

# It's Not Good for Women (Or Men)

By Ross S. Olson MD

Some might believe that in 1989 Surgeon General Koop, who would have certainly warned us about something dangerous, declared abortion to be relatively free of serious psychological after effects when he said, "...the data do not support the premise that abortion does or does not cause or contribute to psychological problems."<sup>1</sup> Yet in truth he only concluded that there was no definitive answer *at that time*. And this was mostly because he felt that it had not yet been studied conclusively. Yet there was indeed already powerful evidence of a serious problem.

During 1989, the year of Dr. Koop's famous announcement, a study was begun in Sweden looking at 1285 women undergoing abortion. Despite careful pre-abortion counseling as to the nature and risks of the procedure, one year later 76.1% of those willing to be questioned said they would never again consider having an abortion. Of the 33% who refused to be questioned at that time, the demographic characteristics suggested that they were probably even more vulnerable to adverse outcomes than those questioned. This study was not published until 1998. Even then the focus was not on avoiding the abortion but on what further teaching and support would lighten the stress.<sup>2</sup>

For women, the percentages of those who have reactions may be hard to come by for a number of reasons. One is that the discovery of the reactions may be significantly delayed. This parallels the uncovering of Post-traumatic Stress Disorder -- as the cause of increased rates of depression, suicide, crime, divorce, drug and alcohol abuse -- in a full 27% of all Viet Nam War veterans more than 20 years after their war experience.<sup>3</sup>

When a distressing situation occurs, it may be suppressed until some triggering event brings it to the surface. Thus the emotional responses to an abortion may come out only on the day the baby would have been due, or the anniversary of the abortion, or the birth of a subsequent child, or the loss of a child or seeing someone else's baby or even seeing a pro-life demonstration. Sometimes it comes out only decades later at the time of menopause when the possibility of ever again having children is disappearing. Or it may be discovered in therapy for anxiety or depression.<sup>4</sup> Some may even go through an entire lifetime without identifying their inner struggle, but as we will see, that does not mean that they are free of difficulties.

There are clues to the existence of problems in the stories of women who have shared their pain, usually in the hope of helping others avoid it, such as a letter which appeared first in the *Tampa Tribune*.

"I am 34, married seven years. I had an abortion not quite four years ago. The pain of the knowledge of what I did is permanent, deep and fresh again when I least expect it. A word about a child, Mother's Day, a song -- can literally rip me apart. There is never any warning. In the middle of the happiest moments, something will trigger a sadness for my action. I can't make you feel how I feel or how I felt. I would be writing for hours. Even if I talked to you, you could not know the pain I've set myself up for. It's not just babies that abortion kills. It's mothers too."<sup>5</sup>

The authors of a detailed study of women's attitudes, at the time of abortion and up to 8 months later, found trends towards more doubt and depression with time. They concluded that their measurements needed to be repeated every 6 months for as long as 20 years to assess the long-term consequences. This makes sense because in any loss there is initial shock and disbelief, immersion in the details of dealing with the new situation and very little time or energy for reflection.<sup>6</sup>

Suicide could be considered a marker for the most extreme manifestations of depression. In a Finnish study, the rate of suicide for women in the first year after abortion was three times the rate for women in general. And women who gave birth had a rate only half that of the general population, which is not surprising, because in caring for another human being we find self worth and purpose.<sup>7</sup>

Recognition of loss may take the form of desire for another child. In one study of adolescents, within 15 months of a pregnancy loss -- including miscarriage and newborn death, as well as abortion -- 59% of the adolescents were pregnant again.<sup>8</sup>

The whole spectrum of Post Traumatic Stress Disorder may show up after abortion. This includes dissociation which is an attempt to split off the terrible experience from the rest of the personality. This may lead to a sense of detachment or numbing. Other individuals, however, begin irrational repetitive behaviors and enter a cycle of recurrent victimization.<sup>9</sup> Promiscuity may represent a search for acceptance, but the inevitable broken relationships are also accepted as self-punishment. Subsequent pregnancies are often ended in abortion in hopes of a numbing effect with repetition.<sup>10</sup>

Chemical use can be a measure of distress and the desire to find relief from suffering, as well as an indicator of lowered self worth and possible self-destructive impulses. Smoking seems to increase with anxiety after abortion.<sup>11</sup> Even controlling for marital status and whether or not the pregnancy was desired, abortion correlates with higher rates of smoking.<sup>12</sup> Women who carry their babies to term smoke less.<sup>13 14</sup> Use of alcohol seems to increase after abortion.<sup>15 16</sup> Increased rates of illegal drug use also correlated with previous induced abortion.<sup>17 18 19</sup>

Crime may increase, probably as a result of drug related offenses, both because of crimes to pay for the habit and drug induced rages. This would not be unexpected because drug use correlates with crime. Actual data on prisoners is very difficult to obtain because prisons tend to restrict access and kinds of information taken and prisoners tend to be suspicious and unwilling to open up about anything that could be used against them.<sup>20</sup> One female prisoner in Michigan estimated that 60 - 80% of the women in that prison had experienced abortion.<sup>21</sup> And in a women's prison, in Illinois, essentially all of the post-abortion women who became part of a recovery group believed that their abortion had something to do with their incarceration.<sup>22</sup>

Despite the fact that abortions were frequently instigated by the father of the baby, there is a trend for the relationship to break up afterwards. Unmarried women rarely marry the father of the aborted baby and marriages are at increased risk.<sup>23 24 25 26</sup> In essence, the relationship has been tainted by contingency. Instead of saying, "I will love you and support you and this child we have created," the partner is saying, "Because the baby is inconvenient, it is unacceptable." And even if there is no direct threat of leaving, he is implying, "It is possible that you -- my partner -- might at some time also become inconvenient." <sup>27</sup>

Many women find themselves feeling emotionally cold and detached in all their relationships after an abortion. There may be significant sexual dysfunction. Their attitudes towards their other children, already born or future born, may be altered.<sup>28</sup> In fact, rather than preventing child abuse as the advocates like to claim, there is indication that abuse becomes more likely.<sup>29</sup>

There may be anger at those who manipulated them in making the decision, who rushed them and did not tell them the whole truth, especially coming at a time when, psychologically and hormonally, even women who clearly wanted the pregnancy may have some second thoughts.<sup>30 31</sup> Even Planned Parenthood Clinics, touted as models by the pro-choice movement, 95% of the time did not give any significant biological information in pre-abortion counseling and sometimes even characterized the fetus as a "blob."<sup>32</sup>

There seems to be a conspiracy of silence on the part of those promoting and performing abortions. It may be done with the motivation to simply get on with something that the advocates are truly convinced is necessary. They also sense the discomfort when possible complications or doubts are discussed, so they essentially say, as one would to a child, "Don't cry, it will be all right." And keeping certain facts from the women may be done with the same misguided but well-rationalized motivations of those who used to say, "Don't tell Grandma that she has cancer." The desire to spare pain results, in that case, in lost chances to deal with the end of life, and does not spare anything for Grandma because she knows anyway. In the case of abortion, it allows doubts to be suppressed and a decision to go unexamined that may be regretted for a lifetime.

In cases of rape and incest, touted by the press as situations where the need for abortion is unquestionable, it is not really as it is portrayed. Unlike the magical view that abortion somehow makes the whole abhorrent situation go away, in truth it actually adds to the problems. The abortion often becomes just one more violation of the woman, sort of like a medical rape.<sup>33</sup>

In one study, 75% to 85% of pregnant rape victims chose against abortion.<sup>34</sup> They do so because they feel abortion is wrong, that their child's life may have some special meaning, that to answer one evil with another is repulsive and that they can perhaps overcome the selfishness of the violation by generosity, courage, strength, self-sacrifice and honor.<sup>35</sup>

In the case of incest, the victims rarely voluntarily agree to abortion.<sup>36</sup> It is often the perpetrator who pushes the most strongly for abortion to avoid exposure, while the victim sees the birth as a certain way to stop the pathological relationship. She also sees in having a baby the hope of a loving relationship, unlike the exploitative one in which she has been trapped.<sup>37</sup>

In the "hard cases," which advocates for abortion believe to be unquestionable, such as rape, incest, fetal abnormality or even saving the life of the mother, the truth is that those mothers are at the highest risk for severe psychological reactions afterwards, probably because they feel that they were given no choice in the matter and forced to abort.<sup>38</sup>

In fact, the women least likely to feel any psychological pain from abortion are those for which people generally feel the least sympathy and who abort for simple convenience. They tend to be oriented towards success and possessions, not people. They are not nurturing or maternal. On closer inspection, they are actually already scarred by previous life events. They do not feel accepted for their intrinsic value but only for what they have or do and they have learned to suppress their feelings.<sup>39</sup> In their desire to succeed, they have emulated some of the gravest weaknesses of men. They are those likely to become activists in the pro-choice movement, yet they are truly psychologically crippled.

Men are also affected by abortion, and because of their emotional makeup and difficulty dealing with feelings, many deal with it even less well than women. Some men become depressed about the abortion because they tend to blame it on their own character flaws.<sup>40</sup>

Sociologist Arthur Shostak says:

"Most of the men I talk to think about the abortion years after it is over. They feel sad, they feel curious, they feel a lot of things; but usually they have talked to no one about it. It's a taboo. It's not accepted for them to talk about it... With the man, if he wants to shed a tear, he had better do it privately. If he feels that the abortion had denied him his child, he had better work it through himself. He does not share his pain with a clergyman, a minister; he does not share it with a close male friend while they're hunting in a duck blind. It just stays with him. And it stays for a long time."<sup>41</sup>

Some men are threatened by pregnancy. They are immature and want to be taken care of. Their reaction is very much like a tantrum thrown by a young child as a manifestation of sibling rivalry.<sup>42</sup> Or it may just seem that abortion is a reasonable option and they advise it with little understanding of what is involved.

Some men are intermittently angry and depressed, especially if they were given no chance to have a say in the abortion decision.<sup>43</sup> One post abortion man recalled:

"Within 60 days I was in what I now call the 3 D's -- Drugs, Daring, and Death and that is where I remained for three years. I was doing drugs constantly -- 24 hours a day. I never was straight. I went to church stoned. I went to my job stoned. I also ruined my career. I was living on the edge of a daring life. I was the guy you saw on the ski slopes coming down missing the trees, doing flips and hitting those moguls at 90 miles per hour. I was driving fast and drinking and driving because I had lost my self-worth. I had everything bottled up within me. I was waiting for life to be snatched from me because it had lost its meaning and I wanted to die to atone for the one I had allowed to be taken."<sup>44</sup>

In interviews with prisoners whose wife or girlfriend had experienced abortion, many were angry and even had violent thoughts towards those who had pushed for abortion. Some broke off the relationship because of it. Some noted an emotional coldness come over their partner after the abortion. Some felt they had failed as a father to protect their offspring. Some spoke of trying to cover the emotion with alcohol.<sup>45</sup>

The more sensitive and mature males may wish to allow autonomy for the woman. They feel it is "her choice," so they stand back thinking this is affirming her competence. After all, the Supreme Court has determined that it is the decision of the woman alone. Yet the woman sees this as abandonment.

But what women want and need in a crisis is support and assurance. Counselor Teri Reisser said, "It has been my experience in post-abortion counseling that most women desperately needed their partner to demonstrate a reassuring attitude that everything would work out, that the destruction of a baby who was the product of their love-making was out of the question, that he would protect and care for her and the child."<sup>46</sup>

What of others? If it is possible that abortion is not "a private decision" of a woman, then is it also possible that children might be affected? When they realize that a sibling was eliminated because of unfavorable circumstances, will it not effect their sense of security and undermine their hope to be considered intrinsically valued.<sup>47</sup> And what about extended family? Might not the grandmother, who pushed her daughter to abort, have second thoughts about the missing grandchild? How much more the grandparent who was not consulted and would have willingly sacrificed to raise the unwanted descendent? And what about the friends who advised abortion, perhaps based on what they thought was good information, who later have regrets? What, too, of the doctors and nurses, who perhaps began idealistically, thinking they were helping women, but eventually are overcome by the horror of what they have done?

Is recovery possible? What hinders healing? Partly it is denial. Of the women who joined Women Exploited By Abortion, 94% felt they had suffered significant psychological injury but denied it for anywhere from a few months to 15 years.<sup>48</sup> And after all, the pro-choice side essentially says, "Nothing happened." A handout at a Planned Parenthood affiliate states that "emotional problems after abortion are uncommon, and when they happen they usually go away quickly. Most women report a sense of relief, although some experience depression or guilt. Serious psychiatric disturbances (such a psychosis or serious depression) after abortion appear to be less frequent than after childbirth."<sup>49</sup>

The distress following abortion may lie dormant until memories are triggered, but even then may not be correctly linked to the abortion. It is very easy to misattribute the distress to other factors, including some that may have been set in motion by the abortion. For example, if the partner leaves, that stressor may be blamed for the emotional reactions that were actually caused by the abortion.

Some purposely submerge their feelings in an exercise of the will, feeling that this is their path to freedom as in this testimony. "I was very sure of my decision that day [of my abortion], much more than at any other time, but my emotions were somewhat shut down. Perhaps it was in self-defense. I had questioned my decision so many times that I just had to stop.... What in reality happened was that I had become a person I control -- someone who is able to say, 'This is the way my life must go.'"<sup>50</sup>

Or the guilt may be attributed to pro-lifers "imposing their morality" on others, completely consistent with the post-modern view that morality is individual and that since moral guilt does not exist, the feeling of guilt must be socially determined. But, contrary to that idea, in Japan, without the long-standing historic influence of western culture or Christianity and with abortion freely available since the 1940's, women still feel bad. In one survey, 73.1% experienced guilt.<sup>51</sup>

For some, their emotional energy is directed into strident advocacy of abortion and anger at all who oppose it. This path also has the secondary goal of increasing the number of like-minded people. And the more people hold a certain opinion, the more right it seems. Thus some of the most deeply injured people are those who are the most angry. Some who most desperately need healing, deny the loudest that they are hurting. For when in doubt, they shout.

Women and some men may seek help for symptoms, but may not get at the root cause. Counseling may be superficial and produce temporary help. After all, the abortion itself was presented in purely utilitarian terms, comparing risks and benefits without any consideration that there may be a moral dimension. Therapy may be directed non-specifically at stress reduction, focusing on such strategies as simplifying your life and taking care of yourself. Even medication may be prescribed to lessen the symptoms, which is valid if it allows a person to actually deal with the issues that need to be addressed. Yet in all this, the root cause may be missed.

To many involved in abortion, the pro-life side is *perceived* as judgmental. Partly that is a polemic of some pro-choice advocates. Partly it is a projection of the turmoil within the heart of a person who feels real guilt. But partly it may be that pro-lifers have not effectively empathized with the pain of the mother, even less the father, of the aborted baby. It ought to be obvious, however, that it is neither honest nor loving to simply say, "It's OK."

But hope can be offered! Many involved in the Pro-life movement are recovering victims and their personal stories are powerful because of their honesty and vulnerability. And those involved in the pro-life movement who have not been personally touched by abortion can try to understand the desperateness that drives a woman or her family to do this, in spite of the doubt and guilt that so many feel. In fact in one survey 70% of women who chose abortion thought it was immoral and 25% considered it murder.<sup>52</sup> Yet at the time, it seemed like their only course of action. So alone and unsupported do many women feel that if even one person had encouraged them to consider other options, they would have changed their mind.<sup>53</sup>

Common human responses to such conflict might be to deny it exists, to cover it up, to blame it on someone else, or to be overwhelmed with hopeless grief. Some secular abortion recovery groups base their approach on acknowledgement of the grief and affirmations of the person. But, as it is in chemical dependency where faith-based treatment programs seem to do significantly better<sup>54 55</sup> and the personal faith of the recovering addict predicts success,<sup>56</sup> there are also intriguing indications that faith-based ministries have the most effective approach to recovery from post-abortion trauma.<sup>57</sup> In fact, it may well be that without the assurance that forgiveness is possible, it may be just too painful for a person responsible for an abortion to face the horror of what was done.

Christian recovery programs believe that the only truly healing message comes directly from God precisely because He alone can forgive. Evil is recognized and acknowledged for what it is and is dealt with directly. The affirmation of the person comes with the powerful message that God loved them enough to send His Son to take their punishment and restore them to full fellowship with Him. It is stated that nothing they have done can ever nullify the love of God, although they can walk away from it by denying their need or His reality. Yet if they confess and forsake the errors of the past, they are promised supernatural power to face the challenges of a new life. And they also find a genuine purpose and goal in life, which may weave their past negative experiences into the tools to reach out to others in love.

As an example of this sort of approach, Laurie Velker, the coordinator for the prison outreach program at Pregnancy Resource Center in Grand Rapids, Michigan tells a particularly poignant story of what might be considered a hopeless case.

"One woman in our group, Lois, was raped when she was 13. This was her first sexual experience. She never knew her father, and she lived with her mother in the inner city. She was pulled into an abandoned building by a neighborhood man and assaulted. Afterwards, as she began to walk home, he told her, 'I'll watch to make sure you make it home okay.'

"When she got home, her mother was extremely angry at her for being late. She told her to remove her clothes and proceeded to beat her with an extension cord. Lois has said that her anger burned at that moment. She had carried it ever since.

"Lois became pregnant as a result of the rape, and released the child for adoption. After that, she no longer cared about life too much. She started drinking and became promiscuous. She also turned to drugs and developed addictions. She was arrested and incarcerated.

"Upon release to a center, Lois became pregnant again. This time, she said, the corrections officer told her that she would have to have an abortion if she didn't want to go back to prison. She had the abortion, but was sent back to prison anyway.

"Again, her anger burned. She said that at times she would walk down the prison hallways and feel like striking anyone within her reach. She didn't know what to do with her anger. It had gotten her into trouble in prison before. She isolated herself from others. She felt sadness about losing her children. As she reflected on her life during the abortion recovery group, all she could see were patterns of anger, sadness, isolation, loss, and victimization.

"One night, I woke up and was burdened to pray for Lois. I asked the Lord to release her from her anger. I went to a book and looked up the literal and spiritual meaning of Lois's name. Her name meant 'famous warrior maid.' I told Lois about this. I felt she was created and destined to be one with a warring spirit. But she was directing it in the wrong places and at the wrong people. I told her that she was to use that anger for something good, something positive and just. I believed God would powerfully use her.

"Lois broke down and cried. All of the women in the group gathered around Lois and prayed for her. They wept with her. Lois acknowledged the stronghold of anger in her life and her desire to be released. She asked forgiveness. She let it go. It was one of the most moving moments of my life -- witnessing this woman rising above her circumstances and allowing her Father to take control.

"Lois directs the choir in the prison, now. After she had released her anger, she told me she woke up in the middle of the night, hearing the word "stand" in her mind. She thought it was the Holy Spirit speaking to her, so she got out of bed and stood up. She asked, 'Okay, Lord -- now what?' And the reply was, 'S.T.A.N.D. Lois, that's the name of the ministry I'm calling you to. Start Taking A New Direction. Minister to others.'

"Recently, Lois sent me copies of her new letterhead. She fully intends to reach out to others. She believes that the Lord has rewarded her for her obedience and faith, and she longs to tell her story and help others find a new direction in their lives. Lois's heart and life have been forever changed. She has begun writing family members and asking forgiveness for the wrongs she has done towards them. She says she feels a freedom deep within her spirit that she can't explain. She says it's quiet.

"I started out facilitating this group, asking God how one with such a tragic life could possibly overcome it? How does one rise up out of abuse, alcohol, poverty and crime to become whole again? God showed me time and time again, with so many of these women (who each had their own tragedies to share) that when we draw near to God, He will draw near to us. When we commit our way to Him, He is faithful and will come alongside us. God is the great physician. We are His instruments of peace."<sup>58</sup>

The medical profession first of all needs to recognize the reality of post-abortion traumatic stress disorder, whether or not it is ever accorded its own diagnostic category. The existence and scope of the problem should strip away the thin veneer of rationalization that abortion is "good for women" and bring us face to face with the reality of a monumental ongoing tragedy. This also removes the fiction that it is simply a matter of choice any more than choosing to drink and drive is a rational choice. To be neutral is to allow devastation to continue.

Secondly, since medicine has opened itself to alternative and non-traditional treatments for many ailments and is willing to look at spiritual perspectives, especially Eastern Mystical religious concepts, for improving the medical outcomes and bettering the lives of patients, there remains no logical reason to avoid looking hard at Christian faith-based programs. In doing this, not only does the hard data on results need to be examined, but also the underlying question of what connection this has to reality.

Post-modern agnosticism that claims, "If you believe it, it is true for you," although it seems humane and tolerant by allowing one to say, "Everybody is right," does not give us a coherent picture of the scientific world. On the contrary, knowledge is collected assuming that there are actually true or false hypotheses, and although at any moment in time we may not know for sure about any particular one of them, we do not give up the notion of truth and falsity. Thus there remains a distinct possibility that a novel point of view which leads to successful diagnoses and effective treatments may be leading us to larger conclusion about that view. If abortion leads to real guilt, which responds to a spiritual solution, then perhaps it points to a genuine human need and an answer that is really there.

For more research, see [www.afterabortion.org](http://www.afterabortion.org) and click on "Research" and "Articles."  
The evidence mounts higher. For help if you are suffering, click on "Healing."

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## Endnotes

- <sup>1</sup> Koop, C. E., (1989) as quoted in Speckhard, A., and Rue, V., "Post Abortion Syndrome: An Emerging Public Health Concern," *Journal of Social Issues*, 48: (3): 95, 97-98, 1992
- <sup>2</sup> "Emotional distress following induced abortion: A study of its incidence and determinants among abortees in Malmö, Sweden," Hanna Söderberg, Lars Janzon, Nils-Otto Sjöberg, *European Journal of Obstetrics & Gynecology and Reproductive Biology* 79 (1998) pp.173-178.
- <sup>3</sup> 800,000 of 3 million Viet Nam Veterans were felt to meet criteria for Post Traumatic Stress Disorder when evaluated in 1985. J. O. Brende and E. R. Parson, *VIET NAM VETERANS: The Road to Recovery*, Plenum Press, New York, 1985. Quoted in Joel Osler Brende, MD, FAPA, "Post-Trauma Sequelae Following Abortion and Other Traumatic Events," *Newsletter of the Association for Interdisciplinary Research in Values and Social Change*, Vol. 7, No. 1, July-August 1994.
- <sup>4</sup> David Reardon, *Aborted Women - Silent No More* (Chicago: Loyola University Press, 1987), p.118.
- <sup>5</sup> "Mother is the Other Victim of Abortion," *National Right to Life News*, 22 December 1983, p.10.
- <sup>6</sup> In a study of 145 women undergoing abortion by means of RU486, detailed questions were asked before, two weeks after and 6 - 8 months after the abortion regarding attitudes and afterthoughts. At the time of the abortion 9% said they had experienced doubts which they had some difficulty overcoming. At the moment of the abortion 4.8% still had significant doubts. As time went on the doubts seemed to increase. At 2 weeks 19.3% had some doubts and 2.8% had frequent doubts that they had made the right decision. By 6 - 8 months that had increased to 25.5% and 4.8%. At two weeks 26.2% admitted to a little depression and 3.4% to a lot. By 6 - 8 months, 29.7% were a little depressed and 6.2% were depressed a lot. W. B. Miller, D. J. Pasta and C. L. Dean "Testing a Model of the Psychological Consequences of Abortion" in *The New Civil War*, L.J. Beckman and S. M. Harvey, eds. American Psychological Association, Washington DC, 1998, pp. 235 - 267.
- <sup>7</sup> In a study of the period of time from 1987 - 1994, 34.7/100,000 women committed suicide in the year after an abortion compared with 5.9/ 100,000 in the general population of women, compared to 1.3/ 100,000 in the year after childbirth. M. Gissler, et al, "Suicides after pregnancy in Finland, 1987-94, register linkage study," *British Medical Journal* 313:1431, December 7, 1996.
- <sup>8</sup> "Adolescent Pregnancy Loss" in *Loss During Pregnancy and in the Newborn Period*, James Woods and Jenifer Woods, eds. Janetti Publications: Pitman NJ, 1997, pp 387 - 410.
- <sup>9</sup> Joel Osler Brende, MD, FAPA, "Post-Trauma Sequelae Following Abortion and Other Traumatic Events," *Newsletter of the Association for Interdisciplinary Research in Values and Social Change*, Vol. 7, No. 1, July-August 1994.
- <sup>10</sup> David Reardon, *Aborted Women - Silent No More* (Chicago: Loyola University Press, 1987), p.115-150.
- <sup>11</sup> R. Henshaw, et. al., "Psychological Responses Following Medical Abortion (Using Mifepristone and Gemepost) and Surgical Vacuum Aspiration," *Acta Obstet. Gynecol. Scand.* 73:812,1994.
- <sup>12</sup> A. Lopes, et. Al., "The Impact of Multiple Induced Abortions on the Outcome of Subsequent Pregnancies," *Australia New Zealand Journal of Obstetrics and Gynecology*, Vol. 31, No. 1 (1991) pp. 41 - 43.
- <sup>13</sup> J.Lydon, et.al., "Pregnancy Decision Making as a Significant Life Event: A Commitment Approach," *Journal of Personality and Social Psychology*, Vol. 71, No. 1, July, 1996, pp. 141 - 151.
- <sup>14</sup> "Childbirth as Protective of the Health of Women in Contrast to Induced Abortion - II. Smoking, Alcohol and Drug Use," *Newsletter of the Association for Interdisciplinary Research in Values and Social Change*, Vol. 12, No. 3, March April 1998
- <sup>15</sup> A 1981 random national U.S. survey of female drinking found that only 4% of abstainers and 5% of lighter drinkers had a prior reported non-spontaneous abortion compared to 13% for moderate drinkers, 13% of heavier drinkers and 6% of women who were ever-pregnant. A. Klassen, S. Wilsnack, Sexual Experience and Drinking Among Women in a U.S. National Survey, *Archives of Sexual Behavior*, 15 (5):363,1986
- <sup>16</sup> E. R. Morrissey and M.A. Schuckit, "Stressful Life Events and Alcohol Problems Among Women Seen at a Detoxification Center," *Journal of Studies on Alcohol*, Vol. 39, No. 9, (1978) pp. 1559 - 1576.

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- <sup>17</sup> In a study of 253 inner city teenaged women at Boston City Hospital in 1984 - 86, 33% of those who had experienced an abortion were using cocaine and only 16.3% of those who had not. DA Frank et al, "Cocaine Use During Pregnancy: Prevalence and Correlates," *Pediatrics*, 82:888, 1988.
- <sup>18</sup> A. S. Dixon and S. D. Dixon, "Perinatal Cocaine and Methamphetamine Exposure: Maternal and Neo-Natal Correlates," *J. Pediatrics*, Vol. 111 (1987) pp. 571 - 578.
- <sup>19</sup> "The Incidence and effects of Alcohol and Drug Abuse in women following Induced Abortion," *Newsletter of the Association for Interdisciplinary Research in Values and Social Change*, Vol. 3, No. 2, Summer 1990.
- <sup>20</sup> Lindy A. Pierce, "Abortion Attitudes and Experiences in a Group of Male Prisoners," *Newsletter of the Association for Interdisciplinary Research in Values and Social Change*, Vol. 9, No. 4, May-June 1996.
- <sup>21</sup> "Beyond the Bars: Post Abortion Ministries Reach Out to Women in Prison," *The Post Abortion Review* vol.7 no.2, April - June 1999, p.1.
- <sup>22</sup> "A Path to Hope: Illinois prison ministry helps inmates find freedom from the pain of abortion," *The Post Abortion Review* vol.7 no.2, April - June 1999, p.4.
- <sup>23</sup> A study of women in a post-abortion support group at the Medical College of Ohio found that only 7 out of 66 women who had abortions while single eventually married the father of the baby. "Psychological profile of dysphoric women post-abortion," K.N. Franco, et al., *J. American Medical Women's Association*, 44(4):113, July/Aug, 1989.
- <sup>24</sup> Another study found that only 19.3% of women who had an abortion were living with the father in the years following their abortion. *Induced Elective Abortion and Prenatal Grief*, Gail B. Williams, PhD Thesis, New York University (1991), Dissertation Abstracts International, Vol. 53, No 3. Sept 1992.
- <sup>25</sup> In a study of 100 women carried out by the Mount Sinai School of Medicine, 75 of whom were married or in committed relationships, 46% agreed that the abortion provoked a major crisis in their lives which was frequently followed by an unstable marital or social relationship. "The Abortion Experience in Private Practice," David H. Sherman, et. al., in *Women and Loss: Psychobiological Perspectives*, ed. William F. Finn, et. al., The Foundation of Thanatology Series, Volume 3, New York: Praeger Publications (1985), pp. 98-107.
- <sup>26</sup> In a survey of 75 men questioned months and even years after they accompanied their partners to an abortion clinic, 25% felt the abortion contributed to the breakup of the relationship. *The Social Learning Theory and Men and Abortion: Waiting and Wanting*, Charlotte Cage, Thesis written for postgraduate work at University of Nevada, Reno.
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- <sup>28</sup> "The Effects of Abortion on Marriage and Other Committed Relationships," Teri Reisser in *Newsletter of the Association for Interdisciplinary Research in Values and Social Change*, Vol. 6, No. 4, May-June 1994.
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