by *BMJ*, however, the findings received little or no coverage in the mainstream American media.

Main Findings

The Elliot Institute study was conducted using data from a national study of American youths that was begun in 1979.

In 1992, a subset of 4,463 women were surveyed about depression, intendedness of pregnancy, and pregnancy outcome.

A total of 421 women had their first abortion or first unintended delivery between 1980 and 1992. An average of eight years after their abortions, married women were 138 percent more likely to be at high risk of clinical depression compared to similar women who carried their unintended first pregnancies to term. Among women who were unmarried in 1992, rates of high risk depression were not significantly different.

The lack of significance in unmarried women may be explained by the higher rate of nonreporting of abortions among unmarried women. Compared with national averages, unmarried women in this study report only 30 percent of the expected abortions, while married women report 74 percent of the expected abortions. This may make the results for married women more reliable. Another explanation is that unmarried women who are raising a child without the support of a husband experience significantly more depression than their married counterparts.

Since shame, secrecy, and thought suppression regarding an abortion are all associated with greater post-abortion depression, anxiety, and hostility, the authors concluded that the high rate of concealing past abortions in this population (60 percent overall) would tend to suppress the full effect of abortion on subsequent depression. Unreported abortions would result in women who

experience depression following an abortion being misclassified as delivering women. Given the very high rate of concealment of past abortions, this would suggest that the high depression risk among post-abortive women is only the tip of the iceberg.

The Elliot Institute study is important not only because of the findings, but because it is the first national representative study to examine rates of depression many years after an abortion, approximately eight years on average for this sample. The research findings are consistent with other recent studies that have shown

a four- to six-fold increased risk of suicide and substance abuse associated with prior abortion.

Another important aspect of the Elliot Institute study is that it is one of only a few studies to use any pre-pregnancy psychological

score as a control variable. Most studies, if they use any control variables at all, are limited to a "pre-abortion" measure of the woman's emotional state on the day of the abortion, when she is in the crux of emotional distress.

These measures of depression and anxiety, for example, can hardly be representative of the woman's emotional state before her pregnancy. The use of a pre-pregnancy score, as was used in the Elliot Institute survey, is therefore a much more useful control for evaluating the independent effect of abortion on long term emotional reactions.

Comparisons to the Russo Study

The data set used in the Elliot Institute study was the same as that used in an earlier study published by feminist psychologist Nancy Russo of Arizona State University. Rather than examining depression, Russo analyzed a self-esteem scale and found no statistically significant difference between aborting women and women who carried to term. She concluded that the absence of difference in self-esteem scores in this large national data set proved that abortion has no "substantial and important impact on women's well-being."

Unlike the Elliot Institute study, which was ignored by the national media, Russo's study was widely publicized in many news accounts. Her conclusion that abortion has no significant effect

**The high depression risk seen
among post-abortive women is
probably only the tip of the iceberg.**

on average on women's mental health has also been frequently repeated in the academic literature.

The Elliot Institute's new analysis of the same data reveals that Russo's general conclusions are simply wrong. Significant differences do exist. Moreover, the new study underscores major flaws in Russo's methodology.

Perhaps one of the most serious problems with Russo's study is that she and her fellow authors did not even comment on the extraordinarily high rate of concealment of past abortions in the sample. Yet it is women who don't want to mention a past abortion who are most likely the ones who will have unresolved feelings of shame, guilt, or grief. That this concealment problem was not discussed is itself revealing of the authors' agenda.

Another problem with Russo's analysis was that her team relied solely on a measure of self-esteem that is not sensitive to post-abortion stress. The examination of depression scores is more relevant to the known negative reactions to abortion than is measuring women's self-esteem.

Third, Russo's pro-abortion political views, expressly stated in her paper, led her to draw grandiose conclusions from a single null result. Clearly, self-esteem is just one aspect of a person's overall well-being, but Russo treats the two as one. Indeed, she substitutes the word's "well-being" for "self-esteem" throughout her study (and in the title).

The flaw in Russo's over generalization of her findings can be demonstrated by a simple analogy. If a scientist measured the average body temperature of 4,000 AIDS patients and found that it was not different from that of the general population, would he be justified in drawing the conclusion that AIDS does not exist? Of course not. The disease simply may not manifest itself in changes in body temperature. Yet this is essentially what Russo does. She finds no difference in self-esteem scores, only one of many aspects of mental health, and asserts that this is proof that post-abortion trauma does not exist.

The results of the Elliot Institute's reexamination of this data set—especially in combination with other studies showing higher rates of suicide, substance abuse, and other mental health disorders associated with prior abortion—shows that Russo's broad general conclusions are simply wrong. Significant differences between women who abort and those who carry unintended pregnancies to term do exist, and can be clearly

detected in a nationally representative sample of women—even with high concealment rates—if one looks at the right variables.

Moreover, on average, aborting women fare worse, not better, than women who carry to term. By contrast, there is still no research showing that abortion has *improved* the mental health or well-being of women.

Giving Women What They Need

Clinical depression is a serious mental health problem. It therefore has a direct bearing on informed consent standards and the liability of abortionists in regard to full disclosure of abortion risks. Since abortion is associated with a significantly higher risk of clinical depression than carrying an unintended pregnancy to term, women should be notified of this risk and physicians should be held liable for not considering this risk before making a recommendation for abortion.

State prepared informed consent booklets should reflect this new finding—in addition to the findings of other studies showing a link between abortion and increased rates of substance abuse and suicide. States that refuse to update their informed consent booklets may be subject to lawsuits on behalf of women of reproductive age for failing to comply with the statutes which require these booklets to adequately inform women of abortion related risks.

This study also has many practical implications regarding the treatment physicians provide for their patients. Perhaps most important, the findings underscore the need for doctors to routinely inquire about the outcome of all the patient's pregnancies. The simple question, "Have you experienced any pregnancy losses such as miscarriage, abortion, adoption, or stillbirth?" may be sufficient to give women permission to discuss unresolved issues related to prior pregnancy losses. Many patients will appreciate the opportunity to discuss their pregnancy losses with a sympathetic person and may welcome referrals for additional counseling.

* * *

Referenced Studies

D.C. Reardon and J.R. Cougle, "Depression and unintended pregnancy in the National Longitudinal Survey of Youth: a cohort study," *British Medical Journal* 324:151-152 (2002). The full text of the article is available at www.bmj.com.

N.F. Russo and K. Zierk, "Abortion, childbearing, and women's well-being," *Professional Psychology: Research and Practice* 23:269-280 (1992).

The Post-Abortion Review is the quarterly journal of the Elliot Institute, ISSN 1083-9496. The Elliot Institute was founded in 1988 to perform original research and education on the impact of abortion on women, men, siblings, and society. The suggested annual donation for a subscription is \$20. Contributions to the Elliot Institute, a nonprofit, 501(c)3 corporation, are tax-deductible. For more information, visit our web site at www.afterabortion.org.

This issue has been edited by David C. Reardon, Ph.D., Director of the Elliot Institute. Assistant Editor: Amy R. Sobie. Relevant submissions will be considered for publication but cannot be returned unless accompanied by a SASE. Direct requests for permission to reprint to: Elliot Institute, PO Box 7348, Springfield, IL 62791. © 2002 Elliot Institute, unless otherwise noted.

Major Class Action Lawsuits Target Abortion

Women Injured by Abortion Urged to Join Efforts to Protect Women's Rights

Women who have been injured physically or emotionally by abortion may have the opportunity to participate in two class-action lawsuits that have been filed recently in Missouri and Texas.

One case alleges that Planned Parenthood routinely violates the civil rights of minority women by targeting them for abortion. The lawsuit accuses Planned Parenthood of St. Louis of engaging in "mass fraud" and "genocide" by "intentionally targeting and encouraging lower income persons and those of minority races and ethnic groups to have abortions, sterilizations, and to use contraception," in order to lower the populations of such groups.

The lawsuit was filed on behalf of Nicole Smith, a 27-year-old African-American mother of three who went to Planned Parenthood of St. Louis for an abortion in October 1999. Smith, who was then in her second trimester of pregnancy, alleges that although she told the counselor at Planned Parenthood that she was reluctant to have an abortion, the counselor encouraged and even pressured her to end her pregnancy.

Smith said that when she told the counselor she could not afford the \$600 abortion fee, the counselor offered to lower the fee by \$200. The lawsuit also states that the counselor told Smith she did not know of any side effects of abortion and that a video Smith watched about the procedure also failed to mention any complications.

Smith said that the clinic doctor then inserted laminaria into her cervix to cause dilation and sent her home. When Smith called the clinic several hours later to tell them she had changed her mind about the abortion and wanted the laminaria removed, she said she was told to wait until the next morning.

Fearing that she might miscarry if she waited, Smith went to a hospital to have the laminaria removed and was admitted after doctors noticed fluid leaking from her cervix. A sonogram performed a few days later showed her child had died in utero.

The lawsuit states that when Smith called Planned Parenthood to inform them what had happened, she was told by the nurse that she should have told the counselor she wanted the baby and that she had "set herself for all kinds of infection" by having the laminaria removed. She said the nurse also told her that the clinic would not give her any more information on her health and would not refund the money Smith had paid for the abortion.

In addition to civil rights violations, Smith's lawsuit charges Planned Parenthood with medical malpractice and the wrongful death of her child. Johnny B. Davis, one of several attorneys

working on the case, said that they are encouraging other women who had abortions at Planned Parenthood clinics to join the case if they feel they were misled, directed toward abortion or suffered physical or emotional harm.

Jason Craddock, another attorney involved in the case, said the case will be challenging, but he feels confident. "In a way, as an attorney in this case, I feel like David against the much bigger Goliath, or Gideon's army against the much more numerous Philistines," he said. "However, as these men knew, no one can trash the living God and not be called to account for it."

In the second case, the Texas Justice Foundation, a non-profit public interest law firm, is suing the state of Texas on behalf of several women who say that

the state does not enforce abortion facility regulations, and thus failed to protect them from injurious abortions.

The injuries mentioned in the lawsuit include rupture of the uterus, sterility, and severe guilt and depression following abortion. Several of the women say that they were injured during abortions performed by non-licensed personnel, and in some cases, by employees who were not doctors.

Another plaintiff is the mother of a minor child who was given an abortion without parental consent. The mother says her daughter, who was being treated for depression at the time of the abortion, suffered a worsening of her mental condition after the abortion and had to be hospitalized.

The suit alleges that the state of Texas routinely fails to require abortion clinics to comply with informed consent laws or to report cases in which a minor child becomes pregnant as a result of abuse. The suit also claims that the state fails to inspect licensed abortion clinics and that it has refused to investigate or cooperate with investigations by other state agencies of unlicensed abortion facilities or clinics that aren't complying with state laws.

For more information, contact:

Missouri case: Jason Craddock (217) 523-1834

Texas case: Texas Justice Foundation, (210) 614-7157

"I feel like David against the much bigger Goliath."

Memorial and Celebration Gifts

In Memory

Anida Finnegan

Mabel Swanson

For Baptism

Christina Marie Popovich

Sean David Reardon

Donations in memory of loved ones or for special occasions will be acknowledged in this newsletter unless otherwise requested.

Mind Games

The Use and Misuse of Defense Mechanisms

Theresa Burke and David C. Reardon

"Buried emotions are like rejected people; they make us pay a high price for having rejected them."

—Rev. John Powell

There once was a woman who discovered a corroded pipe in her basement. To hide the ugly sight, she built a wall around it. Once the wall was painted, papered, and decorated, she was relieved to know that neither she nor anyone else would ever have to look at that corroded pipe again.

For a time, she was content. But then she noticed a wet spot in the carpet. No matter how thoroughly she dried it, it soon returned even worse than before. Soon she was constantly cleaning and drying the carpet. All the effort was making her exhausted and stressed. Whenever she fell behind, the carpet began to mildew and the floorboards began to rot. She blamed the problem on the high water table, or perhaps heavy rains.

Occasionally she would think of the corroded pipe behind the wall. Perhaps it was the cause of her problems. But quickly she turned her mind away from that possibility, for she had invested so much in building and decorating the wall that she was very afraid to pull it down. It was easier, and less messy, she told herself, to just keep cleaning up the carpet.

After many months, the worn-out woman burst into rage and tore the wall down. There was the rotted pipe, steadily weeping water down its length. She collapsed into tears. Even when she could cry no more, she simply sat staring at the leaking pipe. It appeared to be beyond repair. She didn't know how anything could fix it. Her despair was complete. Her house could never be made beautiful again. She simply waited for the strength to cry some more.

Hiding unresolved internal conflicts is like hiding a corroded pipe. The problem is still there. Like water from a leaky pipe, negative emotions inevitably seep out into other areas of one's life. If the root problem is not addressed, these problems begin to multiply. They drain away energy from other duties of life. They demand notice. And even when they are finally faced, they can appear to be an unsolvable, impossible burden if they are confronted without the support and love of others.

Defense Mechanisms and Coping Skills

The term "defense mechanism" refers to any of several ways in which the human mind attempts to avoid or hide anxiety-provoking

truths. The military term "defense" is used because a mind that is using defense mechanisms is fighting an internal conflict. It is striving to protect what the person wants to believe from being overthrown by what is really true.

Defense mechanisms all serve, in one way or another, to sustain denial—the denial of one's unwanted emotions or the denial of one's flaws, mistakes, or responsibilities. Some defense mechanisms concentrate on containing the unwanted emotions. Others provide a means to release pent-up emotions in ways that disguise their true meaning or source, thereby preserving deniability.

Defense mechanisms are to the mind what safety features are to a car. For example, when a collision causes a car's air bag to fire, this protects the driver. But if the air bag is not deflated and put back into place, the car won't work properly.

Similarly, if the driver's side mirror is bumped, it is designed to fold back instead of breaking off. This good design protects the mirror, but it also leaves it in the wrong position. If the driver doesn't put the mirror back in its right place, he won't be able to see traffic properly and may make wrong or even dangerous decisions.

The same principle is true with psychological defense mechanisms. They have temporary value. They can save us from "losing our minds" by confronting too much all at once, without the support of others. But when we rely too much on these defense mechanisms (or "coping skills"), especially when we keep them in place as permanent "fixes" to our problems, the mechanisms themselves become part of the problem.

If the walls we erect to defend ourselves are never taken down, they become a prison. They deprive us of the freedom to explore the fullness of our own potential and the richness of relationships with others. As long as we hide some truth about ourselves, we cannot know who we really are. As long as we withhold ourselves from others, we cannot experience their embrace of who we are.

* * *

Excerpted from Forbidden Grief: The Unspoken Pain of Abortion, by Theresa Burke with David C. Reardon. © 2002, Theresa Karminski Burke. Reprinted with permission. The book will be available in May 2002 from Acorn Books. To order, call 1-888-412-2676.

Five Common Methods of Unhealthy Post-Abortion Coping and Their Spiritual Consequences

Suppression *The individual deals with emotional conflict or internal or external stressors by intentionally avoiding thinking about disturbing problems, wishes, feelings or experiences.*

Some Symptoms: Substance abuse, increased anxiety, promiscuity, compulsion to keep busy and distracted.

Some Spiritual Consequences: Running from the truth; difficulty in participating in church activities or organizations; avoidance of contemplation; avoidance of prayers; avoidance of God.

• • •

Repression *The individual deals with emotional conflict or internal or external stressors by expelling disturbing wishes, thoughts, or experiences from conscious awareness. The feeling component may remain conscious, but detached from its associated ideas.*

Some Symptoms: Difficulty in empathizing with others; a sense of “running on automatic pilot;” increased use of avoidance mechanisms; being disturbed by connectors to the abortion (approach/avoidance conflict); displaying edgy or erratic behavior or emotions; being less free to make conscious choices; difficulty bonding with others; or relationship problems.

Some Spiritual Consequences: Same as above but may also find participation in church activities or organizations intolerable and quit; resolving moral conflict by disconnecting or fleeing; increased tendency to perceive God as judgmental and harsh, which leads to avoiding thoughts of God and projection of this conflict onto others (such as anti-abortionists or religious leaders) who are perceived as persecuting or judging the individual.

• • •

Rationalization *The individual deals with emotional conflict or internal or external stressors by concealing the true motivations for his or her own thoughts, actions, or feelings through the elaboration of reassuring or self-serving but incorrect explanations.*

Some Symptoms: intolerance, argumentativeness, anger, hatred

Some Spiritual consequences: denial of objective moral truths; denial of reality; living outside of the truth; denial of need for forgiveness, reconciliation, or repentance.

• • •

Denial *The individual deals with emotional conflict or internal or external stressors by refusing to acknowledge some painful aspect of external reality or subjective experience that*

would be apparent to others.

Some Symptoms: May be functional in the short-term but problematic in the long-term; increased use of denial leading to more self-alienation and isolation; feeling emotionally numb; compulsively defending abortion rights; splitting off emotions and overly focusing on the cognitive; distancing in parent-child interactions/relationships.

Some Spiritual Consequences: Acting as if one’s behavior were morally correct because of rationalization; being able to attend church functions and participate in sacraments as if nothing had happened; erosion of any personal relationship with God and identification with only those Church beliefs which are selectively congruent with the individual’s own beliefs.

• • •

Undoing *The individual deals with emotional conflict or internal or external stressors by words or behavior designed to negate or to make amends symbolically for unacceptable thoughts, feelings, or actions.*

Some Symptoms: Replacement pregnancies; the need to be a “perfect mother;” self-punishing behavior; neglect of self; compulsion to continuously chastise oneself as a bad person; hanging onto guilt or grief; compulsive volunteerism.

Some Spiritual Consequences: Obsessive guilt; lack of joy; feeling outside the Church or feeling a compulsive need to prove oneself worthy. Compensatory behaviors may become a substitute for repentance, trust in God, and release of one’s aborted child to the care of God. They can also be manifested in a scrupulosity regarding outward signs of religious devotion which shifts the focus away from inward feelings of guilt. Without deeper healing, such persons are likely to eventually become “burned out” and disillusioned because they never feel they have done enough to satisfy God.

Good acts, such as bearing children and volunteering for good causes, are deeply satisfying only when they are motivated by love rather than by guilt. If one is still principally acting out of a sense of guilt, then one must work through the guilt to the experience of forgiveness from God and oneself. Forgiving ourselves is often a big hurdle, and requires prayer and a lot of support from others who have been through the same process. By seeing how others have forgiven us, we can better believe that God has forgiven us and be encouraged to forgive ourselves.

*All defense mechanisms and coping styles are taken from the *American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, 4th Ed.(DSM-IV)*, Washington, D.C.: APA Press, 1994, pp. 755-757.

News Briefs

Abortionist Loses Civil Suit in Abortion Death

A five-year-old Delaware boy whose mother died from a botched abortion has been awarded \$2 million in damages in a civil suit against the abortionist.

Mohammad Imran was found guilty of negligence in the death of 19-year-old Gracelyn T. Harris, who underwent an abortion at the Delaware Women's Health Organization in Sept. 1997. Harris, who was about 4-1/2 months pregnant, died hours after the abortion from massive internal bleeding caused by a perforated uterus. The lawsuit said Imran failed to follow standards of care that may have prevented Harris's death.

* * *

Man Seeks New Trial in Forced Abortion Death

A 42-year-old Wyoming man convicted of murdering a teenage girl because she refused to have an abortion is asking a judge to reduce his sentence.

Kevin Robinson was sentenced to 22 to 29 years in prison for the stabbing death of Daphne Saulk, whose body was found in Nov. 1997. Prosecutors said Robinson killed Saulk for refusing to have an abortion. Robinson's mistrial request will be heard by a judge who had denied him a mistrial last year.

* * *

Man Charged in Abortion Assault Case

In what will be the first criminal case involving abortion in the state of New York since 1971, a New York man has been charged with beating his pregnant ex-girlfriend for refusing to have an abortion, causing her to miscarry.

Jeremy Powell, 20, is facing charges of causing an abortion, burglary, assault and unlawful endangerment for the incident. His ex-girlfriend, who was about three months pregnant, said Powell told her he was going to "beat that baby out of you." If convicted, Powell could serve up to 25 years in prison.

* * *

Seasonal Patterns Match for Abortion and Suicide

A recent study appearing in *Human Reproduction* found that seasonal patterns for women having abortions match those for suicide attempts among women.

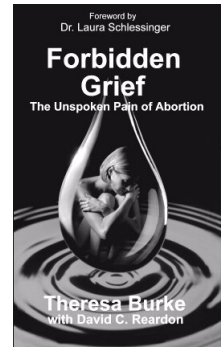
In the study, "Is Voluntary Abortion a Seasonal Disorder of Mood?" Angelo Cagnacci and Annibale Volpe of the University of Modena in Italy found that more women undergo abortions in spring and summer than in fall or winter, as is the case with suicide. The authors concluded, "Women with previous suicide attempts are less likely to attempt suicide again if they are in a supportive social and friendship environment. Similar considerations may be applicable to voluntary abortions."

Advance Orders Now Being Accepted for New Book

Forbidden Grief

The Unspoken Pain of Abortion

Theresa Burke with David C. Reardon



In *Forbidden Grief*, two of the world's leading authorities on post-abortion reactions reveal the secrets that women tell only their therapists, but want everyone to understand.

Discover how to help loved ones who've had abortions—or yourself—take the steps needed to find healing and joy. Learn how to break the cycle of abortion trauma reenacted through substance abuse, broken relationships, eating disorders, repeat pregnancies, parenting problems, and more.

Forbidden Grief has received much praise from leaders in the pro-life movement. Here is just a sample of what they are saying:

"Dr. Burke's unique perspective . . . enables her to speak clearly of the psychological pain of women without losing touch with the human face of the pain." —Vicki Thorn, Executive Director, National Office of Post-Abortion Reconciliation and Healing

"This book is filled with profound insights into the mind and emotions of those who have been wounded by abortion. . . . Every counselor, every member of the clergy, and every citizen concerned about how abortion is harming people needs to read this book." —Fr. Frank Pavone, Director, Priests for Life

"Insightful . . . Those of us who have faced this 'forbidden grief' can be thankful for Burke and Reardon's beautifully written book." —Dr. Susan Stanford-Rue, psychologist and author of *Will I Cry Tomorrow?*

"This book will be invaluable to the legions of caregivers who know their client is hurting, but don't know how to help." —Frederica Mathewes-Green, pro-life leader and author of *Real Choices*

"I had an abortion when I was 16 and struggled with the aftermath for 19 years. This eye-opening book offers the general public a clear picture of the everyday realities of the post-abortion experience." —Georgette Forney, post-abortion counselor

\$24.95 (hardcover) / ISBN: 0-9648957-8-1
Available in May from Acorn Books
To Order, Call Toll Free (888) 412-2676

does something nice for me I think that they just want to hurt me.

My life has been hell these past few years. I'm angry at the world and at myself. I'm a lot more aggressive and on the edge, but sometimes all I want to do is remember my baby and just sit and cry in my room. I've seen my baby's face in dreams and I can feel that he is a baby boy. These dreams have been very peaceful, but I've had other dreams in which I've seen a baby's disfigured face.

I am so scared of getting pregnant, it's overwhelming. Some time ago I couldn't see a pregnant woman or anything to do with babies because I would just lose it and start to cry uncontrollably. But now I'm very much interested in helping other women so they don't make the same mistake. A couple of my friends are pregnant right now and I'm so excited for them. I can't wait to see their babies. I bought baby clothes for them and I am always calling them to see how they feel.

A cousin of mine had a baby girl about six months ago; she's a single mom. As soon as I found out I went to the hospital to see the baby and I held her in my arms. It was such a wonderful feeling! Of course I felt sad but I was so happy to be able to hold her, bathe her and dress her. I'm comfortable around babies now, even though sometimes I still grieve.

I still can't come to terms with what I did. I just started going to a psychologist and we're working on the whole abortion issue. I've been in therapy for only a month but I think that it will really

help me get through it all. I'd like to be my old self again! Therapy is not easy because you learn so many new things about your fears and yourself that may have been hidden deep inside you for a long time. But I think that in the end I will learn to trust people again and overcome all the obstacles I've faced in my life with a good outlook on everything.

I had never believed in abortion before, but when I found myself facing a big problem I took the easiest way out. I never thought that it would affect me so much. Now I look at life in a different way. I think that life is one of the most precious gifts a person can receive. Many people don't value the fact that they are alive, or that life can take a 180 degree turn in a matter of seconds.

I've come to learn that you should be kind and compassionate with other people and

try to understand why they act in a certain way. It might be that the person is in a lot of pain and they act it out in a destructive way because they can't seem to find a way out.

Abortion is a violent act against a helpless human being, and the law should oppose it. A lot of people are killing their flesh and blood because it's legal and it's the easiest way out. I would advise women not to make the decision I made, and to go ahead and have their babies with courage and pride no matter what the situation is.

Things will work out in the long run. But if you make the wrong decision, you will live with the regret, the guilt and the sadness for the rest of your life. Abortion is a deep wound that will always be there. I hope my story helps to open people's eyes and changes the way they think about abortion and its consequences.

I hope my story helps change the way people think about abortion.

Please Support Our Work

Our research, education, and advocacy efforts are funded solely by the support of people like you. We have a small mailing list, so your donation makes a big difference. Thank you! Also, please **check your mailing label** to see if this is your last issue or a one-time sample issue. To subscribe or renew your subscription, simply fill out this form and return it to us with your check.

// Please keep sending me *The Post-Abortion Review*. I want to support your research and education efforts. Enclosed is my donation of: // \$500 // \$100 // \$75 // \$50 // \$20 // Other \$_____.

Our **Sustaining Partners** are a special group of donors who support the work of the Elliot Institute through regular monthly, quarterly or semi-annual donations. You decide how much you want to give and when—and you'll receive monthly updates on our work. Remember, this is a "soft pledge," not a promise, so you are free to cut back or cancel your donations at any time.

// Please send me information about how I can become a **Sustaining Partner** by making a pledge for regular donations.

Name: _____

Address: _____

Mail to:
The Post-Abortion Review
P.O. Box 7348
Springfield, IL 62791

In July of 1996, I got pregnant after a year of dating my now ex-boyfriend. I was very happy with the news that I was going to be a mom. I've always loved children; I think they are the best thing that can ever happen to someone.

But when I told my boyfriend he went crazy. He told me that it was all my fault; he even said the child wasn't his. He told me we had to take care of it as soon as possible. So against my will, I went to an abortion clinic with a friend.

I really wanted the baby, but I wouldn't be able to raise it by myself and I never had any emotional support through it all. I knew that my boyfriend wouldn't help me in any way, be it emotional or financial. From beginning to end I was alone. My parents never knew about it, and to this day my dad is the only one I've told in my family.

I was very nervous at the clinic. They told me I couldn't eat anything and they made me sign a paper saying that I was fully responsible if anything should happen to me. They drew blood, and I had a urine test done and an ultrasound. After that, I waited for what seemed like forever before they called me in to talk to one of their counselors. She said I was very young and had my whole life ahead of me, that abortion was for the better. I just started crying; my mind was completely blank and I couldn't think about anything.

The counselor told me they would call me when everything was ready for the procedure. After a while they called me in again and led me to a room where they told me to take my clothes off,

put a robe on and lay down. The doctor came in with a nurse and the counselor. They used a local anesthetic; all of a sudden I felt a really strong suction inside me womb. It hurt a lot; it was like someone was pulling all my organs out. During the procedure my feelings were all mixed; I was scared, angry, guilty, nervous.

The whole thing was done in about five minutes, and afterwards I got dressed and went into a recuperating room where five other women were laying down and resting. They gave me some medicines in case of infection and left me there. I was told I could leave when I felt better.

It was really awful. My stomach was so bloated and I had very bad cramps. I could barely even walk because I felt my womb was so weak and whenever I took a step forward it felt like everything moved inside me. My friend drove me home and all I wanted to do was lay down and cry. I knew that I had killed my baby.

The decision I made to go through with the abortion really weighs me down. It's affected my whole life and the way I interact with other people. It's been almost three years and my mood has changed a lot. I'm always angry, I have a sad look in my eyes and nothing makes me happy. I can't enjoy life like I used to. I don't trust men at all, and it's been very hard for me to establish a healthy romantic relationship. I don't bond with people very well—there's always that little doubt inside me. If someone

The decision I made to go through with the abortion really weighs me down.

Continued on page 7

Elliot
INSTITUTE

Post Office Box 7348
Springfield, IL 62791

Forwarding Service Requested

NON-PROFIT ORG.
U.S. Postage
PAID
Springfield, IL
Permit No. 595