The Post-Abortion Review

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Risk of Psychiatric Hospitalization Rises After Abortion

New Elliot Institute Study Riles Abortion Defenders

Is abortion a benign experience for women? Or can it cause or contribute to emotional problems, even severe ones?

The American Psychological Association (APA), which has consistently lobbied in favor of abortion rights, has insisted that abortion is a generally benign experience that predominantly brings relief to women.

Some APA members, such as researchers Nancy Adler and Brenda Major, who have both published studies on abortion's effects on women, have charged that those who say abortion can cause emotional problems are guilty of misleading the public. Adler and others have insisted that abortion is so common that if it did cause emotional problems, the nation's psychiatric wards would be filled with the evidence.

Abortion advocates have attacked these research findings as "misleading."

Now, a new Elliot Institute study published in the latest issue of the *Canadian Medical Association Journal* (CMAJ) shows that such evidence does exist. A review of the medical records of 56,741 California medicaid patients revealed that women who had abortions were 160 percent more likely than delivering women to be hospitalized for psychiatric treatment in the first 90 days following abortion or delivery. Rates of psychiatric treatment remained significantly higher for at least four years.

A previously published study by the same authors revealed that women who had abortions were also more likely to require subsequent outpatient mental health care. Depressive psychosis was the most common diagnosis.

Elliot Institute director David Reardon, Ph.D., said that a common complaint among participants in post-abortion recovery programs is that when they raised the issue of their past abortions while seeking mental health care, their therapists dismissed abortion as irrelevant.

"Therapists who fixate on the 'abortion is benign' theory, either out of ignorance or allegiance to defensive political views on abortion, are doing a great disservice to women who need understanding and support," Reardon said. "This study, which uses objective medical evidence, validates the claims of tens of thousands of women in post-abortion recovery programs."

Major, who was invited by *CMAJ* to submit a commentary on the depression study in the same issue of the journal, charged in her commentary that the implication that abortion can cause psychiatric problems is misleading.

Major argued that other factors, such as marital status or prior psychological problems, may offer better explanations for the fact that psychiatric problems are more common among aborting women. Reardon says that these other factors may also contribute to psychiatric illness but insists that abortion can both aggravate pre-existing problems and trigger new ones.

"Dr. Major's commentary is a product of what I would call 'the abortion distortion effect,'" said Reardon, adding that he questioned why Major omitted any mention of her own study that was recently published in the *Archives of General Psychiatry*. The study revealed that 1.4 percent of the women interviewed two years after their abortions suffered from post-traumatic stress disorder solely attributable to their abortions.

"Even such a low percentage projected on the 1.3 million American women undergoing abortions each year would result in 18,200 cases of PTSD each year, or over a half million cases since 1973," he said. "Including other types of negative reactions would increase the overall complication rate by twenty times or more."

The controversy generated only a little coverage in the mainstream media, which has routinely ignored studies that highlight the negative impact of abortion. The *Chicago Sun-Times* and CanWest, a major Canadian syndicated news service, were the only major media outlets that covered the story.

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Study Citation

Reardon et. al., "Psychiatric admissions of low-income women following abortion and childbirth," *CMAJ* 168(10): May 13, 2003

A link to the study is available online at www.afterabortion.org.

"The Hardest Thing I've Ever Done"

Women's Stories of Dealing With Fetal Abnormality

Emma Loach was about 20 weeks pregnant when she and her partner learned their unborn child had Down's Syndrome. They were immediately sent to a hospital to meet with a consultant.

"He then told us what the prognosis would mean for the child," Loach wrote in the London *Guardian*. "Life expectancy of 30 or 40. Never being able to look after himself. Likely to have a serious medical problem all his life. And also what the prognosis would mean for Samuel [the couple's two year old son]: now a very happy child, he would have a completely different childhood with such an ill sibling. And Elliot [her partner] and I would have a completely different future from the one we'd imagined."

Our son did not die in vain . . . he reminded us that life is precious.

Following this "counseling," the couple decided on an abortion the same day. Although Loach had assumed that she would go under general anaesthetic and wake up not pregnant anymore, she found that she had to take a pill "then and there" to begin the abortion. After a few days, during which Loach "felt like a murderer waiting to strike her victim," they returned to the hospital for the delivery. They were able to see and hold their son, but they didn't name him. They had the body cremated and scattered his ashes over a clump of snowdrops.

Although Loach insists that she has no moral or religious qualms about abortion, she describes feelings of grief, guilt, doubt, hatred of pregnant women, and anger at the rest of the world. "When I see a child with Down's Syndrome, I have a tremendous need to explain myself and apologize a million times over," she wrote. "Apologize for somehow doubting their right to be in this world."

Another woman who had an abortion after learning her child had Down's Syndrome shared a similar experience with us. "I was 26 weeks pregnant when I found out the baby had Down's Syndrome," she wrote. "The doctor, my family, and a so-called 'Christian' counselor thought it would be to my and the baby's advantage if I had an abortion. . . . The counselor was very pushy and told me that I should have an abortion if I really loved my child.

"The abortion was cruel . . . No one ever told me about all the emotional baggage I would be required to carry around for the rest of my life. It destroyed my life! My marriage suffered tremendously and my sex life went down the tubes. My relationships with others were also affected because I no longer trusted anyone."

Another woman, Sarah Oh, underwent a similar experience, but with a different outcome. A doctor and mother in Western Australia, Oh and her husband, Steve, chose to carry to term after learning that their child had a fatal chromosomal disorder. The baby, named Jonathan Agape Oh, died at birth on April 13, 1998. In a letter to the *West Australian* published after Jonathan's death, the couple wrote:

"Jonathan, which means God has given us a son, did not die in vain. . . . He came to remind us that life is precious, that life is worth respecting, that no matter how people think of others as ugly and useless in their own distorted minds, they are always beautiful to those who look at them through the eyes of love."

Karen Garver Santorum and her husband, U.S. Sen. Rick Santorum of Pennsylvania, also lost their baby son, Gabriel Michael, to a fatal disorder. The problem was corrected with experimental surgery, but an infection in the amniotic sac triggered premature labor. Gabriel died just two hours after his birth on Oct. 11, 1996.

Ironically, Karen Santorum's pregnancy occurred when Congress was debating the partial birth abortion ban—later vetoed by President Clinton on the eve of the one year anniversary of Gabriel's birth and death. In *Letters to Gabriel*, a collection of letters she wrote to her son during and after her pregnancy, she wrote:

"There is another way. We know, because we chose it. It was to deliver you and allow you to die a natural and peaceful death in the arms of your parents. . . . To suggest that there simply are not any [alternatives] is to suffocate our own humanity. It is to compel us to be less than what we are. It is to take what is deep and profound and mysterious about being human and cut it off by means of a merciless 'procedure.' There can be no crueler deception than this."

* * *

Emma Loach's article, entitled, "The Hardest Thing I Have Ever Done," was printed in the London Guardian *on May 31, 2003, and can be accessed in the archives at www.guardian.co.uk.* Letters to Gabriel *can be ordered from CCC of America, 1-800-935-2222.*

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The Impact of Abortion After Prenatal Testing

Elizabeth Ring-Cassidy and Ian Gentles

In advanced industrial countries, prenatal testing in order to detect fetal abnormalities has become routine. The amount of genetic information that has become available has expanded enormously in the past few years. While there are a number of ways of carrying out these tests, for each of them there is a danger of inaccurate results, and for some of them there is the additional hazard of injury to the fetus.

Selective or genetic abortions are undertaken not because the pregnancy itself is unwanted, but because some fetal attribute discovered through prenatal diagnosis has made the fetus in question unwanted. According to one study, "as many as four out of every 1,000 recognized pregnancies are terminated in the second trimester for fetal abnormality"[1] discovered during prenatal diagnostic testing.

Parents are often not prepared to learn their child is "defective."

Over the past two decades little emphasis has been placed on the psychological outcome for women who abort a child owing to genetic disorders following prenatal diagnosis. But one significant change within the past ten years has been the growing amount of available genetic information about individual fetuses. This information increases the likelihood that a woman will opt for abortion, perhaps at a late stage in her pregnancy.

Since the early 1980s, amniocentesis has been used to diagnose chromosomal anomalies such as Down's Syndrome or Tay-Sach's disease after the sixteenth week of pregnancy. The introduction of ultrasonography has also allowed physicians to identify the presence of neural tube defects (spina bifida). In the mid 1990s, the widespread application of the technique of chorionic villi sampling led to further advances in early detection.

Through prenatal diagnosis it is now possible to detect medical conditions such as cystic fibrosis and late or adult-onset diseases such as Huntington's Chorea or multiple sclerosis. Further, it is now possible to test for what is known as "genetic susceptibility," or predisposition, for conditions such as breast cancer or Alzheimer's disease.

Parents Unprepared for Diagnosis

Pregnant women and their partners are often unprepared for the news that they are carrying a "defective" fetus. An abortion agreed to in haste and under coercive pressure can have devastating consequences, not only for the parents, but for their other children. Is enough being done to inform women about the implications of prenatal testing, and to provide them with alternative choices to abortion when tests prove positive?

There often appears to be dissonance between the practitioner's understanding of the purpose of prenatal diagnosis and the pregnant woman's perception of the procedure. While the practitioner may view the diagnostic tests as a way of preventing the birth of a "defective" child, pregnant women seek them out for reassurance that their babies are well and healthy.[6] For many expectant couples, the link between prenatal testing and abortion, at least initially, does not exist.[7]

This may be in part because genetic counselors do not make this link explicit to their clients. In her study of the effects of prenatal diagnosis on the dynamics of pregnancy, Barbara Katz Rothman found that, while genetic counselors might presume that selective abortion would follow the detection of an anomaly, rarely did they offer any information about actual abortion procedures. Indeed, some did not even include a discussion of abortion in the first counseling session.[8] Furthermore, they do not provide information favorable to children with special needs.

Even when birth defects and abortions are explicitly discussed, couples seem to "deny this possibility, and when faced with the reality, react as though they were hearing for the first time that birth defects can occur."[9] The pregnant woman and her partner often simply do not link this outcome to prenatal diagnosis.

Sequelae of Genetic Termination of Pregnancy

Despite the shock and grief they may experience upon hearing the news of a fetal anomaly, the pregnant woman and her partner are usually urged to make the decision to terminate quickly.[10] Behind this urgency is the physician's desire to avoid complications of "late" terminations of pregnancy.

Because of the delays involved in amniocentesis, abortions may occur in the second and even third trimesters of pregnancy. In health care settings, the issue of such late abortions has raised ethical and legal questions.[11] In one early study, most of the terminations occurred within 72 hours of the woman receiving the news of the abnormality.[12] This hardly allows enough time for the couple to become informed about parenting children born with that anomaly and thus consider carrying on with the pregnancy.

While couples may not be completely aware of the physical aspects of genetic abortions, they usually know even less about the accompanying and subsequent psychological and emotional distress of the procedure.[22] In interviews conducted by two research teams, all of the study subjects found the pregnancy termination to be a traumatic experience.[23]

"Terminating a pregnancy because of a major fetal malformation is often a shattering experience, and time for adjustment may be

prolonged."[24] This is true for both "early" as well as "late" genetic abortions.[25] Indeed, there may be instances in which an early abortion may present more difficulties than a later abortion. One study subject reported this to be so because "there was no fetus to see and hold" after an early termination.[26] "It is possible that the 'privacy' of first trimester prenatal diagnosis and selective [genetic] abortion may actually increase the unresolved 'disenfranchised' grief since so few people know about the person's loss."[27]

Researchers offer various explanations for this phenomenon. In almost all cases, pregnancies terminated for genetic anomalies were pregnancies in which maternal attachment had begun,[28] even as women may have hoped to avoid such attachment.[29] Many of the women choosing or urged to undergo prenatal diagnosis were older and, as some authors speculate, the pregnancy may have been seen to be one of a declining number of opportunities to have a child.[30] As well, unlike a miscarriage, a genetic termination occurs because the woman chooses or consents to it. According to one study, "genetic abortions are especially poignant because the parents take an active part in the baby's death."[31]

Parents may feel they are to blame for their child's "imperfection."

Other researchers speculate that "perhaps the role of decision making and the responsibility associated with selective abortion explains [sic] the more serious depression following [the abortion]."[32] Whatever the reason, "prospective parents are rarely prepared . . . for the extent of the psychological trauma experienced after a selective [genetic] abortion."[33]

Grief, Guilt, Depression

The extent and intensity of grief can be a surprise to many couples.[35] Nearly half of the women in one study had symptoms of grief six months after the abortion and almost one third continued to grieve thirteen months after the termination.[36] "The loss of a fetus can cause intense grief reactions, often commensurate with those experienced over the loss of a spouse, parent, or a child."[37]

Neither the method of termination nor the type of anomaly seems to have affected the intensity of grief, and women grieved abortions following both chronic villi sampling and amniocentesis.[38] With abortions after ultrasound and maternal serum alpha fetoprotein testing, there was "more confusion, numbness and subsequently more prolonged grief reactions. . . ." This suggests that, with these "relatively non-invasive procedures . . . less thought is usually given by the women to preparation for an abnormal finding."[39]

Following genetic termination of pregnancy, women endure the normal but difficult symptoms of grief, such as psychosomatic disturbances, guilt and anger, as well as the symptoms characteristic of an abruptly ended pregnancy in which the fetus dies—distress upon seeing pregnant women or newborn babies, continuing to feel pregnant, and experiencing more pronounced stress around the due date and anniversaries.[40] Recovery can take a very long time[41] and, because of the nature of genetic abortions, the grief may be accompanied or complicated by other factors.

Guilt and shame are often experienced after a genetic abortion. In one study, this was the case for one-third of subjects.[42] In another, researchers found that, more than a year after the abortion, 31 percent of the women who had terminated their pregnancies for fetal indications continued to feel guilt and anger. [43]

The guilt and shame may be two-pronged. On the one hand there is a sense of failure elicited by the fact of the fetal anomaly. Parents may feel that they are to blame for their child's imperfection.[44] Sixty-one percent of women and 32 percent of men felt this way in one study.[45] In another study, 43 percent of the women suffered from this sense of guilt.[46]

On the other hand, there is the guilt generated by having made the decision to terminate the pregnancy.[47] In one study, "forty percent of the women and nine percent of the men" felt this way.[48] Many women are reluctant to admit that they have had a genetic abortion and will tell relatives and friends that they had suffered a miscarriage instead.[49]

A very common form of psychological disturbance following a genetic abortion is depression.[50] Taking into account some study subjects' strong denial of feelings, "the actual incidence of depression following selective abortion may be as high as 92 percent among women and as high as 82 percent among the men studied."[51]

In another study, researchers found that, six months after the abortion, almost half of the subjects suffered from depression and anxiety and that ten of 48 women were receiving psychiatric treatment.[52] The researchers concluded that it was not the case that women were simply relieved not to be giving birth to or raising a child with an anomaly.[53] "Women undergoing termination of a planned or wanted pregnancy after prenatal diagnosis constitute a high risk group, vulnerable to depression and social disruption."[54]

Planned vs. Unplanned Pregnancies

The assumption of many researchers is that genetic abortions are the terminations of planned or "wanted" pregnancies.[55] In this respect, researchers contend that genetic abortions differ from elective terminations of pregnancy.[56] Further, the assumption of many researchers is that the grief and depression that often follow genetic abortions occur precisely because the pregnancy was planned and "wanted."[57] In many cases, maternal attachment may even have begun.[58] Thus researchers have compared genetic abortions to miscarriages and stillbirths insofar as they evoke grief and depression arising from the loss of an anticipated and hoped-for baby.[59]

The sequelae following genetic terminations of pregnancy may not be so easily explained, however. Research indicates, first, that not every pregnancy terminated because of fetal indications is a "wanted" or planned pregnancy. In one study, 23 percent of pregnancies aborted for genetic reasons were unplanned; in

another, 27 percent of the aborted pregnancies were unplanned. As well, two percent of women remained "ambiguous" about their pregnancies in the latter study.[60]

Second, and more importantly, research indicates that grief and depression are not confined to the termination of planned and "wanted" pregnancies.[61] The "ambiguous" women "felt very guilty about the intervention two years after the event."[62] There is a clear link between depression and the abortion of "unintended" pregnancies.[63]

There have also been links found between grieving and elective abortions, not normally considered to be terminations of "wanted" pregnancies.[64] While grief and depression often follow genetic terminations of pregnancy, it is a mistake to attribute this reaction solely and simply to the "wantedness" of the pregnancy.

Couples are unprepared for the depression and guilt that can occur.

Living Children

The decision to abort for genetic reasons can have a negative impact on living children. Although it is not often considered a factor in the initial decision-making process, the abortion of a sibling can have emotional consequences for children in a family. Children are affected by the anxiety of parents over the abortion and react to the absence of the baby (whose presence they will have been aware of from the third or fourth month of pregnancy).

Even very young children react to their parents' distress and may have difficulty understanding and coping with the outcome.[65] In the presence of prenatal life, young children do not separate the concept of "fetus" from the concept of "baby." The conceptual difference between the two is a medical and social construct of adults and is not easily understood by children whose approach to the world is concrete.

In one study, couples adopted one of three approaches in explaining the abortion to their children. The first was a partial explanation that avoided discussing the role of their own choice. The children who received such an explanation expressed sadness, disappointment, and guilt, and one child wrote an essay on the event as the worst thing that had ever happened to him.

Parents of very young children chose to give no explanation and yet observed behavioral changes such as motor regression in their children. Those parents who chose the third option—to give a complete explanation—did not find that it solved the problem. Rather, they reported marked and disturbing reactions.

One researcher reports that "abortion can produce a deep, subtle (and often permanent) fracture of the trusting relationship that once existed between a child and parent."[66] A number of "post-abortion survivor syndromes" have been identified, showing that "there are terrible conflicts that arise from these situations, and these have an impact on the individual and society."[67]

Public Opinion vs. Medical Opinion

At present, in the general population, there appears to be a gap between acceptance of testing for disorders and acceptance of abortion of the affected fetus. When a similar group of Canadian adolescents was presented with already completed prenatal test results, it was found that "females are consistently more opposed to abortion than are males and both sexes show a considerable opposition to abortion in absolute terms."[68]

Other researchers note that "health professionals hold more positive attitudes towards termination of pregnancy for fetal abnormality than do lay groups."[69] Under the present circumstances, this could lead to "stimulating a demand for services" rather than responding to a perceived need.

Prenatal diagnosis, already accepted as part of obstetrical care, is expanding to include many conditions, disorders, and personality traits. With these new opportunities for aborting affected pregnancies come issues about informed consent and possible social coercion to abort.

If women choose to abort as a result of medical pressure then the decision will be conflicted and a violation of their personal autonomy. One researcher asks: "Does genetic testing of a foetus empower women or pose an unanticipated threat to autonomy? To address these issues there is a need to articulate a feminist perspective on genetic testing and possibly to legislate protection for women's rights during prenatal care."[70]

Furthermore, there is a negative presumption in the medical milieu regarding children with these conditions. There is an imbalance of information, with little provided that is favorable to children with special needs.

Conclusion

Prenatal testing is expanding rapidly, as ever more genetic markers are discovered and women are urged to undergo these tests. It seems that there can be enormous pressures applied to mothers to go through with terminations if an anomaly is found.[80]

Couples are not prepared for the depression and guilt that frequently ensue. Nor are they usually informed about the help that is available for raising children with special needs. For an informed choice to be truly available pregnant women and their partners need to be told about the possible impact of abortion on them and their other children, and they also need to have information about the care of children with special needs.

* * *

*This article was excerpted from the book "*Women's Health After Abortion: The Medical and Psychological Impact*," by Elizabeth Ring-Cassidy and Ian Gentles.*

Due to space reasons, the citations to the studies cited in this article are not available here. Full citations can be found in Chapter 12, "Abortion After Prenatal Testing." To place an order, call Acorn Books at 1-888-412-2676.

Women Are Concerned About Violence, Not Abortion

— But Abortion Advocates Are Not Addressing the Violence of Unwanted Abortions

Are abortion advocates really concerned about women? Or are they fixated on an outdated and harmful agenda that is opposed by most American women?

The answers to these questions are suggested in a new poll conducted by the pro-abortion Center for the Advancement of Women. Pollsters found that just one-third of women say that abortion should be generally available. Thirty-four percent of women believe that abortion should be illegal except in cases of rape or incest or to save the life of the mother, while 17 percent believe abortion should be outlawed.

The poll also shows, significantly, that upholding the right to abortion is not a priority for women — even those who support abortion. Women ranked abortion next to last in a list of priorities. Of greatest concern was preventing domestic violence and assault (92 percent); followed by pay equity (90 percent); ability to take time off to care for family (74 percent); reducing drug and alcohol addiction (72 percent); and increasing women's study of math, science, and technology (66 percent). Only 41 percent identified abortion rights as a priority.

The poll has shaken many abortion advocates, who have seen a steady drop in support for abortion among women over many years. According to the Center's president, Faye Wattleton, who was formerly president of Planned Parenthood Federation of America, "there is significant and growing support for severe restrictions on abortion rights."

Women are right to be concerned about violence, including violence toward pregnant women. Studies of death rates among women in three different parts of the county — Maryland, New York, and Illinois' Cook County — found that homicide was the leading killer of pregnant women.

Men who do not want to take on the responsibility of fatherhood may resort to abandonment, loss of support, threats, or violence if the woman refuses to have an abortion. In many cases it is known that the man committed the assault or murder because the woman refused to have an abortion.

In some cases, parents threaten to withdraw support, boyfriends and husbands threaten to leave, or women are told over and over that having a baby will ruin their lives and they simply have to have an abortion. For a woman who is already facing a crisis situation, this kind of coercion can be the final push toward making a decision that she would not have carried out if she had some support to have her child.

One Elliot Institute survey found that more than half of women suffering from post-abortion trauma said they were pressured to abort by someone else. Many of these women say they would have carried to term if they had been given support by someone close to them.

The concept of "choice" promoted by the abortion industry and its supporters is meaningless if women are being forced into unwanted abortions. Feminists cannot talk about ending violence against women and then support an industry that profits by performing abortions on victims of violence or coercion.

News Briefs

1 in 6 Americans Involved in Abortion, Study Says

A University of Chicago study shows that one in six Americans have been involved in a pregnancy that ended in abortion.

The study also found that women are more likely to abort their first pregnancy or a later pregnancy than are women in their 20s and 30s. Teens whose parents are more educated are more likely to abort, and women who have one abortion are more likely to have a second, although the majority of women have only one abortion.

* * *

Texas Man Accused of Murdering Pregnant Teen

A Texas man charged with killing a pregnant 15-year-old did so because he didn't want her to have the baby, police say.

Shannon Meshack, 25, has been charged with murdering Teshibra Bell, but can't be charged with killing her unborn child because a law allowing such charges won't take effect until Sept. 1.

* * *

Man on Trial for Killing Pregnant Stepdaughter

A man on trial in Wales for the death of his stepdaughter killed her because she was pregnant and refused to have an abortion, according to trial testimony.

Michael Baldwin's cellmate testified that Baldwin told him he hit his stepdaughter, Jenna Baldwin, and broke her neck after she refused to have an abortion. Baldwin claims that Jenna fell down the stairs and that panic drove him to secretly bury her body.

Efforts to Reverse *Roe* Will Press Ahead

The campaign to overturn *Roe v. Wade* will press ahead, as Norma McCorvey—the former "Jane Roe" of the U.S. Supreme Court case legalizing abortion—appeals a judge's dismissal of a motion asking the Supreme Court to revisit her case.

On June 17, McCorvey filed a "motion for relief from judgment" asking the court to look at new evidence that abortion harms women and reconsider their ruling that legalized abortion. Federal District Judge David Godbey ruled on June 19 that too much time had passed since the 1973 decision and that "it is simply too late now, thirty years after the fact, for McCorvey to revisit that judgment."

Allan Parker of the Justice Foundation, the Texas-based organization representing McCorvey, questioned whether Godbey had time to read through the more than 5,000 pages of evidence—the largest ever collected body of sworn evidence about the negative effects of abortion—filed in support of their case. McCorvey is now appealing Godbey's ruling to the Fifth Circuit Court of Appeals.

As a party to the original litigation, McCorvey had the right to ask the court to look at new evidence and changes in the law that make the ruling "no longer just," said Alan Parker of the Texas-based Justice Foundation, which is handling her case.

If the Supreme Court were to grant the motion, the result would be "to set aside and annul *Roe v. Wade* and *Doe v. Bolton*, its companion case," Parker said. "This would return the issue of protecting women and children to the people with 'Baby Moses' laws serving as a safety net."

One of the factors considered in *Roe* was that women were burdened with caring for "unwanted" children, but "Baby Moses" laws in Texas and other states now allow women who are unable to care for their newborn children to leave them at hospitals or other safe places with no questions asked.

This change in law is one of the arguments that Parker hopes to present before Godbey. The evidence also includes new research findings about the physical and psychological dangers of abortion to women, including affidavits from Elliot Institute director Dr. David Reardon and Dr. Theresa Burke of Rachel's Vineyard, who co-wrote the book *Forbidden Grief: The Unspoken Pain of Abortion.*

How You Can Help

The Justice Foundation is also planning to file other cases in their attempt to get the Supreme Court to overturn *Roe*. They have already collected more than 1,000 affidavits from post-abortive women, and other women who have had abortions are also being urged to file affidavits.

More information can be found at www.operationoutcry.org or by calling (210) 614-7157. Legal documents, research, some affidavits, and other supporting information can be found on the web site.

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Study Links Depression with Abortion

Researchers Call for More Studies on Link Among Depression, Abortion, and Suicide

Women with a history of abortion are at significantly higher risk of experiencing clinical depression compared to women who give birth, according to a nationally representative study of 1,884 women published in the latest issue of the *Medical Science Monitor*.

Researchers compared data for women with a first pregnancy between 1980 and 1992, and found that, on an average of eight years later, women whose first pregnancies ended in abortion were 65 percent more likely to be at high risk of clinical depression.

This study adds to the growing evidence that abortion hurts women.

"This finding adds to the growing evidence that abortion is linked to elevated rates of psychiatric illness, substance abuse, and suicidal behavior," said Elliot Institute director David Reardon, Ph.D.

Previous research on depression rates following abortion have been of limited value due to small sample sizes and lack of information on women's emotional state gathered prior to their pregnancy.

These problems were at least partially resolved by using the National Longitudinal Study of Youth, an ongoing nationwide interview-based study in which participants are annually surveyed about issues such as their employment, education, marital status, and reproductive history.

Reardon said, however, that the NLSY data is still inadequate to measure the true risk of clinical depression following abortion.

"Only 40 percent of the abortions that we would expect to find in a sample this size are reported in the NLSY," he said. "This means many women who actually had an abortion were misclassified as only having had births, which would dilute the results."

"The women who conceal their abortions very probably have higher rates of depression than those who more readily reveal their abortion history," Reardon said. "Given the 60 percent concealment rate in this data set, the fact that we still found significantly higher depression scores among those admitting a history of abortion suggests that the effect must be quite strong."

A major recommendation of the authors in the study is that more research needs to be done. They note that the major longitudinal study of abortion complications recommended by then-Surgeon General C. Everett Koop in 1988 has still never been done.

"The only reason we don't have better answers today is because Koop's research recommendation was killed in Congress," Reardon said. "The political battle over abortion has blocked good federally funded research in this area. Unfortunately, it seems like some people are more concerned about protecting the image of abortion than they are about protecting women."

* * *

Study Citation

Jesse Cougle, David Reardon, Priscilla Coleman. *Depression associated with abortion and childbirth: a long-term analysis of the NLSY cohort*. Med Sci Monit, 2003; 9(4): CR105-112

A link to the study is available online at www.afterabortion.org.

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