Abortion And Depression

Part II

An Interview with Theresa Burke of Rachel’s Vineyard Ministries

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 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.