Post Abortion Aftermath: Treatment or Care?

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THERE ARE FOUR distinct categories under which "Post Abortion Aftermath"[i] could be understood:

- Psychiatric illness or disease
- Post traumatic stress disorder
- Psychological reaction
- Spiritual difficulties and needs

I wish to bring out the distinction between two radically different approaches in understanding "Post Abortion Aftermath" (the medical and the moral) as regards treatment or care. In medicine you treat the patient. The physician tells the patient what is wrong with him and then what to do about it. With moral difficulties, while caring for the person, you help him to make his own choices or decisions

Since the early 1980s, women have been seeking help following abortion. Much clinical, pastoral, and personal literature has been written on the topic.[ii] Until recently, apart from the books by Michael Mannion[iii] and David Riordan,[iv] there has been little well-documented data to show objectively that abortion carries with it a clear risk of psychological damage to the mother.

Why the delay in reporting? Although abortion is the most common surgical procedure in the United States, most abortions take place in free-standing facilities that are minimally regulated by the state or where information on maternal mortality or suicide associated with abortion is confidential and not known to the public.[v] Follow-up consists of observing the patient for one to two hours after the abortion. Delayed complications are treated as separate illness in other facilities, mostly emergency rooms.[vi]

Further elements in the medical and research establishments resist

the claim that there is evidence of any disease associated with abortion, such as breast cancer,[vii] or complications and death following abortion.[viii] The authors of many studies are themselves abortion providers, e.g., the Alan Guttmacher Institute.

THE CONCEPT OF DISEASE: HIPPOCRATES

Let us look at the assumption that "Post Abortion Aftermath" is a medical disease. This distinction depends on how one understands medicine as a discipline. Hippocrates made the concept of disease central to the principles that constitute medicine as a discipline:

- The patient develops *abnormal* symptoms and signs in body or mind[ix] that are due to some *physical* [x] disorder.
- Diseases show specific symptoms and signs in a cluster.[xi]
- Diseases have natural histories and common outcomes.[xii]
- A disease is not under the control of the patient.

From the beginning, medical practice has included the diagnosis and treatment of trauma, surgery, obstetrics, handicap, and pain as part of the physician's concern. Major psychiatric illnesses fulfill these criteria, but Post Abortion Aftermath does not.

MEDICINE: ART AND APPLIED SCIENCE

Medicine is a profession,[xiii] a vocation, a calling that involves advanced learning in which one works with and for other people as well as for monetary reward. In practice, many difficulties are brought to the physician that are not necessarily related to disease. Physicians need to be able to diagnose diseases and to distinguish one from another and from other things, and to offer advice and care even when the need is not specifically medical.

The doctor/patient relationship is privileged.[xiv] The ethical physician will not abuse or take advantage of his patients by exploiting them in any way, by killing or harming them, by violating their relationship either sexually or financially, or by breaking their confidence. This includes not charging for moral advice. Hence, up to thirty years ago, the

physician charged a fee per visit, not a fee per item of services. Strictly speaking, there should never be a fee for counseling. This alteration in practice has changed medicine from a profession into a business.

Social work and psychological services are all derived from medicine. Starting in the early 1900s, these disciplines broke away from medicine. They have adopted standards and an ethic of their own that are not necessarily in line with strict medical standards.

PSYCHIATRIC ILLNESS OR DISEASE

Does this mean that there is no area of medical concern for the woman who has had an abortion? No. Suicide is one of the major clinical emergencies in psychiatry, and it is essential to ensure that a treatable psychiatric disease associated with suicide is diagnosed, while at the same time not forgetting that suicide is ultimately an act of despair: in short, a spiritual matter.

The primary diseases to consider here are disorders[xv] of mood, particularly depressive or manic-depressive disorders, and behavioral disorders such as alcohol abuse, drug abuse,[xvi] and promiscuous sexual behavior,[xvii] all of which are common. No direct causal link has been established between abortion and major psychiatric illness. However, suicide occurs in a statistically significant way with specific psychiatric diseases and disorders. Briefly, depressive disease shows the following: disordered affect, sleep disturbance, slowing of intellectual and bodily activity, multiple bodily symptoms of disease with no pathology, and a desire for death with a high risk of suicide. Alcohol addiction, drug addiction, and promiscuous sexual behavior are also major medical/moral disorders, and they require appropriate psychiatric and other help, such as Alcoholics Anonymous, which is a moral movement in itself. Abortion may precipitate a woman's psychiatric disease or disorder, or a woman may seek an abortion as a result of her disease or disorder, but abortion is not a *cause* of her disease or disorder.

SUICIDE

Suicide, homicide, and accidental death are the most common causes of

death for every age group up to 44 years of age, which are also the child-bearing years.[xviii] From 1952 to 1995, the total suicide rate in young people tripled.[xix] Suicide is associated with major psychiatric illness, a medical problem, as well as with despair,[xx] a spiritual problem.

Reardon[xxi] and his colleagues have linked death records to Medi-Cal insurance payments for births and abortions for 173,000 low-income women in California. They found that women who had had abortions were almost twice as likely to die in the two years following their abortion. This elevated death rate persisted for eight years, the length of the study. Compared with women who had come to term and given birth, aborted women also had a 154% higher risk of death from suicide, an 82% higher risk of death from accidents, and a 44% higher risk of death from natural cause. This study for the first time established a clear relationship between suicide and abortion. Elizabeth Ring Cassidy[xxii] has also looked into various statistical studies for similar purposes. Much more work needs to be done in this area.

Those caring for the post-aborted woman must treat every suicidal gesture and attempt with the utmost seriousness and must learn how to listen and talk to her without panic. While seeking medical advice, the mother should not be given to the exclusive care of medical or other professionals. Care of the suicidal patient includes asylum, appropriate medication, and counseling–a medico/moral approach.

HEALTH AND THE WORLD HEALTH ORGANIZATION, 1948

The World Health Organization (WHO) in 1948 defined health[xxiii] in the following way: "a state of complete physical, social and mental well-being and not merely the absence of disease." This definition covers almost all of life. Indeed, it is hard to see what aspect of life is not included under the definition, hence the medicalization[xxiv] of life and the growth of the therapeutic society.[xxv]

But this utopian redefinition of medicine is very dangerous. It is a public health[xxvi] concept that deals with populations and units of mass data, not with patients as individual persons. This type of thinking has led to clean water, control of sewage, vaccination, and other benefits to society. It has also led to population control and eugenics, contraception,

abortion, and euthanasia–all under the heading of health care. Killing has become just another medical procedure surrounded with protocols and procedures provided by the medical profession.

The physician until now has worked with and been responsible for his patient. Working with populations of people allows for a utilitarian ethic that has become the ethical norm in current medical practice. Medicine now decides what is a disease rather than discovering one based on the concept of disease.[xxvii] This is a proscriptive approach, not a descriptive one. The next two categories are in this mode.

POST ABORTION STRESS DISORDER

The Diagnostic and Statistical Manuel of Mental Disorders, now in its fourth edition (DSM-IV), no longer speaks of mental illness or disease but of mental disorder. It defines mental disorder as "a clinically significant behavior or psychological syndrome or pattern that occurs in an individual and is associated with present distress and disability. It must be a manifestation of a behavioral, psychological or biological dysfunction in the individual."[xxviii]

Vincent Rue[xxix] first described "Post Abortion Stress Disorder" as a form of "Post Traumatic Stress Disorder" (PTSD). Now, PTSD is listed in DSM-IV as a sub-category of Anxiety Disorders. But it is important to note that PTSD is not a disease, but only an operational definition[xxx] that describes recurring events and symptom clusters and behaviors associated with severe trauma. It is important to recognize that an operational definition is not necessarily a disease. An operational definition identifies a pattern of data. But in labeling anything a PTSD one risks using a behavioral understanding of the person as well as making a conflation of known diagnostic and moral categories.

For "Post Abortion Stress Disorder" to warrant the label of being a PTSD,[xxxi] it would have to fulfill the following criteria: the person would have to have been exposed to a traumatic event and the abortion would have to be persistently re-experienced in one or more of the following ways: she would have to show a persistent avoidance of stimuli associated with the trauma and the numbing of general responsiveness, and there would need to be persistent symptoms of increased arousal.

Now, the term "Post Abortion Stress Disorder" is widely used in a general way rather than with the strict meaning of the term, as the diagnostic category for all psychological events associated with abortion. Using this term commits the physician to an understanding of his patient in a way that one might not wish. "Post Abortion Aftermath" is a more accurate term.

The criteria necessary to fulfill the diagnostic requirements for Post Abortion Stress Disorder are, most probably, rarely fulfilled in practice. To date, there has been no follow-up clinical studies by Rue or others to confirm Rue's initial description of such a disorder.

The many entities described under "Post Abortion Stress Disorder" bring together many symptoms, signs, and behaviors with which women who suffer after abortion present for help. As a category, it conflates the medical and the moral and confuses the physician and public alike. It is not recognized as a clinical entity in DSM-IV.

Pro-life advocates of this term, I believe, may have uncritically accepted this category because of its usefulness as a political argument or strategy for gaining purchase with the legislature, the medical profession, and its pro-choice cohorts.

A Psychological Reaction: Freud

When we refer to the emotional and volitional aspects of the person, we are referring, in psychological terms, to the personality.[xxxii] Sigmund Freud examined the response of the person to interior conflict. He recognized, along with St. Paul,[xxxiii] that people sometimes desire to do what they ought not do and sometimes act on those desires. He believed that the resulting guilt is often repressed within the person's unconscious in order to protect the personality from conflict. According to Freud, the mental mechanisms of defense keep the personality that is in conflict intact.[xxxiv]

This conflict often manifests itself in various ways. The purpose of diagnosis and treatment here is the same, namely, to uncover the mental mechanisms of defense and their significance to the patient. Freud, of course, had a full theory of personality, in which he viewed the spiritual and moral as no more than the imposition on the patient of the standards

and mores of one's parents or of one's society.

Most current talk-therapy or psychotherapy is based on the work of Sigmund Freud and his followers, including Eric Fromm, Erik Erickson, and Carl Rogers. Freud established the basic vocabulary of modern psychotherapy by using such terms as *denial, repression, projection, interjection, suppression, displacement*, and *rationalization* to describe the workings of the interior life. Frequently, Post Abortion Aftermath is managed as a form of grief reaction. *Denial, isolation, anger, bargaining, depression and acceptance* form stages of grief.[xxxv] This too is a Freudian perspective.

Until Freud, medicine had divided treatment options into medical and moral. Everything other than pharmaceuticals, surgery, and the like could be considered moral treatment, which thus included all forms of counseling. Freud introduced a theory of personality that denied the person's ability to make free (and therefore good or bad) choices. In doing so, he reduced and replaced the moral with the therapeutic.

Psychological counseling may help a post-abortive woman to cope better, but such an approach will ultimately not *heal* her. We live in an era where therapeutic practitioners have established such a hold over our understanding of so many aspects of human life that we often fail to recognize the importance of free choice and how that choice is exercised in our lives and the lives of others. The philosophical conception of the person underlying Freudian theories is fundamentally deterministic: abortion has *happened to* the woman, who is a victim of her family life, her experiences, her relationships, and even her genes. There is no hope of forgiveness for her or even a recognition of the need for forgiveness at all.

THE HUMAN/MORAL DILEMMA

Yet most women who seek help following an abortion *self-select* in response to an outreach program like Project Rachel.[xxxvi] They recognize that their central difficulty is spiritual. The woman who suffers after abortion needs help looking at the consequences of her action and at the spiritual and practical ways to start her life anew. The recognition of the spiritual aspect of the woman's life and her ability freely to choose to put

things right is essential to her healing.

The woman who suffers from having had an abortion is cut off from life; she often loathes herself. She needs to tell her story in all its often-sordid details to someone who will listen to her and not condemn her. It is vital to understand this need. She knows that she has done something very wrong, that she has been involved in taking the life of her own child. She has made a free choice, however coerced, in the death of her child, and this choice is the basis of much shame, guilt, regret, and silence on her part. She knows that the death of a child by miscarriage, or any other means, is not the same as abortion. Those who help post-aborted women must have the maturity and the spiritual and professional ability to accept this reality. More harm is done when, for philosophical, political, or some mistaken notion of compassion, the caregiver (professional or otherwise) refuses to acknowledge the woman's central difficulty.

She seeks forgiveness from God, from a higher being greater than herself. She knows that she cannot forgive herself, and she often does not believe that she can be forgiven by God. She needs to know of and to accept God's forgiveness, God's mercy, and her own identity as a child of God. She needs help to accept the humanity of her child and his uniqueness, to give the child to God, and often she needs to name the child. She needs some ritual to mark her transition to hope from despair. She needs to learn to love again, and that takes time and unconditional love on the part of those who care for her. At its root, "Post Abortion Aftermath" cannot be reduced to a medical or psychological condition. It is the story of love: love lost and love that needs to be regained.

NOTES

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xviii. Center for Disease Control, www.cdc.gov/gasctsheets/suifacts.htm.

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xxviii. "Definition of Mental Disorder," DSM-IV, Introduction, p. xxi.

xxix. Vince M. Rue, "The Psychological Realities of Induced Abortion," in *Post-Abortion Aftermath* (cited in n.1 above), p. 32.

xxx. "Definition of Mental Disorder," DSM-IV, Introduction, p. xxi.

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xxxiii. Romans 7:15-19.

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xxxvi. Project Rachel, Post Abortion Reconciliation and Healing. Phone: 1-800-5WE-CARE, or www.marquett.edu/rachel.