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The Nightmares of Choice

The Psychological Effects of Performing Abortions

By Rachel M. MacNair

"I have fetus dreams, we all do here: dreams of abortions one after the other, of buckets of blood splashed on walls, trees full of crawling fetuses", reported Sallie Tisdale of her time as a nurse in an abortion facility. Writing in *Harper's* magazine, she told of dreaming that two men grabbed her and dragged her away.

"Let's do an abortion", they said with a sickening leer, and I began to scream, plunged into a vision of sucking, scraping pain, of being spread and torn by impartial instruments that do only what they are bidden. I woke from this dream barely able to breathe and thought of kitchen tables and coat hangers, knitting needles striped with blood, and women all alone clutching a pillow in their teeth to keep the screams from piercing the apartment-house walls.

It is not joyful or easy work. "There are weary, grim moments when I think I cannot bear another basin of bloody remains, utter another kind phrase of reassurance", she wrote. "...I prepare myself for another basin, another brief and chafing loss. 'How can you stand it?' Even the clients ask...I watch a woman's swollen abdomen sink to softness in a few stuttering moments and my own belly flip-flops with sorrow".

What is the emotional impact of doing abortions on the people who do them? Those who do them have written and said enough to show that it is no ordinary medical procedure. Some, like Tisdale, suffer nightmares. Others suffer many of the other symptoms associated with Post Traumatic Stress Disorder (PTSD), once called "shell shock" and "battle fatigue". The practice of medicine, of healing, should not give you nightmares, should not leave you shell-shocked.

In the following, only pro-choice doctors and nurses and official medical publications will be quoted, except for the two doctors quoted at the end. Their belief that dealing constantly with abortion was an unusual and significant source

of stress, more so than ordinary medicine, did not by any means come from opposition to abortion.

Their Trauma

Remarkably little study has been done of the doctors, nurses, counselors, and other staff in abortion facilities. Only two scientific studies that look at a large number of people have been done by researchers who did not work in the abortion field. One (by M. Such-Baer) appeared in *Social Casework* in 1974 and the other (by K.M. Roe) in *Social Science and Medicine* in 1989.

Both studies were done by people in favor of legal abortion, yet they both note the high prevalence of symptoms that fit the condition now called Post Traumatic Stress Disorder (PTSD). The study published in 1974, before the term was adopted, noted that "obsessional thinking about abortion, depression, fatigue, anger, lowered self-esteem, and identity conflicts were prominent. The symptom complex was considered a 'transient reactive disorder', similar to 'combat fatigue'.

The other study listed similar symptoms: "Ambivalent periods were characterized by a variety of otherwise uncharacteristic feelings and behavior including withdrawal from colleagues, resistance to going to work, lack of energy, impatience with clients, and an overall sense of uneasiness. Nightmares, images that could not be shaken, and preoccupation were commonly reported. Also common was the deep and lonely privacy within which practitioners had grappled with their ambivalence".

The case that abortion practitioners suffer from PTSD because they perform abortions cannot yet be made. It is a difficult thing to prove: It may be difficult to ascertain who is and who is not doing abortions; those who have suffered worst may have already left the field; it may be that those people who have been through traumatic events already are more inclined to participate in abortions; and finally, the current political debate can affect the way people feel about their work.

However, the evidence so far accumulated shows that further research is certainly needed.

American Medical News, a magazine published by the American Medical Association, reported that the discussions at a workshop of the National Abortion Federation "illuminate a rarely heard side of the abortion debate: the conflicting feelings that plague many providers...The notion that the nurses, doctors, counselors, and others who work in the abortion field have qualms about the work they do is a well-kept secret". Among the stories:

A nurse who had worked in an abortion clinic for less than a year said her most troubling moments came not in the procedure room but afterwards.

Many times, she said, women who had just had abortions would lie in the recovery room and cry, "I've just killed my baby. I've just killed my baby". "I don't know what to say to these women", the nurse told the group. "Part of me thinks, 'Maybe they're right'".

A doctor in New Mexico admitted that:

He was sometimes surprised by the anger a late-term abortion can arouse in him. On the one hand, the physician said, he is angry at the woman. "But paradoxically", he added, "I have angry feelings at myself for feeling good about grasping the calvaria [the top of the baby's head], for feeling good about doing a technically good procedure which destroys a fetus, kills a baby".

Almost All Negative

Such-Baer's study, done in 1974, a year after *Roe v. Wade* legalized abortion across the country, reported that "almost all professionals involved in abortion work reacted with more or less negative feelings". Those who have contact with the fetal remains have more negative feelings than those who do not, and their response varied little: "all emotional reactions were unanimously extremely negative".

The largest published study involved interviews with 130 abortion workers in San Francisco between January 1984 and March 1985. The authors did not expect to find what they found. "Particularly striking was the fact that discomfort with abortion clients or procedures was reported by practitioners who strongly supported abortion rights and expressed strong commitment to their work", they noted. "This preliminary finding suggested that even those who support a woman's right to terminate a pregnancy may be struggling with an important tension between their formal beliefs and the situated experience of their abortion work".

In response, the researchers decided "to interview only practitioners who identified themselves as pro-choice and were committed to continuing their abortion work for at least six months." They thought that these people, "As most free of pre-existing anti-choice sentiments and most resistant to their potential influence, would provide rich insight into the current dilemmas and dynamics of legal abortion work". This lowered the sample to 105 workers.

Seventy-seven percent of those brought up the theme of abortion as a destructive act, as destroying a living thing. As for murder: "This theme was unexpected among pro-choice practitioners, yet 18 percent of the respondents talked about involvement with abortion in this way at some point in the interview. This theme tended to emerge slowly in the interviews and was always presented with obvious discomfort".

Even Tisdale, who still believed in abortion, admitted the ambiguity of performing them. Abortion, she said, "is the narrowest edge between kindness and cruelty. Done as well as it can be, it is still violence – merciful violence, like putting a suffering animal to death...It is a sweet brutality we practice here, a stark and loving dispassion".

The stress seems to grow as the unborn child develops. "As the pregnancy advances, the idea of abortion becomes more and more repugnant to a lot of people, medical personnel included", an abortion doctor named Don Sloan noted in a book that vigorously asserts the need for legal abortion. In response, "Clinicians try to divorce themselves from the method". After describing the procedure in graphic detail, including the need to check the body parts to make sure that every part of the fetus has been removed from the uterus, he concluded: "Want to do abortion? Pay the price. There is an old saying in medicine: If you want to work in the kitchen, you may have to break an egg. The stove gets hot. Prepare to get burned".

Late term abortions pose an "unusual dilemma", said Warren Hern, an abortion specialist, in a paper given to the Association of Planned Parenthood Physicians. The doctors and nurses who do it have "strong personal reservations about participating in an operation which they view as destructive and violent". He explained their reactions this way:

Some part of our cultural and perhaps even biological heritage recoils at a destructive operation on a form that is similar to our own, even while we may know that the act has a positive effect for a living person. No one who has not performed this procedure can know what it is like or what it means; but having performed it, we are bewildered by the possibilities of interpretation. We have reached a point in this particular technology where there is no possibility of denial of an act of destruction by the operator. It is before one's eyes. The sensations of dismemberment flow through the forceps like an electric current...The more we seem to solve the problem, the more intractable it becomes".

Bad Dreams

But it is the practitioners dreams that may tell us most. Bad dreams are so common that a mention of them, even a slight one, can be expected in almost all presentations on the subject of an abortion facility staff's emotional reactions to performing abortions. Many of those who stopped doing abortions because they became convinced that abortion was wrong report dreaming about abortion.

The reports vary with respect to the numbers of workers who suffer from abortion-related nightmares: A study by Dr. Hern said that only two out of 23 workers reported dreaming about abortion, while a news item on late-term abortion in *ObGyn News* said that one-fourth of the workers dreamed about

abortion. Tisdale said that everyone at her facility had such dreams, but that was probably poetic license.

What are the dreams like? Tisdale told of dreaming of "blood splashed on the walls" and "trees full of crawling fetuses", as well as of her own violation. Another writer told of a nurse who dreamed that she "was stuffing a baby into the mouth of [an antique] vase. The baby was looking at her with a pleading expression. Around the vase was a white ring. She interpreted this as representing the other nurses looking upon her act with condemnation".

He drew the conclusion that her dream "shows that unconsciously the act of abortion was experienced as an act of murder. It should be noted that this nurse was strongly committed intellectually to the new abortion law. Her reaction was typical. Regardless of one's religious or philosophic orientation, the unconscious view of abortion remains the same. This was the most significant thing that was learned as a result of these sessions" (This story appeared in an editorial in *Obstetrics and Gynecology*, which argued that the staff of abortion facilities should be encouraged to talk about their feelings as way to keep them doing the work).

American Medical News reported this from the National Abortion Federation Workshop: "They [those who perform or help perform abortions] wonder if the fetus feels pain. They talk about the soul and where it goes. And about their dreams, in which aborted fetuses stare at them with ancient eyes and perfectly shaped hands and feet asking, 'Why? Why did you do this to me?'"

A paper presented to the Association of Planned Parenthood Physicians described the dreams of two people who had dreamed "of vomiting fetuses along with a sense of horror". The writers concluded, "In general, it appears that the more direct the physical and visual involvement (i.e., nurses, doctor), the more stress experienced. This is evident both in conscious stress and in unconscious manifestations such as dreams. At least, both individuals who reported several significant themes were in these roles".

Alternative Explanations

How can we account for the practitioners' problems, especially their dreams? It may be that this is how the human mind responds to killing, as has been suggested of other groups of people who kill. Those who believe that abortion is killing, and that killing another human being is something few people can do naturally, will find this explanation plausible.

But social scientists have offered two other explanations. One is simply that people are suffering burnout, as do many in the helping professions. It is thus a more easily solvable problem, requiring only vacation breaks and rotation of duties. Considering the high-volume, high-speed nature of most abortion

practices, they may indeed be suffering from burnout, but they may also suffer from conscience and PTSD as well. More importantly, burnout does not explain their dreams.

The other explanation is that people respond negatively because of a primitive or childish misunderstanding of the facts. The editorial in *Obstetrics and Gynecology* just quoted that "the child inevitably mixes fact with fantasy. Unable to conceptualize the whole process in sophisticated terms, the child thinks in concrete terms. He visualized an 'egg' in the 'stomach' and believes that a formed baby develops at the outset, growing for nine months into a full sized infant".

The author believes that this is the way to account for the dreams. Although adults understand reproduction, "the primitive fantasies remain in the unconscious...Therefore, even those who become intellectually committed to abortion have to contend with their own unconscious view of a fetus as a real baby. The emotional trauma observed in these nurses was a result of the psychic conflict between their intellectual commitment, on the one hand, and their unconscious views, on the other. Inwardly, they experience themselves as participating in an act of murder".

If seeing the fetus as a baby is merely a figment of the imagination, a symbol, an oversimplification, the solution is simple. The best way to counter fantasy is to show the reality. Modern technology has provided photographs of embryos and fetuses at every stage of development, and sonograms show their movements in real time. Yet this technique seems not to work in reducing the symptoms abortion workers suffer, as another editorial, titled "Warns of Negative Psychological Impact of Sonography in Abortion", argued in 1986.

A Warning

Defenders of abortion believe that it is a form of medicine. Opponents believe it to be killing. If abortion is the taking of a human life, some or many of those who perform abortions should suffer certain psychological consequences associated with the trauma caused by hurting others. If we find no such consequences, the case that abortion is not violence at all is strengthened. The anecdotal evidence and such studies as we have suggest that some of those who perform abortions suffer psychological damage, that performing abortions has such consequences.

Perhaps the same dreams are a warning. If so, these nightmares may be a blessing. Bernard Nathanson, speaking of the time when he was a pioneer in setting up abortion facilities, recalled being cornered by a doctor's wife at a cocktail party. "She drew me aside and talked in a decidedly agitated manner of the increasingly frequent nightmares her husband had been having. He had confessed to her that the dreams were filled with blood and children, and that he

had later become obsessed with the notion that some terrible justice would soon be inflicted upon his own children in payment for what he was doing". These dreams and these feelings may have been a warning from his conscience to stop.

Former abortion doctor McArthur Hill has told of how he would try to save premature babies and then find that the babies he'd aborted were bigger than the premature ones he had saved.

It was at this point that I began to have nightmares...In my nightmares, I would deliver a healthy newborn baby. And I would take that healthy newborn baby, and I would hold it up. And I would face a jury of faceless people and ask them to tell me what to do with this baby. They were to go thumbs up or thumbs down, and if they made a thumbs down indication, I was to drop the baby into a bucket of water which was present. I never did reach the point of dropping the baby into the bucket, because I'd always wake up at that point.

Dr. Hill did, eventually, wake up to the reality of what he was doing. Others have as well. If it is true that the practitioner's nightmares and other symptoms result from their work, as the evidence suggests, there will be many other abortion practitioners who will be driven by their dreams to listen to the voice of conscience and stop helping kill the unborn.



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