

FORBIDDEN GRIEF

THE UNSPOKEN PAIN OF ABORTION

INTRODUCTION

As a young graduate student, I was assigned to lead a weekly support group for women with eating disorders. It was there that I first observed how abortion is a *forbidden grief*.

It all began with Debbie. She cautiously and fearfully confided to the group that she was having flashbacks to an abortion that had happened several years earlier. She was also having recurring nightmares involving a baby.

These intrusive memories were bad enough. Her anxiety was made worse, however, by her ex-husband. He would phone and leave messages on her answering machine, calling her a “murderer,” describing the abortion in vivid and horrifying detail. Debbie found this extremely disturbing not only for herself but for her three children, who would often hear the incoming message.

After these phone calls Debbie would become quite agitated. On numerous occasions she became suicidal and engaged in borderline cutting behaviors. She repeatedly cut her wrists with a razor blade and often ended up in the emergency room of the local hospital.

Debbie had always struggled with weight issues, but her eating disorder became full-blown after the abortion. She was severely anorexic. Her story sparked a series of confessions within the group.

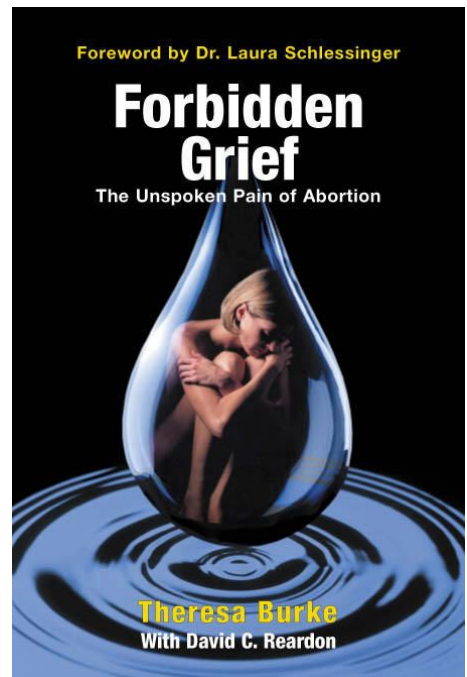
Beth Ann said she knew how Debbie felt because she, too, had undergone an abortion. “It would kill me if someone kept reminding me about it. It’s something I try to forget about. Your husband is a horrible man,” Beth Ann said with contempt.

Diane immediately jumped in with an irritated hiss. “---- him! We have a right to control our bodies and decide if we want their ----- interfering with our bodies. To hell with him!”

The other women were silent.

“Diane, you seem quite angry,” I observed. “Has anyone hurt you like that?”

Diane dismissed the idea with explicit certainty. “Nobody hurts me!” she stated. “Especially men! That’s why I had my abortion, so the ----- couldn’t screw with me and mess up my life. And you know what? It was the best thing I ever did. Taking control of your life is nothing to feel guilty over and ---- anyone who tries to tell me to feel otherwise.



---- them all!”

At that moment, Judith, obviously very upset, got up and left the room.

As Judith closed the door, Sarah, normally quiet and reserved, politely asked Diane to watch her mouth. She told her that her relentless use of the f-word was probably offensive to some and it showed a lack of class.

Diane quickly retorted, “---- you, ya prude! You guys are all a bunch of ----- prigs.”

I began to feel quite inadequate and wondered how to proceed with the meeting, which at that moment felt like a battleship rapidly sinking in the sea as a volley of torpedoes struck its hull.

Week after week we had discussed very emotional issues: mothers, fathers, problem relationships, family dynamics, dependency, divorce, self-esteem, stress, assertiveness, sexual conflicts, lesbianism, depression, and a gamut of other anxiety-producing issues. But never had I seen a subject create such severe hostility, fear, and pain among the members of our group. The meeting was becoming as volatile as an erupting volcano as the group members began to vent their toxic feelings through verbal attacks on each other. I just wanted the meeting to end. I couldn't wait to get home.

Suddenly, Lasheera, who usually just sat back and observed the others, chimed in. “Calm down! Everybody chill!” The white around her dark eyes flashed out from a black complexion like shimmering rays of light, signaling a cease-fire. “Do you like my new sweater?” she asked with sincere curiosity.

We ended the meeting early that night.

When I got home, I called Judith, who had walked out of the meeting, to make sure she was okay. Judith said she was sorry for leaving so abruptly, but then added, “I hate the subject of abortion and wish that we could focus on eating disorders instead.”

I asked her if she, too, had experienced an abortion. After a prolonged silence, she murmured, “It was a long time ago. I really don't want to talk about it.”

The events of that evening weighed on my mind for the entire week. Our group discussion had not even remotely helped any of these women to address their tremendous anxiety about their past abortions. We had only scratched the surface.

Six out of the eight women in our group had undergone abortions. The other two had been sexually molested as children. The common denominator in their histories was a traumatic event, abortion or sexual molestation, which some were not even able to verbalize.

If their feelings about their abortions were that powerful, I wanted to know more about them. Unexpressed emotions are key issues in the treatment of eating disorders. Because women with eating disorders are overwhelmingly concerned with image and pleasing others, they often deny and repress their real feelings. This is accomplished by binding their emotions and anxieties up in ritual behaviors. Their eating disorders are a battle over food, which is really a surrogate enemy, a symbol of negative

feelings like grief, tension, anger, frustration, boredom, and fear. In this sense, an eating disorder can serve to distract a person from other problems that he or she cannot confront. I knew it was quite reasonable to suspect that abortion trauma could be disguised through eating disorders. As Sarah later explained:

I am never hungry when I binge . . . I eat because I am full. Full of anger, hurt, sadness, and loneliness. I throw up because that is the way I empty myself of those feelings.

Getting in touch with such feelings is fundamental to recovery. However, this can be a tricky process because any discussion of these unwanted emotions generates tremendous resistance, denial, and fear.

The issue of abortion was clearly a threatening topic for our group. Those who could speak about it could only do so by angrily blaming others. In subsequent discussions, all six women indicated that their abortions were perhaps the most difficult decisions they had ever made. At the same time, however, they denied that their abortions had any significant effect on their lives. This “no big deal” claim, however, was in striking contrast to the intense emotions and avoidance behavior that I had observed. Clearly, a lot of unexplored and unresolved feelings were being denied, repressed, or suppressed.

Unfortunately, however, I was not permitted at that time to delve more deeply into my group’s obvious difficulties with past abortions. When I shared my assessment with my supervisor, a psychiatrist, he became irritated and defensive. He emphatically told me that I had no business prying into people’s abortions. I pointed out that it was Debbie who had raised the issue because of her flashbacks. He insisted that Debbie’s flashbacks were a psychotic reaction caused by a medication she was taking. I questioned this and pointed out that her abortion had been a very traumatic experience and her flashbacks sounded more like post-traumatic stress disorder. When I suggested it might be helpful for her to talk about it, the psychiatrist looked me straight in the eye and said, “This is a support group for eating disorders . . . not abortion.” He firmly instructed me not to bring up the subject again.

Despite the discouraging comments of my supervisor, this experience sparked my interest in treating post-abortion grief and trauma. In the years since, I have worked with well over two thousand women who have struggled with post-abortion issues and have taught scores of therapists around the country how to treat post-abortion issues.

At the time I began this work, there were very few resources available to help therapists, much less the general public, understand the painful and confusing processes of grief which may follow an abortion. As a result, many women and men suffer in silence, in complete numbness, or with the frightening and bewildering feeling that they are going crazy. Grief following an abortion can be extremely complicated and can be experienced on all levels of the personality. For many women, the source of their distress may go unrecognized, unspoken, and unnamed.

The symptoms I and others have observed vary widely between individuals. The bulk of this book will examine many of these symptoms in greater detail. Despite the diversity of emotional and behavioral reactions, however, these symptoms are all rooted in the experience of abortion. For many, it is primarily an issue of unresolved grief. For many other women, it is a traumatic event which has disordered their coping skills and distorted their lives and behavior in dramatic and even bizarre ways.

As I look back at this incident with my group, I can now see how this cast of characters is representative of our society at large. They show us why our culture is woefully unprepared to voice, accept, or even respect post-abortion grief. All of the characters in this mini-drama represent reasons why post-abortion healing is made more difficult than it needs to be.

First, there was Debbie. She bravely tried to share her feelings, but quickly saw that this just upset everyone. She ended up apologizing and feeling guilty because she had disrupted the group's harmony. Sadly, she learned the lesson that friends, families, and therapists often teach those who try to share their emotions about a past abortion: "You're making us uncomfortable. Just stop thinking about it and get on with your life." Society doesn't want to hear about it.

Second, there was Judith. She felt compelled to run away from the discussion. The abortion issue simply struck too close to a secret pain that she didn't want to think or talk about. The problem with this approach was that it required her to expend great amounts of energy trying not to think about it. Despite her efforts to avoid the topic, her pent-up emotions were distorting other aspects of her life.

Third, there was Diane. She was the polar opposite of the withdrawn Judith. She was filled with such rage toward anyone and everyone who had hurt her that she could only feel disgust for those who did not share her rage. Diane's anger was so consuming that she had no time to offer sympathy to others who were also hurting. She barely had time to notice Debbie's personal grief because the mention of abortion had triggered in her an overpowering need to vent her own feelings of anger and blame.

Fourth, there was Lasheera, who graciously and skillfully changed the subject to something quite superficial—her new sweater. She represents those who seek peace through distraction. A temporary calm was restored, but fundamental issues were left unresolved to raise their heads again some other day. Denial was given another opportunity to reestablish itself.

Fifth, there was Debbie's ex-husband. He was unforgiving and emotionally abusive. His condemning and vicious remarks, coupled with her own grief, drove Debbie to despair and suicidal behaviors. Rather than helping her to heal, he fixated on reminding Debbie what a "bad" person she was. He reinforced her fear that she would never be understood or forgiven by others.

Sixth, there was my supervisor. He represents thousands of professional therapists who will compassionately listen to any personal problem—except abortion. Such therapists are always sure that the problem must really be something else, even if the woman insists that the abortion *is* the problem. Their view is that abortion helps women, period.

Seventh, there was me. I wanted to help, but I didn't know how. My heart was in the right place, but the issues were complex, my experience was limited, and I was denied any support from the "powers that be."

These seven characters offer a rough sketch of our society at large. We are either (1) struggling with this forbidden grief, (2) reinforcing the social rules that forbid expression of this grief, or (3) trying to create a more open and healing environment for those women and men who do struggle with post-abortion issues.

If you fit into any of these three categories, this book is for you.

Whatever your political or moral beliefs about abortion, I hope that you can approach this book with an open mind and a compassionate heart. Try to appreciate the diversity of post-abortion responses. Every woman is different. Abortion touches a person's life on many levels. It impacts one's views of oneself in medical, political, religious, philosophical, social, and familial ways. Because it affects one's life in so many dimensions, it is a very complex experience. This is why it is exceptionally difficult for people to understand, process, and reconcile this experience with who they are and who they want to be.

If you're an advocate of abortion rights, it may be painful to hear how abortion has scarred and injured some women. You may feel the impulse to reject the truth of these cases out of fear that such information could threaten the legal status of abortion or inappropriately discourage women from making the "right choice" to abort. I ask you, however, to set aside your political and ideological goals, at least for the moment. Read about the real experiences of the women in this book. Don't reject their experiences simply because they do not fit your vision of women who are liberated and empowered by abortion.

Abortion is not a panacea. The fact that it has caused so much division and anxiety in our country's political life clearly suggests that it can also cause internal divisions and anxiety in an individual's life. How can it possibly be a perfect solution for *all* women in *all* situations?

Many—perhaps even most—women choose abortion not according to their conscience, but in violation of their conscience. Various studies have found that 65 to 70 percent of women seeking abortions have a negative moral view of abortion.¹ This evidence is supported by a national random poll conducted by the *Los Angeles Times*, which found that 74 percent of those admitting a past abortion stated that while they believed women should be able to choose for themselves, they personally believed that abortion "is morally wrong."²

Many of the women I have treated knowingly violated their conscience or betrayed their maternal desires because of the pressures they faced. Those pressures were many: abandonment by their partner, poverty, homelessness, violence, lack of education, unemployment, emotional problems, incest, rape, and fetal abnormalities, to name just a few. Many women felt they had "no choice" but to submit to an unwanted abortion.

Some of these women faced immediate feelings of regret and grief. Others stoically denied their feelings for years or even decades, until finally they could no longer avoid the need to understand what they did in the context of who they want to be.

At the other end of the spectrum, I have also counseled women who, at the time of their abortions, had no moral qualms about their choice. It was an easy decision, in accord with all of their beliefs. But even this was no guarantee of future satisfaction with their choice. These women sought me out because some later event in their lives suddenly raised unexpected feelings of confusion or grief.

Are all women emotionally hurt by abortion? Is it only a matter of time before their abortions come back to haunt them? Many critics of abortion believe so, but that is a broad generalization that can never be proved or disproved. All I can say with certainty is that many women and men are severely hurt, emotionally and psychologically, by their experience with abortion.

This problem is made even more tragic by the fact that so many have no one to turn to who can help them work through their grief. Many feel isolated and totally alone in their feelings. They are trapped in the mistaken belief that no one can understand their feelings.

One of the reasons I wrote this book is simply to validate the experience of these millions of women and men. My hope is that *Forbidden Grief* will provide both insight into post-abortion reactions and an explanation of the symptoms that may develop when mourning is inhibited and feelings are repressed.

All the cases described in this book are true. While each woman's recovery is not described, all of these women experienced elimination or significant reduction of the problems for which they sought counseling. This was accomplished because I understood the complexities of their abortion experience and provided them with a non-judgmental environment in which they could explore their experience, and because I honored their need to grieve and to understand what they experienced. Their healing is evidence that their post-abortion problems were properly diagnosed, which is also an indication that their presenting problems were truly related to their abortions.

To preserve patient confidentiality, all the names of my clients and their family members have been changed.