

Denying the Ill Effects of Abortion

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ABSTRACT

From Euripides's ancient tragedy *Medea* to the contemporary story of *Roe v. Wade*, Western civilization has seen accounts of women's suffering and exploitation in the name of "choice." A recent article in *The New York Times* by Emily Bazelon is yet another recapitulation of this saga. Bazelon's use of *ad hominem* rhetoric and inconclusive data as well as her constant misuse of data allow no indication that even one woman may have been affected negatively by an abortion. This paper will argue that post-abortion disorder does exist. Epidemiological and clinical data are cited, as well as research conducted by pro-choice doctors. The article finds that Bazelon is so ideologically committed to *Roe v. Wade* that she is more interested in protecting the law than the women for whom the law was written. In her article we see the tired and worn rhetoric of an ideological take on reality that stands in complete contrast to the needs of women who are suffering.

FROM EURIPIDES'S ANCIENT tragedy *Medea* to the contemporary story of *Roe v. Wade*, Western civilization has narrated accounts of women's suffering and exploitation in the name of "choice." Both narratives tell of women's freedom and captivity, actions and consequences, life and death. These stories are tragic because the heroines involved make decisions that at the time seem best, yet inevitably lead to destruction. A recent article by Emily Bazelon in *The New York Times* ("Is There a Post-Abortion Syndrome?"¹) is yet another re-capitulation of this saga. Whether told in fictional tales or in news stories, abortion is doing today what it has always done to women: it hurts and exploits them. The true tragedy lies in the fact that more than two millennia after Euripides's *Medea* and thirty-four years after the *Roe* decision, the very women that abortion exploits are still its greatest defenders.

Euripides's *Medea* is a play about a clever and fearless barbarian

¹ Emily Bazelon, "Is There a Post-Abortion Syndrome?" in *The New York Times* (January 12, 2007), cover story.

woman who is married to an opportunistic and condescending man. Medea's husband Jason patronizes her, although she is in every way superior to him. Medea is incredibly capable. Not only did she save Jason's life during his famous quest for the golden fleece, but she also killed the monster guarding the fleece and thereby allowed Jason to win the glory of finding it. After they have had two children, Jason leaves Medea in order to marry another princess. He explains: "It is not you.... Moreover, it is not for love that I have promised to marry the princess, but to win wealth and power for myself and for my sons."² Medea exclaims: "I am the mother of your children. Whither can I fly, since all Greece hates the barbarian?"³ As an act of revenge, she arranges for the death of Jason's bride and her father. Medea is ready to sacrifice everything so as to make her revenge total. As her final act of vengeance, she kills her own two sons.

As the play's horrific events unfold, the women of the chorus are alternately mesmerized and disgusted by Medea's passion and rage. They admire her refusal to allow herself to be wronged by a man. For them, Medea's deed avenges the crimes committed against all of womankind. Silently approving Medea's ruthlessness, the women of the chorus live vicariously through her. Modern day's *Roe v. Wade* has its own chorus of women. Like the Corinthian women, they silently look on while tragedy prevails. Emily Bazelon is no exception. In her *New York Times* article she uses every sort of journalistic trickery to avoid answering her own question: "Is there a Post-Abortion Syndrome?" The question that she is investigating, it turns out, is not so apparent, but her tragic conclusion is all too clear: In her view, abortion does not hurt women—at all—ever.

POST ABORTION DISORDER EXISTS

Early clinical research on post-abortive women, epidemiological studies, and pro-choice research have all found a very direct and dangerous correlation between abortion and serious post-abortive disorders. There is very strong and consistent evidence that women who have had abortions

² Euripides, *Medea*, trans E. P. Coleridge, Internet Classics Archives, <http://classics.mit.edu/Euripides/medea.html> (consulted June 12, 2007), line 145.

³ *Medea*, line 177.

suffer not only physically but also mentally and spiritually:

- The *Canadian Medical Association Journal* published an article in which many researchers found conclusive data that “subsequent psychiatric admissions are more common among low-income women who have an induced abortion than among those who carry a pregnancy to term, both in the short and longer term.”⁴
- The *Obstetrical and Gynecological Survey* reported a study that found maternal deaths from abortion to be grossly under-reported to the U.S. Center for Disease Control and Prevention (CDC) because such reporting is entirely voluntary on the part of the abortionists. The data is not collected on the outcome to women from abortion. Nonetheless, the CDC estimates that one woman in 100,000 dies from complications associated with first-trimester abortions.⁵
- The *Journal of Anxiety Disorders* found that post-abortive women are 30% more likely to suffer symptoms of anxiety disorders than women who carry their pregnancies to term.⁶
- The *Obstetrical and Gynecological Survey* analyzed studies that proved that induced abortion increases the risk of life threatening placenta-previa by 50% and doubles the risk of pre-term birth in later pregnancies. Dr. Byron Calhoun, Director of the Antenatal Diagnostic Center at Rockford Memorial Hospital in Illinois, found that approximately 30% of pre-term births that are life threatening for both the mother and child are correlated with prior abortions.⁷
- A study published in the *British Medical Journal* found that subsequent long-term clinical depression was more common among post-

⁴ David C. Reardon, Jesse R. Cougle, Vincent M. Rue, Martha W. Shuping, Priscilla K. Coleman, and Philip G. Ney, “Psychiatric Admissions of Low-Income Women Following Abortion and Childbirth,” *Canadian Medical Association Journal* 168 (2003): 1253-56.

⁵ Erika Bachiochi, “How Abortion Hurts Women,” *Crisis* (June 14, 2005).

⁶ *Ibid.*

⁷ *Ibid.*

abortive women.⁸

- Data reveals that thousands of women are injured each year from short-term complications such as hemorrhaging, perforation of the uterus, and infection.⁹

Clinical research thus indicates that initial data leaves it perfectly acceptable to ask if there is a correlation between abortion and post-abortive stress disorders. Such indications make it clear that further research must be done.

Epidemiological studies of complete populations are a comprehensive way of determining whether or not a certain clinical condition is actually a major health phenomenon. Because most states do not require that post-abortive clinical data be reported to their respective health departments, such studies of entire populations are difficult to do in the U.S. Still, the few epidemiological studies conducted on post-abortion syndrome (PAS) to date are very telling:

- The *American Journal of Obstetrics and Gynecologists* published a study compiling epidemiological data from Finland and found that post-abortive women are 252% more likely to die in the first year following an abortion than women who carry their pregnancy to term.¹⁰ This study also found that many post-abortive deaths are a result of suicide. Per 100,000 women, non-pregnant women had 57 deaths, women who carried their children to term had 28.2, women who miscarried had 51.9, and (the highest rate by far) post-abortive women had 83.1.¹¹ The leader of the study, Mike Gissler of Finland's National Research and Development Centre for Welfare and Health,

⁸ Mike Gissler, Elina Hemminki, Jouko Lonnqvist, "Suicides after Pregnancy in Finland: 1987-94: Register Linkage Study," *British Medical Journal* 313 (1996):1431-34.

⁹ David Reardon et. al., "Deaths Associated with Pregnancy Outcome: A Record Linkage Study of Low Income Women," *Southern Medical Journal* 95/8 (2002): 834-41.

¹⁰ Gissler et al., cited above in n8.

¹¹ Ibid.

concluded that pregnancy has a healthy effect on women while abortion is detrimental.¹²

- David Reardon, Executive Director of the Elliot Institute, has conducted the largest American epidemiological study to date on post-abortion syndrome. By studying the Medi-Cal insurance records of 173,000 low-income Californian women and linking death certificates directly to payment records for births and abortions, Reardon found that post-abortive women are 154% more likely to die from suicide, have 82% higher risk of death from accidents, and 44% higher risk of death from natural causes than do women who carry their pregnancies to term.¹³ Reardon's study, published in the *Southern Medical Journal* found that "during the first four years, higher rates of death from suicide and heightened risk-taking behavior were the most pronounced area of difference.... In later years, deaths due to natural causes rose."¹⁴ Overall, he found that post-abortive women were almost twice as likely to die in the two years after their abortion than do women who carry their pregnancies to term. This study also found that post-abortive women were nearly three times more likely to die of circulatory disease and five times more likely to die from cerebrovascular disease during the subsequent eight-year period. Reardon is particularly concerned about the high suicide rate of post-abortive women. He found that 56% of post-abortive women reported suicidal feelings and 28% had attempted suicide, over half of these attempting suicide more than once.¹⁵

Throughout her article, Bazelon implies that "pro-lifers" are the only moving force behind "prevailing social-science research" regarding post-abortion syndrome. The truth is that self-proclaimed pro-choice researchers also argue for a correlation between abortion and post-abortion-syndrome.

¹² Ibid.

¹³ Reardon et. al., cited in n9 above.

¹⁴ Ibid.

¹⁵ Ibid.

Dr. David Fergusson, a pro-choice abortion researcher and professor of psychology at the Christ Church School of Medicine & Health Sciences in New Zealand, is one such example. Dr. Ferguson is the executive director of the longest-running post-abortion study of its kind internationally, the Christ Church Health and Development Study. His research suggests a correlation between abortion and mental illness. Ferguson found that at age twenty-five, 42% of women in the study group who had had an abortion experienced major depression throughout the previous four years.¹⁶ This is double the rate of those who had never been pregnant and 35% higher than those who had chosen to continue pregnancy. The study, published in the *Journal of Child Psychiatry and Psychology*, says: "Those having an abortion had elevated rates of subsequent mental health problems, including depression, anxiety, suicidal behaviors and substance use disorders."¹⁷ Although he is personally pro-choice, Ferguson told a reporter at the *New Zealand Herald* that it would be "scientifically irresponsible" not to publish the study's results. He says, "It's obvious I'm not acting out of any agenda except to do reasonable science about a difficult problem.... It verges on scandalous that a surgical procedure that is performed on over one in ten women has been so poorly researched and evaluated." He goes on to describe current abortion research as "one of the most methodologically flawed and illiterate" areas of research he has ever encountered.¹⁸

Brenda Major, a psychology professor from the University of California, Santa Barbara, conducted a study of 440 post-abortive women in the 1990s. She found that 1% of post-abortive women who met the criteria for post-traumatic stress (PTS) attributed that stress to their abortions; 20% of these women suffered from post-abortive clinical

¹⁶ Ruth Hill, "Abortion Researcher Confounded by Study," *New Zealand Herald Online* (consulted June 18, 2007) at http://www.nzherald.co.nz/section/story.cfm?c_id=5&ObjectID=1036247.

¹⁷ *Ibid.*

¹⁸ *Ibid.*

depression.¹⁹ Major, noted earlier for finding that 1% of post-abortive women suffer from post-abortion syndrome, is pro-choice.

Pro-choice researches such as Ferguson and Major have found a strong link between abortion and mental illness. Unfortunately their research was either left out of Bazelon's study or misquoted. Bazelon does not appear to show the same concern for these women that many experts—pro- and anti-abortion alike—do. When Bazelon claims that women who suffer in any way as a result of the procedure are bringing their suffering upon themselves, she is doing a disservice to women internationally.

THE *AD HOMINEM* ATTACK

From the title of Bazelon's article ("Is There a Post-Abortion Syndrome?") one expects to read a piece of investigative journalism regarding whether or not there is such a thing as post-abortive syndrome. In his book *Investigative Journalism: Context and Practice*, Hugo De Burgh states: "An investigative journalist is a man or woman whose profession it is to discover the truth and to identify lapses from it in whatever media may be available."²⁰ To argue against those who propose that there may be some form of post-abortion syndrome, Bazelon uses arguments that reference inconclusive data and misquotes actual data. Her article is more a publicity stunt written for the *Roe v. Wade* anniversary than a true piece of investigative journalism.

Her exegesis begins with an account of a woman in Houston, Rhonda Arias. She writes quite a lot about Rhonda—quite a lot, that is, about her hair, her poor vocabulary, her religious fundamentalism, and a colorful past that includes four abortions and multiple divorces. Throughout this lengthy article Bazelon refers to Arias's current profession as an abortion-recovery counselor within quotation marks. She spends what seems to be days with both Arias and her clients but does not consider the significance of what Rhonda does for a living. She attempts to discredit Arias when

¹⁹ B. Major, C. Cozzarelli, M.L. Cooper, J. Zubek, C. Richards, M. Wilhite, R.H. Gramzow, "Psychological Responses of Women after First-Trimester Abortion," *Archives of General Psychiatry* 57/8 (2000):777-84.

²⁰ Hugo de Burgh, *Investigative Journalism: Context and Practice* (London UK: Routledge, 2000).

highlighting that she shops at Wal-Mart and drives a Dodge Caravan. In the last paragraph she compares women like Arias to the witches in the Salem witch trials. Her suffering is dismissed as merely “in her mind.” All the while, Bazelon appears to have no idea whether the woman whom she is mocking is making any difference in the lives of other women.

Researchers who have reported that there may be a correlation between abortion and the suffering of women after their abortions are also the object of Bazelon’s attack. For instance, David Reardon is not criticized for the data that he reported but for the place where he earned his doctorate in biomedical ethics.

The most telling aspect of Bazelon’s rhetoric is her lack of respect for women who “claim” that they are suffering from post-abortion syndrome. Bazelon states that these women “drain other aching memories of some of their power” by clutching onto “fairy-tale dolls” and imagining into existence their suffering. Bazelon believes that if women are suffering, it is in no way related to a past abortion. The hundreds of thousands of women who claim to experience post-abortion syndrome must all be delusional.

Bazelon answers the question in the title of her article (“Is There a Post- Abortion Syndrome?”) by maligning anyone who believes that there may be such a thing. Her entire argument is based on ridicule. She implies that anyone involved in saying there may be a correlation between a woman’s abortion and her subsequent health problems is either ignorant or somehow involved in a conspiracy to overturn the *Roe* decision. She labels Reardon’s work a “strategy” to end abortion. She alludes that his research was only conducted because “the anti-abortion movement was in need of fresh ideas.” She attacks not only those who think that abortion might hurt women but also those who try to help women who are suffering after an abortion.

DENYING THE ILL EFFECTS OF ABORTION

Bazelon’s references and quotations for disproving” that some form of post-abortion syndrom may exist are taken from inconclusive and discreditable sources. They are taken from sources that do not collect data referring to post-abortion syndrome in the first place. For instance, Bazelon sources the APA and the AMA to prove her point that there is no

such thing as post-abortion syndrom, even though neither of these groups collects data from post-abortive women. Her investigative reporting never mentions this important fact. Bazelon's conclusion, however, is that no data exist: "There is no evidence of an abortion-trauma syndrome." Because Bazelon only cited such negatives in her article, she has not presented the facts at all. Her research does not prove there is no such thing as post-abortion syndrom, but only (and at best) that if it does exist, the APA and AMA are not looking for it. Bazelon is skirting the truth when she states: "The idea that abortion is at the root of women's psychological ills is not supported by the bulk of the research." The research that she cites lacks the data for which she was inquiring.

Throughout her article Bazelon misquotes and denies the evidence that abortion may indeed hurt women. Her first misquotation pertains to Surgeon General C. Everett Koop's report to then President Ronald Reagan in 1989. Koop was explaining that research studies conducted on abortion done up to that point were so methodologically flawed that no firm conclusions could be drawn about the benefits or risks of abortion. Koop recommended to Reagan that the government fund a major longitudinal study of post-abortive women as the only way to "secure definitive answers."²¹ Bazelon misinterprets this point when she calls his letter "Koop's refusal in 1987 to report on the health effects of abortion" and then asserts that Koop "called the psychological harm caused by abortion 'miniscule from a public-health perspective'." In actuality, Koop was saying the research done was miniscule, an important distinction.

Bazelon also misquotes Brenda Major. Major's study of 440 post-abortive women found that 1% of post-abortive women who met the criteria for post-traumatic stress (PTS) attributed that stress to their abortions and that 20% of these women suffered from post-abortive clinical depression.²² If 1.3 million pregnancies end every year in abortion and if, as Planned Parenthood reports,²³ by age 45 one-third of American women will have had at least one abortion, the implication of Major's

²¹ Reardon et al., cited in n9 above.

²² Major et al., cited in n19 above.

²³ Planned Parenthood Website (<http://www.plannedparenthood.org/birth-control-pregnancy/abortion.htm>), consulted June 20, 2007.

study is that currently over half a million women are likely to be suffering from PTS and post-abortive clinical depression. These numbers are of epidemic proportions and are growing. Bazelon chooses to use Major's data to claim that cases of post-abortive clinical depression are "rare."²⁴

Bazelon's use of *ad hominem* rhetoric and inconclusive data and her constant misinterpretation of true data are a discredit to true investigative journalism. Bazelon allows no indication that even one woman might have been affected negatively by her abortion. In reading this article we discover not whether there is such a thing as post-abortion syndrome of any sort, but only the tired and worn rhetoric of an ideological take on reality that is unhelpful for the needs of women who are suffering.

THE TRUE THESIS

The true thesis of Bazelon's argument is announced when she states: "Thirty-four years ago this week, the Supreme Court decided *Roe v. Wade*, and since then the American abortion wars have pitted the rights of 'unborn babies' against those of living women...to see that, for women's sake, abortion should not be legal." Bazelon is so ideologically committed to *Roe v. Wade* that she is interested more in protecting the law than the women for whom the law was written. She stands unfazed by actual data in her belief that abortion can have no effect on women's health at all. She denies findings that support the existence of post-abortion syndrome because they have huge implications for the current, unregulated, structure of abortion.

Euripides's Medea was in the same position as many of the women today who face abortion. Many are essentially exiles, abandoned by the child's father and their own immediate family. Like Medea, they are "the other" in some foreign land, living among strangers. Perhaps these women are freshmen in college, or newly immigrated women with no real outlet for the gifts of motherhood. Perhaps they feel that if they bring a child to term they will lose their social power or respect. They may fear that they will be seen as "barbarians."²⁵ Whatever the reason, many women make

²⁴ Bazelon, cited in n1 above.

²⁵ Euripides, *Medea*, line 232.

their decision known by saying (with Medea): “Death. Death is my wish. For myself, my enemies, my children. Destruction.”²⁶

So, what kind of disorder is this? Is post-abortion syndrome a moral condition? a psychological reaction? a psychological disorder? Is it a form of post-traumatic-stress disorder? a behavioral disorder? a result of alcoholism, drug abuse, or sexual promiscuity? Is it perhaps a psychiatric illness? some form of bipolar disorder? or a combination of various factors in different degrees in different women? Regardless of what PAS is, the fact remains that millions of women are currently suffering from something of this sort. The question is no longer *whether* there is post-abortion syndrome but *what* it is. It is essential to find out. And that means that the denial must stop, that statistical data must be collected as it is for all other surgical procedures, and that thorough research needs to be conducted.

Medea’s strength is unrivalled. She has the makings of a great heroine. Tragically, her suffering, instead of ennobling her, has turned her into a diabolical and gruesome fiend. She chooses rage over mercy and reason. She has the courage to kill her own two sons, but not the courage to keep them. By slaying her children, Medea is dooming herself to a life of suffering and regret. The story’s tragedy lies in the true waste of life, both of her own and her children’s, as a result of both her self-absorption and lack of support from her community. All the while the chorus intones: “Honor is coming to the race of women.”²⁷

Medea’s “success” ends lives and ruins her own. She does what one in four women will have done in this country by the time they reach forty five.²⁸ Whether they act in order to bring honor, or out of perceived necessity, or in the name of liberation, or a result of the fear of the unknown, millions of women today are doing the unthinkable; they are killing their children. Like Medea, post-abortive women may well find that their lives will end in pain or regret. Do we, like the chorus, watch the atrocity with horror, or with exhilaration?

²⁶ Euripides, *Medea*, line 302.

²⁷ Euripides, *Medea*, line 228.

²⁸ See Planned Parenthood’s website, cited in n23 above.

