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Women Need More Mental Health Treatment After Abortion, New Study Finds

Six months after her abortion, Jane had a mental breakdown. When she later delivered a healthy son, unresolved grief over her abortion contributed to severe post-partum psychosis. "I remember wanting to throw him out the window of the hospital room," she later told her therapist.

A study published in the latest issue of the American Journal of Orthopsychiatry reveals that both the early and delayed psychiatric episodes experienced by Jane are significant risks associated with abortion.

By examining Medi-Cal records for 173,000 low-income California women, the research team compared the rate of psychiatric outpatient treatments for women who had abortions versus those who carried to term. To control for differences in prior psychological health, they excluded all women who had any psychiatric care for a year prior to their pregnancy outcome.

Women were 63 percent more likely to receive mental health care within 90 days of an abortion compared to delivery. In addition, significantly higher rates of subsequent mental health treatment persisted over the entire four years of data examined. Abortion was most strongly associated with subsequent treatments for neurotic depression, bipolar disorder, adjustment reactions, and schizophrenic disorders.

Dr. Priscilla Coleman, the study's lead author, said that the study design was an improvement over previous studies because it relied on medical records rather than on surveys of women contacted at an abortion clinic.

"Most of mental health status after an abortion rely on small groups of women — usually less than 300 — and face high drop our rates of 50 percent of more," said Coleman, a professor at Bowling Green State University in Ohio. "By

looking at medical claims for a large group of women, we were able to capture a more accurate picture of the differences between abortion and childbirth."

Another of the study's authors, Dr. David Reardon, said, "Our results are likely to underestimate the true difference in psychological treatments because the information on obstetric histories was incomplete. Since many of the women classified as 'childbirth-only' actually had prior abortions which we did not know about, this would most likely dilute our findings."

Another study by Reardon, the director of the Springfield, Ill.-based Elliot Institute, was published in the January issue of the prestigious British Medical Journal. Examining a large national sample of women, it revealed that women who abort are at higher risk of severe clinical depression than women who carried unintended pregnancies to term.

Reardon is the co-author with Dr. Theresa Burke of a new book, "Forbidden Grief: The Unspoken Pain of Abortion," in which Jane's experience, summarized above, is included as part of a comprehensive review of postabortion reactions. "Forbidden Grief" was recently highlighted as the book of the week selection by radio talk show host Dr. Laura Schlessinger.

Reardon believes the results of these recent studies underscore a key message of "Forbidden Grief."

"We need to expand outreach and referrals into post-abortion counseling programs," he said. "There are many women who have great difficulty coping with the emotional stress following an abortion. Without help, and especially the understanding of loved ones, they will be more vulnerable to self-destructive behavior and other psychological disorders."

Reardon said he hopes the results of recent studies will rekindle the effort to make the investigation of abortion's health effects a priority of the government's National Institutes of Health.

Research published since 1989 has consistently revealed that women who abort are at higher risk of subsequent substance abuse, suicide, depression, and mental illnesses. During the time that knowledge of abortion's risks has grown, Reardon says, not a single study comparing abortion to the birth of an unintended child has shown that abortion is associated with better mental or physical health.

These facts lead Reardon to insist that "while abortion may still be defended on political grounds, it can no longer be defended on medical grounds."

For more information about this study, visit the Elliot Institute web site at www.afterabortion.info. "Forbidden Grief" is available through Acorn Books at www.forbiddengrief.com or by calling 888-412-2676.

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