

Abortion Recovery Programs: Restoring Marriages and Families

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As a university student in the early 1970's, I was taught that motherhood could be a barrier to women's success in life, and that abortion was necessary for women's happiness and fulfillment. At the time I entered university, abortion was not yet legal through most of the United States, and this teaching was not based on research, but on unproven theory.

Today, research shows a different picture. In 2005, The Motherhood Study was published, a nationally representative study of more than 2,000 U.S. women, from diverse backgrounds. In this study, 93% of mothers agreed with the statement: "I feel an overwhelming love for my children, unlike anything I feel for anyone else" (Erickson & Aird, 2005, p. 18). Many mothers were amazed at their overwhelming love for their children, saying that they would be willing to die for their child. A large majority said "being a mother is the most important thing I do" (p. 20). Only 3% expressed dissatisfaction with being a mother. Women expressed joy in their relationships with their children, despite the reality of responsibilities and sacrifices that were gladly made.

Women begin the process of bonding to their children during early pregnancy. The process is partially mediated by the hormone oxytocin, which can be measured in the woman's bloodstream even in the first trimester, which promotes bonding of mother to child (Feldman, Weller, Zagoory-Sharon, & Levine, 2007).

Even when abortion is planned, bonding often occurs. In a study of Russian and American women who had past abortions, 37% of Russian and 39% of American women acknowledged feeling emotionally close to the child prior to the abortion (Rue, Coleman, Rue, and Reardon, 2004). In a study of women at an Australian abortion clinic, 40% acknowledged talking to the fetus, and 30% acknowledged "patting my tummy affectionately" (Allanson & Astbury, 1996). More than half of Swedish women thought of the pregnancy in terms a child before abortion, and felt a need to do "special acts" after the abortion, such as lighting a candle for the

child, or apologizing to the child (Stalhandske, Makenzius, Tyden, & Larsson, 2012).

A textbook written by abortion providers to teach doctors how to perform abortions has identified that attachment to the child before the abortion is a risk factor for negative emotional reactions after abortion, and a number of studies have confirmed this (Baker & Beresford, 2009; Mufel, Speckhard & Sivuha, 2002; Rue et al., 2004).

Many studies have shown that reproductive losses including miscarriage and abortion can often lead to posttraumatic stress disorder (PTSD) in women (Daugirdaite et al., 2015; Seng et al., 2009; Suliman, 2007). In a study of currently pregnant women by Seng and colleagues (2009), 20% had posttraumatic stress disorder, though not related to the current pregnancy. When asked to identify the worst trauma they had ever experienced, the largest number of women said their worst trauma was past abuse, but the second largest number of women said their worst trauma was a reproductive loss, including miscarriage and abortion.

There are several different types of symptoms that occur in PTSD. One type of symptom is called “**Avoidance.**” People who have been through a traumatic experience try to avoid thinking about it, and to avoid talking about it. People try to avoid people or places that remind them of the trauma. People avoid because when they are reminded, it can cause severe psychological distress and sometimes physical symptoms (American Psychiatric Association, 2013).

When an abortion has occurred, being around babies can be a distressing reminder to women. Rue and colleagues reported that 25% of the American women in their sample had “difficulty being near babies” (2004, p. SR 11). A woman in Belarus said, “I can’t meet with babies. It’s too painful. I broke the relationship with my girlfriend who asked me to baby-sit for a few hours with her daughter. I was rude to her” (Speckhard & Mufel, 2003, p. 8). Women have also reported being unable to attend gynecological exams, also avoiding pregnant women because of distress related to a past abortion (Burke & Reardon, 2002; Speckhard & Mufel, 2003).

In a study that compared miscarriage and abortion, women who had past abortions had significantly higher avoidance scores, and the avoidance continued significantly higher after abortion even after five years (Broen, Moum, Bodtker, & Ekeberg, 2005).

Think for a moment about how persistent avoidance would affect the family. If some women experience distress because their own child is a reminder of the one lost to abortion, this may contribute to bonding problems with subsequent children, and several studies have in fact shown parenting problems and difficulty bonding with children after abortion (Coleman, 2009; Coleman, Reardon & Cogle, 2002; Coleman, Rue & Spence, 2006). Several authors have additionally shown a link between abortion and child abuse and neglect (Coleman, Maxey, Rue, & Coyle, 2005; Coleman, Reardon & Cogle, 2002; Coleman, Rue, Coyle, & Maxey, 2007; Ney, Fung & Wickett, 1993).

Of note, in one study, women who had abortions were compared with women who had no reproductive losses, and also with women who had involuntary losses – miscarriage and stillbirth. Women who had one or more abortions were 114% more likely to have abused their children, while those who experienced miscarriage or stillbirth did not have this increased risk of child abuse (Coleman et al., 2005).

In addition to problems with the mother-child relationship, avoidance could potentially play a role in marital difficulties. For example, if the husband been involved in the abortion decision, being around him may be a reminder of the abortion for the woman. It is also possible for even sexual intimacy to become a distressing reminder of the abortion, if either the husband or wife associates sexual intimacy with having resulted in abortion. In fact, many studies have shown increased sexual dysfunction in both men and women after abortion (Bagarozzi, 1993, 1994; Bianchi-Demicelli, Perrin, Ludicke, Bianchi, Chatton, Campana, 2002; Bradshaw & Slade, 2003; Coleman, Rue & Spence, 2006; Coyle et al., 2010; Fok, Siu, & Lau, 2006; Miller, 1992; Rue et al., 2004; Speckhard & Mufel, 2003; Tornboen, Ingelhammar, Lilja, Moller & Svanberg, 1994) and also increased separation and divorce (Barnett, Freudenberg, Wille, 1992; Bracken & Kasi, 1975; Coleman, Rue & Spence, 2006; Freeman et al., 1980; Lauzon, Roger-Achim, Achim, & Boyer, 2000; Rue et al., 2004).

However, there are many other symptoms of PTSD that can contribute to relationship problems in addition to avoidance. Another category of symptoms involves **negative changes in thoughts and moods** (American Psychiatric Association, 2013). There are seven types of symptoms within this category, some of these are very clearly symptoms that could be harmful to relationships in the family. If the woman is experiencing “feelings of detachment or estrangement

from others,” or if the woman is “unable to experience positive emotions” such as joy or love (American Psychiatric Association, 2013, p. 145) one can easily see how this would affect the parent-child relationship or the marital relationship.

Another category of symptoms to consider is called **hyperarousal** (American Psychiatric Association, 2013). This category of symptom includes “irritable behavior and angry outbursts...typically expressed as verbal or physical aggression toward people or objects.” This category may also include insomnia, and reckless or self-destructive behavior (p. 145). If a woman is chronically sleep deprived, and frequently angry, one can see that this is likely to have an adverse effect on parenting and on the marital relationship; if the anger is addressed physically, this may be a factor related to the research showing increased child abuse after abortion.

To be clear, not every person who is exposed to a potential trauma develops PTSD. Not every woman who has an abortion develops PTSD, but some do, and other women may have some of the symptoms without meeting all the criteria for a diagnosis of PTSD. Men also can develop PTSD after abortion. Because of the large numbers of abortions that take place worldwide, many marriages and many families are suffering from the effects of abortion.

However, there is some very good news that you can use in your country, and that is: research shows that spiritually based abortion recovery programs are helping women and men to heal from the effects of abortion. Research has been done using psychological tests before and after the Rachel’s Vineyard weekend retreat, at nine sites in the U.S. and Canada, showing that avoidance and hyperarousal symptoms were reduced to a statistically significant degree, and that shame also decreased while self-esteem increased (Jaramillo, 2017). In the same study, before and after testing was done for the SaveOne program, a once a week support group for abortion recovery. Although the number of participants was low these results also showed similar statistically significant results.

These two programs, SaveOne and Rachel’s Vineyard are particularly noteworthy for several reasons. Both of these programs are available in numerous languages and many countries around the world- Rachel’s Vineyard in more than 70 countries on six continents, and SaveOne in more than 50 international locations. In addition, both of these programs allow husband and wife to attend together, so that they can process their grief and distress together which seems to promote healthy marriages, though there is no research directly on the effects on the

marriage – yet those who conduct these retreats have seen the results of couples resolving abortion related issues and being able to enjoy their relationship again.

Those who conduct Rachel’s Vineyard retreats also have heard women say how this changes their relationship with their children – they may become able to enjoy their relationship with their living children for the first time.

To be clear – there is data showing significant decreases in shame, avoidance and hyperarousal in individual women, but there is no research to date on the effects on the family. However, when you consider the symptoms of PTSD and the likely effect of those symptoms on relationships within the marriage and family – one can see that reducing these symptoms could help the family.

A 2004 study by Susan Layer, also showed similar benefits from two other support group programs, *Forgiven and Set Free*, and *Surrendering the Secret*.

All the programs included in this research are spiritually based programs, rooted in the Christian Scriptures, though people of any faith are welcome to attend, and occasionally Buddhist, Muslim, and Jewish women have attended, as well as atheists, who are welcome to participate to the extent they choose, though most participants are Christian.

In my book, *The Four Steps to Healing* (Shuping & McDaniel, 2007), I explain that many women feel a need to address four specific issues or relationships after an abortion: their relationship with God, their grief related to loss of the child, their relationships with others involved in the abortion decision, and their own self-esteem which often suffers in the abortion experience. These issues are addressed within the context of Christian spirituality in the four programs studied.

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REFERENCES:

- Allanson, S. & Astbury, J. (1996). The abortion decision: fantasy process. *Journal of Psychosomatic Obstetrics & Gynaecology* 17, 158-167.
- American Psychiatric Association (2013). *Desk reference to the diagnostic criteria from DSM-5*. Washington, D.C.: Author.
- Bagarozzi, D. (1993). Posttraumatic stress disorders in women following abortion: Some considerations and implications for marital/couple therapy. *International Journal of Family and Marriage*, 1, 51–68.
- Bagarozzi, D. (1994). Identification, assessment and treatment of women suffering from post traumatic stress after abortion. *Journal of Family Psychotherapy*, 5(3), 25–54. doi:10.1300/j085V05N03_02
- Baker, A, & Beresford, T. (2009). Chapter 5, Informed consent, patient education and

- counseling. In M. Paul, E. S. Lichtenberg, L. Borgatta, L., D. A. Grimes, D.A.P. G. Stubblefield, & M. D. Creinin, M.D. (Eds.). *Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care*. Chichester, UK: Wiley-Blackwell.
- Barnett, W., Freudenberg, N., & Wille, R. (1992). Partnership after induced abortion: a prospective controlled study. *Archives of Sexual Behavior*, 2, 443-455.
- Bianchi-Demicelli, F., Perrin, E., Ludicke, F., Bianchi, P.G., Chatton, D., & Campana, A. (2002). Termination of pregnancy and women's sexuality. *Gynecologic and Obstetric Investigation*, 53, 48-53. *BMJ Open* 6, e009698 doi:10.1136/bmjopen-2015-009698
- Bracken, M.B., & Kasi, S. (1975). First and repeat abortions: a study of decision-making and delay. *Journal of Biosocial Science*, 7, 473-491.
- Bradshaw, Z., & Slade, P. (2003). The effects of induced abortion on emotional experiences and relationships: A critical review of the literature. *Clinical Psychology Review*, 23, 929-958.
- Broen, A. N., Moum, T., Bodtker, A. S., & Ekeberg, O. (2005). The course of mental health after miscarriage and induced abortion: a longitudinal, five-year follow-up study. *BMC Medicine* 3(18).
- Burke, T., & Reardon, D.C. (2002). *Forbidden grief: The unspoken pain of abortion*. Springfield: Acorn Books.
- Coleman, P. K. (2009). The psychological pain of perinatal loss and subsequent parenting risks: Could induced abortion be more problematic than other forms of loss? *Current Women's Health Reviews*, 5, 88-89.
- Coleman, P. K., Maxey, C. D., Rue, V. M., & Coyle, C. T. (2005). Associations between voluntary and involuntary forms of perinatal loss and child maltreatment among low-income mothers. *Acta Paediatrica*, 94, 1476 – 1483.
- Coleman, P.K., Rue, V.M., & Spence (2006). Intrapersonal processes and post-abortion relationship challenges: A Review and consolidation of relevant literature. *The Internet Journal of Mental Health* 4,(2). Retrieved from <http://ispub.com/IJMH/4/2/3804>
- Coleman, P. K., Reardon, D.C., & Cogle J. (2002). The quality of the caregiving environment and child developmental outcomes associated with maternal history of abortion using the NLSY data. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 43, 743-758.
- Coleman, P. K., Rue, V. M., Coyle, C. T., & Maxey, C. D. (2007) Induced abortion and child-directed aggression among mothers of maltreated children. *The Internet Journal of Pediatrics and Neonatology*, 6.
- Coyle, C.T., Coleman, P.K., Rue, V.M. (2010). Inadequate preabortion counseling and decision conflict as predictors of subsequent relationship difficulties and psychological stress in men and women. *Traumatology*, XX(X), 1-15. doi: 10.1177/1534765609347550
- Daugirdaite, V., van den Akker, O., & Purewal, S. (2015). Posttraumatic stress and posttraumatic stress disorder after termination of pregnancy and reproductive loss: A systematic review. *Journal of Pregnancy*, 2015(646345). doi: 10.1155/2015/646345 .
- Erickson, M.E., & Aird, E.G. (2005). *The motherhood study: Fresh Insights on mothers' attitudes and concerns*. New York: Institute for American Values. Retrieved from http://americanvalues.org/catalog/pdfs/the_motherhood_study.pdf
- Feldman, R., Weller, A., Zagoory-Sharon, O., & Levine, A. (2007). Evidence for a neuroendocrinological foundation of human affiliation: Plasma oxytocin levels across pregnancy and the postpartum period predict mother-infant bonding. *Psychological Science*, 18, 965-970.
- Fok, W.Y., Siu, S.S.N., & Lau, TK. (2006). Sexual dysfunction after a first trimester induced abortion in a Chinese population. *European Journal of Obstetrics & Gynecology*, 126, 255-258.
- Freeman, E.W., Rickels, K., & Huggins, G.R. (1980). Emotional distress patterns among women having first or repeat abortions. *Obstetrics and Gynecology*, 55(5), 630–636.
- Jaramillo, S. (2017). *Mending broken lives: Post-abortion healing*. (Doctoral Dissertation). Retrieved from ProQuest Dissertations and Theses (Accession Order No. 10274360). Retrieved from http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&res_dat=xri:pqdiss&rft_val_fmt=info:ofi/fmt:kev:mtx:dissertation&rft_dat=xri:pqdiss:10274360839-846.
- Lauzon, P., Roger-Achim, D., Achim, A., & Boyer, R. (2000). Emotional distress among couples involved in first trimester abortions. *Canadian Family Physician*, 46, 2033-2040.
- Layer, S.D., Roberts, C., Wild, K. & Walters, J. (2004). Post-abortion grief: evaluating the possible efficacy of a spiritual group intervention. *Research on Social Work Practice*, 14(5), 344-350.
- Miller, W.B. (1992). An empirical study of the psychological antecedents and consequences of induced abortion. *Journal of Social Issues*, 48, 67-93.
- Mufel, N., Speckhard, A., & Sivuha, S. (2002). Predictors of posttraumatic stress disorder following abortion in a

- former Soviet Union country. *Journal of Prenatal & Perinatal Psychology & Health*, 17, 41-61.
- Ney, P. G., Fung, T., & Wickett, A.R (1993). Relations between induced abortion and child abuse and neglect: Four studies. *Pre and Perinatal Psychology Journal* 8, 43-63.
- Rue, V.M., Coleman, P.K., Rue, J.J. & Reardon, D.C. (2004). Induced abortion and traumatic stress: a preliminary comparison of American and Russian women. *Medical Science Monitor*, 10(10), SR5-16.
- Seng, J.S., Low, L.K., Sperlich, M., Ronis, D.L. and Liberzon, I. (2009). Prevalence, trauma history, and risk for posttraumatic stress disorder among nulliparous women in maternity care. *Obstetrics and Gynecology*, 114(4),
- Shuping, M. (2016). Abortion recovery counseling. In R. MacNair (Ed.), *Peace psychology perspectives on abortion* (pp. 115-136). Kansas City, MO: Feminism and Nonviolence Studies Association.
- Shuping, M.W., & McDaniel, D. (2004, 2007). *The Four Steps to Healing*, (Non-denominational Edition). Tabor Garden Press: High Point. (ISBN-10: 0972876944).
- Speckhard, A., & Mufel, N. (2003). Universal responses to abortion? Attachment, trauma, and grief responses in women following abortion. *Journal of Prenatal & Perinatal Psychology & Health*, 18(1), 3-37.
- Suliman, S., Ericksen, T., Labuschgne, T., de Wit R., Stein, D., Seedat, S. (2007). Comparison of pain, cortisol levels, and psychological distress in women undergoing surgical termination of pregnancy under local anaesthesia versus intravenous sedation. *BMC Psychiatry*, 7(24). doi:10.1186/1471-244X-7-24
- Stalhandske, M.L., Makenzius, M., Tyden, T., & Larsson, M. (2012) Existential experiences and needs related to induced abortion in a group of Swedish women: A quantitative investigation. *Journal of Psychosomatic Obstetrics & Gynaecology* 33(2), 53-61. doi: 10.3109/0167482X.2012.677877
- Tornboen, M., Ingelhammar, E., Lilja, H., Moller, A., Svanberg, B. Evaluation of stated motives for legal abortion. *Journal of Psychosomatic Obstetrics and Gynecology*, 15, 27-33.