PAS and the Second Victim of Abortion - Part I

Pro-life advocates consistently underscore the reality that the baby is not the only victim of abortion; the abortive mother is the second human casualty. Jill Bergstrom, one of those maternal casualties, underwent an abortion when she was eighteen years old. This is how she describes some of the aftermath of her experience:

> From my abortion I became riddled with chronic corneal retinitis in my left eye (my opthamologist says it's from inner trauma) and suicidal tendencies. Sometimes, I fly off the handle in uncontrolled outbursts of anger, and later cry remorsefully. I have trouble making decisions. I am sometimes depressed for two to three days at a time. I fight nervousness and although I don't take medication, I get agitated over problems I can't handle ("The Day....," *NRL News*, Jan. 15'87, p. 11).

Helping women like Jill deal with the adverse emotional aftereffects of their abortion experience is the principal aim of pro-life organizations like WEBA (Women Exploited by Abortion), AVA (American Victims of Abortion) and Project Rachel. In the past five years, using their accumulated clinical data as proof, professionals within the ranks of these pro-life counseling agencies have agreed that the experiences recounted by Jill are not an isolated response on the part of post-abortive mothers. In their opinion, the significant number of abortive women who report high-stress post-abortion experiences warrants an official recognition by the medical community of Post Abortion Syndrome (PAS) as an identifiable diagnostic category.

This article will deal briefly with several fact-finding questions about PAS—What is it? How prevalent is it? Who recognizes it? How is it treated?—and, then, based on the answers to those questions, will offer a concluding recommendation for health providers in regard to PAS.

What Is It?

Dr. Anne Speckhard (researcher and counselor in private practice in Arlington, VA) and Mr. Terry Selby, M.S.W., (Director of Counseling Associates in Bemidji, MN) describe PAS as a delayed negative reaction to an abortion experience which manifests itself in the lives of post-abortive women as a chronic dysfunction. (While PAS is primarily associated with abortive women, aspects of the disorder may also be experienced by the father, grandparents or siblings of the aborted baby or by health care professionals who assist in abortions.) The inability to function normally is characterized by one or more of the following: "broken primary relationships, preoccupation with pregnancy issues and the aborted 'fetus,' self-destructive and self-punishing behaviors (e.g., entering into psychologically and physically abusive relationships), alcohol and drug abuse, and psychosomatic ailments (e.g., abdominal cramping, cervical pain with intercourse, non-hormonally based pre-menstrual tension, anorexia, etc.)" (Speckhard, Anne, Ph.D., and Terry Selby, M.S.W., "How to Treat....," *NRL News*, Jan., 15, '87, p. 5.

PAS is best understood when it is situated within the more generic diagnostic category of Post Traumatic Stress Disorder (PTSD) which was officially recognized in 1980 by the American Psychological Association. The latter received a high profile in recent years when a sizeable percentage of Vietnam War veterans experienced any or all of the following delayed emotional and behavioral symptoms: 1) a reliving of the traumatic experience of the war, 2) an emotional numbing, i.e., a withdrawal from people and social activities and 3) at least one associated symptom: hyperalertness, sleep disturbances, and survival guilt (*ibid.*).

PTSD in post-abortive women manifests itself in high stress post-abortion sequelae peculiar to the traumatic incident of abortion. First, a woman suffering from PAS may have flashbacks of her abortion especially before sleep, while sleeping, while driving, when under the influence of drugs or alcohol, or as response to "triggering events" like seeing pregnant women, seeing pictures of fetal development, or undergoing a pelvic examination. Second, a PAS sufferer frequently withdraws from others who are pregnant, from persons who were involved in the abortion decision, or from people who were deliberately not told about the abortion. This withdrawal symptom is a specific manifestation of the overall emotional numbing which is commonly reported by post-abortive women. Third, a woman with PAS experiences various combinations of associated symptoms: nightmares or hallucinations, suicidal tendencies, an inability to bear the sound of a vacuum cleaner (in women who have had vacuum aspiration abortions), an all-out involvement in pro-choice or pro-life activities as a compensatory or justificatory move or, the setting of unrealistic expectations for mothering capabilities as a form of self-punishment for her abortion decision.

How Prevalent Is It?

The answer to our second question depends on which surveys were consulted, when they were conducted, and whether or not clinical data that is used as a basis for conclusions, is gathered by pro-life or pro-abortion counselors. Wanda Franz (Vice-President of NRLC and professor of psychology) and Olivia Gans (Executive Director of AVA) point out that both the

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American Psychological Association and NRLC's *Association for Interdisciplinary Research in Values and Social Change White Paper* agree that current data on both the fact and the prevalency of adverse emotional or psychological effects of abortion is inadequate. As Everett Koop indicated in a January 9, 1989, letter to President Reagan, it would be impossible, at the present time, to issue any kind of definitive statement on the emotional effects of abortion because the studies done thus far are "methodologically flawed" or bear "the bias of the author with regard to abortion" ("PAS Remains..." in *The Triumph of Hope*, Ed., Dave Andrusko, Washington, D.C.: NRLC, 1989).

Franz and Gans note that studies that are conducted by abortion clinic personnel, because they are conducted immediately following the abortion, are really surveys of the effects of crisis decision-making rather than surveys of the effects of the abortion. For that reason, it is not surprising that such studies conclude that abortion has few or no adverse side-effects (see "Women's Self-Reported Responses", George M. Burnell, *Journal of Psychology*, Jan., '87, pp. 71-76). In fact, since many women initially express relief over their abortion decision, surveys report that, in some cases, abortion *improves* the woman's psychoemotional well-being.

Selby makes the claim that all post-abortive women will suffer from PAS to some degree. David Reardon, in his book *Aborted Women, Silent No More*, points out that the various professional post-abortion surveys that he analyzed confirmed his own study of 252 abortive women: "[S]ignificant post-abortion sequelae are common." (Chicago: Loyola U. Press, 1987, p. 119). More specific statistics regarding the percentage of PAS sufferers among abortive women can be calculated by extrapolating the estimated percentage of Vietnam Veterans struggling with PTSD to the population of aborted women.

> The figures vary from 500,000 (17%) to as many as 1,500,000 (50%) out of 3 million veterans who served in the Vietnam War. With more than 1.5 million abortions occurring annually over the past 15 years, it is estimated that there are nearly 12 million women who have experienced an abortion. Applying the 17 percent incidence rate used on the veterans, we find that more than 2 million women suffer or are at risk of suffering from PAS (*Helping Women Recover from Abortion*, Nancy Michels, Minneapolis, MN: Bethany House Pubs., 1988, p. 33).

Gans and Franz suggest that the potential number of women suffering from PAS each year ranges between 35,000 and 262,500 ("PAS Remains...," in *The Triumph of Hope*, p. 21). [The treatment of PAS and a recommendation to health providers in regard to this disorder will be considered in Part II of *PAS and the Second Victim of Abortion*.]

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