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Abortion And Depression

Part I and II

An Interview with Theresa Burke of Rachel's Vineyard Ministries

Part I

A woman goes through psychological stages in her relation with her unborn child as a pregnancy progresses — a factor often overlooked in the abortion debate. So says Theresa Burke, the founder of Rachel's Vineyard Ministries, a ministry of weekend retreats for healing after abortion. In this two-part interview with ZENIT, Burke discusses the relationship between a woman and her unborn child, and the link between abortion and depression.

Q: What is the nature of the psychological relationship between a woman and the unborn child as it develops during the pregnancy?

Burke: Pregnancy is not a disease or an illness. It is a natural event that has been going on for thousands of years, in every generation.

Women's bodies are instinctually programmed to nurture and sustain life. The psychological relationship between the mother and her unborn child is triggered by physical and hormonal changes, but also by the woman's support system and culture.

For most women the first trimester is a time of anticipation and excitement about the pregnancy, or anger and fear that an unplanned pregnancy has occurred.

Ambivalent feelings are common: The mother marvels at the mysterious fact that her body is capable of producing life; yet she may also feel overwhelmed by the responsibilities of caring for another human being.

As the pregnancy progresses, the mother may have both positive and negative feelings about the changes in the shape of her body. The third trimester may include anxiety about the birth; concerns about the health of her baby;

worries about how her partner will adjust to the new member of the family as well as financial concerns.

At the same time, the woman feels excitement and anticipation about the forthcoming birth of her baby and the beginning of a completely new phase in her life.

By the moment of birth, when the child is placed in a mother's arms, the mystery, the wonder, the excitement all culminate in a powerful bonding process as the mother joyfully welcomes a precious new life into the world.

We could say that women also require the full nine months of pregnancy to embark upon the emotional and psychological process that accompanies motherhood. Together, both mother and child are going through a dramatic and rapid developmental transformation.

Q: What roles do other factors, particularly the pressures from family and boyfriends, plus economic problems, place on a woman's decision to abort?

Burke: When we look behind the rhetoric of choice, we can more honestly ask, "Whose choice is it?"

Recent research indicates that in **95%** of all cases the male partner plays a central role in the abortion decision.

Other studies, such as a July 2005 report in the Elliot Institute's Post Abortion Review, reveal that up to **80%** of women would give birth if given support.

A former abortion-clinic security guard testified in Massachusetts that women are routinely threatened or abused by the men who took them to clinics.

Too often, abortion is the choice of someone else in her life and we hear most women say they had no choice but abortion.

In fact, murder is the No. 1 cause of death among pregnant women. Men who have been convicted of the murder of their pregnant partners cite not wanting to pay child support as the primary motive.

Such disturbing national statistics clearly indicate that there is a high level of coercion driving women into unwanted abortions.

Without the consistent support of the baby's father or her own family, many mothers fear they will not have the resources to provide for the child. Given

the poverty rates among single parents and the challenges they face, this is a real problem.

In far too many cases, behind every woman having an abortion you will find a host of persons that are very much involved in her "choice" and often in manipulative in their persuasion.

This can be a younger woman's parents who threaten her with a withdrawal of love or even eviction if she does not abort; the school/mental health or health care professional who use the power of their position to make abortion seem the rational, mature and only decision that makes sense given her circumstances.

This is especially problematic when there is a hint of any health problems with the unborn child. In these cases the pressure is often quite strong to abort.

For women who are faced with severe fetal deformities, **95%** of women who are offered perinatal hospice will choose this form of support as the more humane and emotionally desirable event. This avoids the complicated grief brought on by late-term abortions, which is a horrific experience for both mother and baby.

Q: What happens to the psychological relationship when a woman aborts? And is there a difference between the effects of a spontaneous miscarriage?

Burke: When a mother is abruptly and violently disconnected from her child there is a natural trauma. She has undergone an unnatural death event.

In many cases, she has violated her moral ethics and natural instincts. There has been a crushing blow to her image of "mother" who nurtures, protects and sustains life.

I have counseled thousands of women whose lives have been shattered by the trauma of abortion, which they experience as a cruel and degrading procedure. There is grief, sadness, heartache, guilt, shame and anger.

They have learned to numb themselves with alcohol and drugs, or master their trauma through repetitions of it. Some re-enact their abortion pain through promiscuity and repeat abortions, trapped in traumatic cycles of abandonment and rejection.

Others stuff their feelings through eating disorders, panic attacks, mental depression, anxiety and thoughts of suicide. Some have suffered permanent physical and reproductive damage that rendered them unable to have children in the future.

Abortion is a death experience. It is the demise of human potential, relationship, responsibility, maternal attachment, connectedness and innocence. Such a loss is rarely experienced without conflict and ambivalence.

It would be simple-minded to think that getting over it could be free from complication. In my book "Forbidden Grief: The Unspoken Pain of Abortion," with David C. Reardon, we invite the reader into the intimate heart of human experiences, a place where the abortion debate infrequently penetrates.

When the polemics, the marches, the politics of freedom and rights are over, there are emotional aspects of abortion which defy words.

The psychological and spiritual agony of abortion is silenced by society, ignored by the media, rebuffed by mental health professionals, and scorned by the women's movement.

Post-abortion trauma is a serious and devastating illness which has no celebrity spokeswoman, no made-for-television movie, and no platform for the talk show confessional.

Abortion touches on three central issues of a woman's self-concept: her sexuality, morality and maternal identity. It also involves the loss of a child, or at least the loss of an opportunity to have a child. In either case, this loss must be confronted, processed and grieved.

In a miscarriage, the mother has also suffered the loss of a child. The difference is in the level of guilt and shame that post-aborted women experience because of a deliberate and conscious decision to terminate life; versus a miscarriage, which occurs due to natural causes.

With abortion, her loss is a secret. There is no social support or consolation from friends or family.

It's important to note that there is also a high increase in miscarriages following abortion. When a woman loses a wanted child after an abortion experience, women frequently report complex grief and depression because they believe the miscarriage is "God's punishment."

Part II

Depression over a past abortion is an often hidden and ignored link that needs to be addressed, says a counselor who deals with post-abortion trauma.

In the second part of this interview with ZENIT, Theresa Burke, founder of

the Rachel's Vineyard Ministries, explains how depression is a natural effect of abortion that may erupt years later.

Rachel's Vineyard organizes weekend retreats for those struggling with the emotional or spiritual pain of an abortion.

Part 1 of this interview appears in today's ZENIT service.

Q: What are the risks of depression stemming from the guilt of an abortion?

Burke: Because abortion is legal, it is presumed to be safe. Indeed, it is commonly identified as a woman's "right."

This right, or privilege, is supposed to liberate women from the burden of unwanted pregnancies. It is supposed to provide them with relief — not grief and depression.

One of the big problems is that when women are assaulted by their own natural reactions to their loss, they don't understand what is wrong with them.

Many women go into treatment for depression, anxiety, or addictions, but simply don't understand the roots of their illness. In many cases they are drugged and diagnosed but never led on a path to healing and recovery.

Unresolved memories and feelings about the abortion become sources of pressure that may erupt years later in unexpected ways. Unresolved emotions will demand one's attention sooner or later, often through the development of subsequent emotional or behavioral disturbances.

Professor David Fergusson, a researcher at Christchurch School of Medicine in New Zealand, wanted to prove that abortion doesn't have any psychological consequences.

He was surprised to find that women who have had abortions were one-and-a-half times more likely to suffer mental illness, and two to three times more likely to abuse alcohol and/or drugs.

Fergusson followed 500 women from birth to age 25. "Those having an abortion had elevated rates of subsequent mental health problems, including depression (46% increase), anxiety, suicidal behaviors and substance use disorders," reads the research published in the *Journal of Child Psychiatry and Psychology*.

Abortion is in fact responsible for a profound array of problems:

- a 160% increase in rates of suicide in the U.S., according to the Archives of Women's Mental Health, in 2001;
- a 225% increase in rates of suicide in Britain, according to the British Medical Journal, in 1997;
- a 546% increase in rates of suicide in Finland, according to the Acta Obstetrica et Gynecologica Scandinavica, in 1997.

In total, the average boosted suicide risk of these three studies is 310%!

This high suicide rate following abortion clearly disproves the myth that termination of a pregnancy is safer than childbirth.

The best record-based study linking psychiatric admission rates following abortion reveals that in the four years following pregnancy outcome, women who abort are two to four times more likely to be admitted for psychiatric hospitalization than women who carry to term.

Another record-based study reveals that even four years after abortion the psychiatric admission rate remained 67% higher than for those women who did not have abortions.

Aborting women were more likely to be diagnosed with adjustment reactions, depressive psychosis and neurotic and bipolar disorders, according to the Archives of Women's Mental Health, in 2001.

The risk for postpartum depression and psychosis during later wanted births is also linked to previous abortion.

An average of eight years after their abortions, married women were 138% more likely to be at high risk of clinical depression compared to similar women who carried their unintended first pregnancies to term. This is according to the British Medical Journal of January 19, 2002.

In the category of drug and alcohol abuse, we see many women trying to cope with their inner conflict and grief through a 4.5 times higher risk of substance abuse following abortion.

And this is only based on those who are reporting substance abuse. Think of all those who think that drinking eight glasses of wine each night is simply a way to "unwind." This aspect was reported in the American Journal of Drug and

Alcohol Abuse, in 2000.

The results of the first international long-term, follow-up study led by Dr. Vincent Rue reveals overwhelming evidence of post-traumatic stress disorder.

Statistics collected in America reveal the following:

- 55% of those who had abortions report nightmares and preoccupation with abortion;
- 73% describe flashbacks;
- 58% of women report suicidal thoughts which they relate directly to their abortions;
- 68% reveal that they feel badly about themselves;
- 79% report guilt, with an inability to forgive themselves;
- 63% have fears regarding future pregnancies and parenting;
- 49% have problems being near babies;
- 67% describe themselves as "emotionally numb."

An exhaustive review of many other studies and certainly clinical experience indicates that for many women, the onset of sexual dysfunctions and eating disorders, increased smoking, panic and anxiety disorders, and an addiction to abusive relationships became the souvenir coping styles which followed their experience with abortion.

Q: Is there a scientific or political reason for not wanting to study a possible link abortion with depression, which has kept the research from taking place?

Burke: As a society, we know how to debate about abortion as a political issue but we don't know how to talk about it on an intimate and personal level.

There is no social norm for dealing with an abortion. Instead, we all try to ignore it.

One of the reasons we don't want to talk about the grief of women and men who have had abortions is that we, as a society, are deeply troubled by the abortion issue. While the vast majority believes that abortion should be legally

available in some circumstances, most are also morally troubled by it.

According to one major poll, 77% of the public believes abortion is the taking of a human life, with 49% equating it with murder.

Only 16% claimed to believe that abortion is only "a surgical procedure for removing human tissue."

Even one-third of those who describe themselves as most strongly pro-choice will still admit to believing that abortion is the taking of a human life. This is reported by James Davison Hunter in his 1994 book "Before the Shooting Begins: Searching for Democracy in America's Cultural War."

These findings suggest that most Americans put their own moral beliefs about abortion "on hold" for the sake of respecting a "woman's right to choose."

As a society we have chosen to tolerate the deaths of unborn children for the purpose of improving the lives of women.

This moral compromise, however, is disturbed when women complain about their broken hearts after an abortion. They make their listeners uncomfortable and confused.

Depression over a past abortion forces us to look not only at the pain of an individual, but the angst of our society. It is a deeply complex and troubling issue. Most of us don't want to look too deeply.

Pro-choice advocates are often hesitant to recognize the reality of post-abortion grief because they fear this may somehow undermine the political argument for legal abortion.

Ignoring all evidence to the contrary, most abortion counselors will tell women that psychological reactions to abortion are rare or even nonexistent. Anything that might arouse discomfort or uneasiness is avoided.

Such facts, they fear, might "persuade her to withhold her consent to the abortion."

In essence, the choice is made for her as they protect her from any information that might dissuade her opinion.

The collusion of ignorance and denial perpetrates abuse and negligence against women, facilitating the potential for deep and scarring trauma.

Q: Do you think this will be a deterrent for women considering abortion to know the possibility of depression lies beyond the abortion?

Burke: I hope so. Women have a right to know the risks they face when making an elective decision for abortion.

Any drug or medical procedure we "choose" to take is required by law to have informed consent. This means that we know what is involved, what the procedure is, and what the short- and long-term risks are. This is critical information.

In light of the disturbing statistics regarding mental health risks, the increased risk in breast cancer, etc., it is obvious that restraints and regulations are necessary for the protection of women's reproductive and psychological health.

More importantly, I believe that women and men who have suffered the loss of a child through abortion need to know that there is hope and healing. They need to know that they are not alone.

In 1989, a panel of experts assembled by the American Psychological Association concluded unanimously that legal abortion "does not create psychological hazards for most women undergoing the procedure."

The panel noted that if severe emotional reactions were common there would be an epidemic of women seeking psychological treatment. The panel stated that there is no evidence of such an epidemic. Since 1989, there has been no significant change in this point of view.

It seems obvious they have not been following the growth of Rachel's Vineyard Ministries!

In 2006 our organization will provide 450 weekend retreats for healing after abortion. Each retreat will have between 12 and 25 participants.

That means that between 5,400 and 11,250 people will be coming forward for treatment in the upcoming year.

Our ministry is growing at a 40% rate each year. In just the past seven years, thousands of men and women have come for help as Rachel's Vineyard has spread to Africa, Taiwan, Russia, England, Ireland, Scotland, Spain, Portugal, South America, Canada and throughout the United States.

There are hundreds of other post-abortion ministries popping up

everywhere. So regardless of what the APA thinks, those of us who are in ministry know the truth. There is an epidemic that has gone disgracefully ignored, misdiagnosed and untreated.



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