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Report from an Exploratory Meeting on
Post Abortion Emotional Health
Sponsored by: The Abortion Conversation Project and Exhale

November 2-3, 2003, San Francisco, California

Introduction

On November 2-3, 2003 in San Francisco, California, the Abortion Conversation Project and Exhale co-sponsored an exploratory meeting on post-abortion emotional health. The purpose of the meeting was to gain greater knowledge and awareness about women's emotional health after abortion through a moderated discussion that included the participation of over one dozen individuals. Participants were researchers, abortion providers, clergy, therapists, grass-roots organizers, post-abortion service providers and women who have had abortions. An additional goal of the meeting was to share ideas about the application of research findings about emotional health after abortion to pre- and post-abortion service provision and brainstorm strategies to implement those approaches broadly. This groundbreaking meeting, which we believe is the first of its kind, is only a beginning. It was envisioned as a first step in a series of activities that the co-sponsors are committed to pursuing. It is our hope that the discussions and recommendations that follow will provide an important base for future explorations, attitude changes, and increased attention to the needs of women.

The meeting was by invitation and the co-sponsors did not attempt to represent every viewpoint or service approach1. Rather, it was the hope of the co-sponsors that a meeting consisting of a small group of individuals with experience in the field of pre- and post-abortion emotional health would produce an informative, dynamic and strategic discussion and map for future action.

The co-sponsors of the exploratory meeting on post-abortion emotional health:

The Abortion Conversation Project: A national not-for-profit organization in Alexandria, Virginia, consisting of abortion providers and allies that promotes open and honest conversations about abortion with the goal of reducing the stigma of abortion.

Exhale: An after-abortion counseling service based in Oakland, California that aims to broaden the scope of reproductive health services to include non-judgmental emotional support; to end the

[1] The views expressed by the participants in this meeting and those documented in this report do not necessarily represent the views of the co-sponsors.

stigma of abortion; and to increase awareness that abortion is normal.

Problem Statement

Each year there are approximately 1.3 million abortions in the United States with an abortion rate of 21.3 abortions per 1,000 women aged 15-44. It is expected that 43% of women will have an abortion by the time they complete their reproductive years (Finer & Henshaw, 2003). Unfortunately, what is a statistically common event in women's lives is legally, morally, and politically contested territory. Women's experiences of abortion are interpreted against the backdrop of anti-abortion and pro-choice agendas2. Negative emotional experiences after abortion are framed as evidence of the existence of "Post-Abortion Syndrome" and are used to attack the legality of abortion. Positive emotional experiences are used to justify women's right to legal abortion and simplify the complexity of decisions of parenthood and abortion.

Assumptions

1.Women and girls lack universal access to non-judgmental information, resources and services for emotional needs after an abortion. Sources of support that women do find after abortion are incomplete.

Despite its prevalence, the battle over the future of legal abortion in the United States has created a hostile political climate that fosters judgment and criticism of the women and girls who have abortions, jeopardizing their health and well-being. Many women and girls who have abortions, whether their feelings about the experience are positive or negative, often choose to keep their abortion a secret, rather than risking rejection from their support systems.

Women and girls who seek counseling from outside sources typically find only religious-based and politically motivated anti-abortion services that often include activism against abortion as part of the "healing process." Because the Internet offers anonymity, many women use it to seek and find resources after an abortion. What they find is that in order to get support, they must make an additional choice: either recognize that the abortion was morally wrong and that they will be emotionally scarred for the rest of their lives, or be grateful they had a legal abortion and attribute any difficult feelings that they are experiencing to their religion, their partners, or anti-abortion influences. Overall, there are too few safe places where a woman can have all of her feelings validated. Organizations that do provide non-judgmental support for women after abortion recognize that they are outnumbered by groups with questionable motives with uncertain, and even harmful, results.

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[2] The terms "pro-choice" and "anti-abortion" are used to describe two groups that define themselves according to their position on legal abortion. We discuss problems with the term "pro-choice" in section five on language.

2. We need to improve coordination of services and communication between professionals working on the issue of post-abortion emotional health.

The Abortion Conversation Project and Exhale came together because both organizations recognized that women and girls who have abortions, and their significant others, can benefit from a greater number of politically neutral, emotionally supportive services where they can tell their stories and express their emotional needs without fear of judgment or manipulation. Both organizations believe that to promote the health and well-being of women and girls who have abortions, their experience of the abortion, including how they feel about it afterwards, must be acknowledged. Improved communication and coalition-building between a greater number of professionals, from varied backgrounds and perspectives, is a fundamental part of the proliferation of these services.

Discussion

Using an open-ended question format, we grappled with issues that demanded further discussion and determined possibilities for collective action. Throughout the one and one-half days of intensive dialogue we discovered new information, perspectives, and validation for our respective work, and left the meeting with a commitment for continuing collaboration and individual action. The meeting was structured by the following six questions.

1. What do we want to create?
2. What are the obstacles to creating these things?
3. What do we know?
4. What do we need to know?
5. What needs to shift?
6. What are the next steps?

The text of this report follows the order of the presentation and discussion of the above six questions. The resulting discussions are summarized in boxes with bulleted lists of components. An effort was made to remain true to the language that was used by participants.

1. **What do we want to create?**

Participants' creations were the foundation of many other themes that arose throughout the meeting. The "umbrella" theme that emerged was improved communication between the major groups in the abortion field – involving both talking and listening. Examples included a greater connection between the woman and her own experience, medical professionals listening to the needs of women, researchers listening to the complexity of women's experiences, and pro-choice

forces listening both to women who have abortions and to each other. Ultimately, there exists the need for these groups to effectively communicate what they know to the public.

There was a demand for an understanding that the abortion experience is inherently complex because it is entangled with the struggle for women's personhood, power, and self-determination. Concretely, the right to legal abortion represents women's freedom to make decisions regarding motherhood, family, relationships, career, and education. We are caught between the imperative of recognizing a woman's individual experience as true for her, while struggling to determine what has contributed to her assessment of the process, in both positive and negative terms. In sum, the group recognized that what has been accepted as true about women's experiences with abortion may be fueled by motivations that are ultimately not concerned with her well-being. For example, anti-abortion groups frame women's emotional response to abortion as negative and often point to feelings of guilt and shame as signs of depression. Rather than address the range of women's emotional response and work to create supportive spaces for women to get their needs met, these groups use negative emotional responses to abortion as part of their strategy for ending legal abortion.

What do we want to create?

- End the stigma of abortion
- End secrecy; empower women to make their own decisions about disclosure
- Create a safe place where feelings can be expressed
- An understanding of emotional health as a process, not an outcome
- Women's ability to *own* their experience and the range of their feelings and not be victims
- Focus on the individual experience in lieu of a "syndrome"
- Build bridges between researchers and providers, therapists, counselors, clergy, women who have abortions
- Establish Best Practices for counseling; evidence that counseling is an integral part of abortion services
- Recognition of the difference between valid research and "junk science"
  Recognition by the medical and scientific community that not all contraception and health education is woman-friendly

2.**What are the obstacles?**

Many obstacles to achieving our goals were recognized. These obstacles were both practical and philosophical.

Obstacles

- Negotiating the inevitable political connotations of our work
- Secrecy and silencing of women who have abortions
- Lack of funding, time, access to the media, consensus with others that are pro-choice, and a full understanding of our constituency
- Fear of violence from anti-abortion persons

- Incomplete philosophical conceptualization within institutionalized religion of what we are trying to create regarding abortion and spirituality
- Idealization of reproduction, motherhood and the fetus in a sex-negative culture
- Racism, sexism, classism, ageism, ableism, etc.
- Abortion has been erroneously caught in a war for the moral high ground – yet is a decision about readiness for motherhood/parenthood
- Declining number of abortion providers; lack of young people in the reproductive rights movement
- No economic justice in reproductive options
- Pro-choice movement lags behind in the use of the Internet Self-censorship of pro-choice persons

Post-abortion emotional health: What do we know?

One of the things that we accomplished as a result of this question was a working definition of emotional health. We discussed which ingredients were necessary as pathways to emotional health, and identified components of emotional health. It was noted that the resultant components did not resemble the predominant cultural definition of emotional health as a uni-dimensional entity, i.e., happiness.

From the beginning of this process, we focused on how to promote post-abortion emotional health rather than a more narrow focus on post-abortion distress. Nevertheless, we attempted to describe a dynamic process that could include negative emotions such as guilt and regret.

Emotional Health:

- A state of well-being that comes from having the resources to meet the demands of one's environment and perceiving oneself as having the capacity to do so
- Tolerance of feelings of conflict and ambiguity
- Moving unconscious feelings into consciousness
- Working toward understanding deeper meanings of what the abortion and contested pregnancy represent
- Owning your experience and having the ability to transform your experience
- A sense of resolution that allows all feelings
- Taking care of yourself even without resolution

Various aspects of the pathway to emotional health included having desired levels of personal and emotional support and allowing the individual to define these. Markers of achievement of emotional health might be returning to day-to-day functioning and having the possibility of growth, wisdom and empowerment result from the experience.

A second accomplishment that resulted from this discussion was a critique of current research on psychological response after abortion. We also discussed the impact of the influx of "junk science" promulgated by a small group of researchers whose agenda includes making abortion illegal by proving that abortion has detrimental psychological effects:

Key Findings in Abortion and Mental Health Research:

- Abortion occurs within the context of a contested pregnancy which may be stressful, so sorting out mental health issues in terms of what can be *attributed to* the abortion versus the situation as a whole is complex

- Factors that contribute to stress do not exist in a vacuum and overlap with one another
- Negative psychological response after abortion is predicted by poor mental health prior to the abortion
- Other factors that contribute to negative psychological response include: the lack of positive support, opposition by one's support system, difficulty making the decision due to moral conflict about abortion, a coerced decision, violence in the relationship, a wanted pregnancy, and stigmatization
- The presence of self-efficacy and the absence of self-character blame are key coping modalities that improve post-abortion experience. Counseling can augment self-efficacy
- What is essential is a woman's *appraisal* of the event – if a woman believes that she can cope then she is more likely to do so

The range of emotions during and after abortion is broad. Clinic-based longitudinal studies have found that while relief is the most common feeling after abortion, some women experience regret and sadness and other feelings. In follow-up interviews, studies found that the percentage of women experiencing depression was the same as the prevalence of depression in women of reproductive age in the general population. Only 1% experienced symptoms of post-traumatic stress. The researchers present at the meeting were quick to offer a caveat: What we know depends on how we know it.

Caveats to interpreting research on abortion and mental health:

1. Estimates of the prevalence of depression drawn from clinic-based samples will often result in overestimations.
2. Samples drawn from anti-abortion post-abortion hotlines or psychotherapy practices provide biased samples. In these situations, we must remember that we are looking only at the “numerator,” i.e. the self-selected sample of women that have sought psychological help. We do not have information on the total population of women who have had abortions.
3. There is the problem of recall bias in studies that ask women to report how they felt about a past event. Negative life events that have occurred since the abortion can be integrated with the abortion event and become more salient in memory.
4. Studies conducted at abortion clinics are usually of short duration. Most studies that evaluate post-abortion psychological response collect data one hour, one week, and three weeks post-abortion because longitudinal studies are difficult and expensive. Major et al. (2000) is an exception, following women for two years after an abortion.
5. There are no known studies that include women choosing birth, abortion, and adoption, allowing for comparisons in life outcomes and emotional health across all three options (Zabin et al. (1989) conducted a comparison between women who gave birth, aborted, or who thought they were pregnant but were not. This study did not include information on adoption.)
6. Finally, in the era of legal abortion, we do not have access to a comparison group of women who were denied abortions in order to find out about what emotional health is like in that context.

Methodological difficulties that are inherent in research on abortion and mental health in the era of legal abortion create opportunities for anti-abortion strategists to mislead the public about the psychological risks of abortion. The group was in agreement as to the need for more accessible public education about what constitutes valid research and what is deliberately misleading "junk science". In addition, what is reliably known must be translated into practical application for the benefit of women facing a pregnancy decision or coping with an abortion experience.

4.What do we need to know?

There is a great deal that we do not understand about women's experiences with this common event. Hindering our ability to do so is the secrecy and shame that surrounds the abortion experience. It is from the women that are most affected by stigma, secrecy and shame that we need to learn the most.

Issues for Further Exploration:

- How has the extreme politicization of the abortion issue affected women's health?
- How do we reclaim abortion as a moral choice?
- How do we incite women to advocate for change?
- Does the belief that screening and assessment of women pre-abortion is beneficial put us at risk for additional laws that create barriers to getting abortions?
- How do we evaluate the effectiveness of pre- and post-abortion counseling in improving women's coping?
- We must understand, to the greatest extent possible, how women define the abortion experience for themselves

The topic that incited the most discussion in this segment was the **stigma and shame** that surround abortion. The following narrative summarizes the group's beliefs about the role of stigma and shame in women's abortion experience:

> The stigmatization of abortion and the politicization of the abortion issue effectively silence women and others involved in the abortion experience. An exploration of the dynamics of stigma (including feelings of shame, fear, guilt, etc.) also yields the best hope of eradicating the stigma of abortion by giving voice to those involved. We have observed that narratives from women that have abortions, and from their supporters, are absent in our culture. Given the polarization of this issue, there are too few safe places for women to explore their feelings around pregnancy decisions. Yet, empowering women and men to define their own experiences is critical to the eradication of stigma. This must happen on an individual, social, and cultural level, in our religious and cultural institutions, in the media, and in all aspects of our society.

5. What needs to shift?

The conflict around abortion extends to the manipulation of language. We found that several words in common usage warranted further exploration in order to create a more meaningful dialogue:

Considering Language:

1. ***Choice*** does not always adequately convey the gravity of a pregnancy decision. In a culture where morality has been claimed by those who oppose abortion, we need to better understand how people interpret these terms.

2. ***Coercion*** as an interpersonal dynamic in elective abortion: How does a lack of economic or social support for a pregnancy contribute to women's reproductive decisions when pregnancies are wanted?

3. ***Modifiers*** **of the word pregnancy** such as "unplanned," "unwanted," or "unintended" mask the reality of a pregnancy decision and stigmatize those whose pregnancies end in abortion.

4. "***Ritual***" or "ceremony" is not inclusive enough to describe all the ways people find closure for an experience. At the same time, there is not enough public discussion about rituals available to women and men who are trying to resolve a spiritual crisis around an abortion experience.

5. Emotional ***triage*** is a term sometimes used by providers to ensure that help reaches women who may be at higher risk for emotional sequelae. "Emotional needs assessment" was thought to be more appropriate.

6. What are the next steps?

One recurrent theme was the need to **build bridges** between those who work in the field. It is not only recipients of abortions that have been silenced and marginalized. Providers and others who work in the abortion field often experience what is known as "courtesy stigma" and do not feel comfortable discussing their work. We found it strengthening and validating to share our experiences in this interdisciplinary format. It is imperative that we begin similar discussions within our professional associations and in as many venues as possible. It is especially critical to insert the reality of abortion experiences into all forms of media and culture. We expect to provide further opportunities for more discussions of post abortion emotional health.

Next Steps:

1. The Abortion Conversation Project, as part of its mission, will create an online forum that will engage a much broader and more diverse audience in the understanding of how to promote post-abortion emotional health.
2. Exhale, as part of its mission, will continue to create a working model for community-based post-abortion services and to explore the factors in establishing national access.
3. A collaboration to translate existing research on post-abortion emotional health for providers, including training for therapists, clergy, clinic workers and human service providers.
4. Explore ways to expand the number of safe places for women to talk about their abortion experience using phone, Internet, and in-person venues.
5. Expand connections and build bridges, both individually and organizationally to further the goal of promoting post-abortion emotional health.
6. Address the stigmatization of abortion in cultural messaging on the individual level, within the movement, and from the media. A Media Watch similar to GLAAD would challenge inaccuracies and stereotypes in the media.
7. We will continue to empower ordinary people to talk about their personal abortion experience in whatever way we can. We will offer new slogans and language at pro-choice events especially at the March on Washington in April, 2004.
8. Educate the public about how to evaluate research studies and distinguish credible studies from "junk science".
9. We have formed a list serve of the participants to continue our discussions and to report our efforts to each other.

Acknowledgements:

Exhale and the Abortion Conversation Project would like to extend our gratitude to the Women's Foundation of California, particularly Julie Davidson-Gomez, for insuring that logistics ran smoothly and for hosting the exploratory meeting in their San Francisco office.

We would also like to thank Dee Ouillette for producing detailed and accurate notes that have contributed greatly to our ability to create this report.

A special thank you is reserved for Alissa Perrucci. Alissa brought a wealth of experience in counseling and research to the discussion. Because of her dedication to insuring the content of the meeting was accurately portrayed and widely distributed, Alissa has proved invaluable in the creation of this report.

Exhale, the Abortion Conversation Project, and all the participants of the exploratory meeting on post-abortion emotional health would also like to extend our appreciation for all the women and men who have shared their experience of abortion with us. We hope that our discussions reflected our belief in the truth of your personal story and we hope that our meeting will have impact on the ability of others to express their own.

APPENDIX A

Ground Rules

We found it almost as challenging to provide a safe space for our own discussion as it is to provide this for women. We found that the more we adhered to our ground rules, the more we were able to truly hear each other. We also learned that safety meant that we could risk saying things "from the heart" or things that were difficult to hear, but that frequently these risks opened up opportunities for new insight. Our ground rules, which we recommend to others who wish to have more inclusive discussions, included:

1. Have the patience to not interrupt others
2. 2. Step up and step back – notice periodically who is not talking and encourage their input. Encourage those with a lot to say to sometimes step back. Hearing everyone's voice is critical to this kind of discussion.
3. A time limit of 2-3 minutes gives adequate time to make a point but reduces pontificating and rambling.
4. A round where everyone gets to speak is sometimes appropriate, especially during introductions, closing, and for more contentious discussions.
5. Keep a list of those who want to speak on an issue and call names out in order.
6. Agree to disagree. Consensus was not necessarily a goal in our discussions.
7. If someone has said something, don't say it again.
8. Asking for clarification is OK, even if it means going out of turn.
9. Keep confidentiality about personal information
10. Using the ASL sign for applause instead of verbal affirmations or comments is less disruptive to the speaker. (Fingers in the air and wiggling)

APPENDIX B

Meeting Participants*

(alphabetical order)

- Aspen Baker; *Founder & Executive Director*, Exhale, Oakland, CA
- Khadine Bennett; *Board Member*, Exhale, Oakland, CA
- Yvette Cuca, MPH, MIA, *Board Member*, Exhale, Oakland, CA
- Culebra De Robertis; *Co-Founder & Director of Training*, Exhale, Oakland, CA
- Rev. George Gardner; Chaplain, Women's Health Care Services & *Senior Minister*, Unity Church Wichita, Wichita, KS
- Peg Johnston; *President*, The Abortion Conversation Project, Binghamton, NY
- Brenda Major, PhD; *Professor*, Department of Psychology, University of California, Santa Barbara, CA
- Rabbi Bonnie Margulis; *Director of Clergy Programming*, Religious Coalition for Reproductive Choice, Burbank, CA
- Shelley Oram; Imagine Counseling, Glorieta, NM
- Nancy Russo, PhD; *Director*, Graduate Program in Social Psychology, Arizona StateUniversity, Tempe, AZ
- Charlotte Taft; Imagine Counseling, Glorieta, NM
- Ava Torre-Bueno; *Author*, Peace After Abortion, San Diego, CA
- Alissa Perrucci, PhD, MPH; *Project Research Analyst*, UCSF Center for ReproductiveHealth & Policy, University of California, San Francisco, CA

Invited, Unable to Attend:

- Anne Baker; *Director of Counseling*, Hope Clinic for Women, Granite City, IL,
- Dana Dovitch; *Author*, The Healing Choice, Los Angeles, CA
- Luba Djurdjinovic, MS, Director Genetic Counseling Program, Binghamton NY
- Candace Du Puy; *Author*, The Healing Choice, Los Angeles, CA
- Britta Guerrero; *Director*, Pregnancy Consultation Center, Sacramento, CA
- Taylor Haas, MSc; *Board Member*, Exhale, Oakland, CA
- Susan Osborne; *Project Director*, Choice Medical Group, San Francisco, CA
- Toni Bond; *Executive Director*, African American Women Evolving, Chicago, IL
- Yvonne Rand; *Meditation Teacher*, Goat in the Road, Sausalito, CA

Facilitator:

Terry Reed, Connections Consulting, Cocoa Beach FL

- Titles reflect position at time of meeting and may have changed.

APPENDIX C

Resources

ARTICLES

- Adler, Nancy et al "Psychological Factors in Abortion, A Review" Oct. 1992 American Psychologist.
- Baker, A., Haas,T. Cucca, Y. Abstract: "Contested terrain: Community partnerships and comprehensive counseling in abortion aftercare" APHA Conf. Nov. 17-18, 2003
- Baker, A., Haas,T. Cucca, Y. ,Abstract: "Networks of support: After-abortion counseling talkline provides linkages to community health resources and social services" APHA Conf. Nov. 17-18, 2003
- Johnston, Margaret R. "Post Abortion Emotional Concerns: Chart Study at Southern Tier Women's Services" 2000, 2003, presented NCAP Conf. 2002.
- Major, B and Gramzow, RH, "Abortion as Stigma: Cognitive and Emotional Implications of Concealment," Journal of Personality and Social Psychology, 1999
- Major, Brenda, "Beyond Choice: Myths and Facts about Adjustment to Abortion" Wellness Lecture Series Vol VII
- Major, Brenda et al, "Psychological Responses of Women After First Trimester Abortion", Arch. Gen. Psychiatry vol. 57, Aug 2000.
- Russo, Nancy Felipe and Denious, Jean E. , "Violence in the Lives of Women Having Abortions: Implications for Practice and Public Policy," Professional Psychology Vol 32 No. 2, 2001.
- Smith, Andrea "The Color of Violence", ColorLines, Winter 2000 – 2001
- Stotland,MD, Nada "The Myth of Abortion Trauma Syndrome" Commentary, JAMA Oct. 21, 1992 vol. 268, No. 15.
- Taft, Charlotte et al, "Woman Split in Two", correspondence 2003 available from info@abortionconversation.com
- Williams, Gail "Grief After Elective Abortion", AWHONN Lifelines, April/May2000
- "Stress and Risk Factors for Gay and Lesbian Youth" (Undoing Homophobia Resource Page)

BOOKS

- A Time to Decide, A Time to Heal, , Minnick, MA, Delp, KJ, Ciotti, MC, 1996, Pineapple Press
- Peace After Abortion, Ava Torre-Bueno, 1997 Pimpernel Press.
- Killing the Black Body, by Dorothy Roberts
- Policing the National Body: Race, Gender and Criminalization, edited by Jael Silliman and Anannya Bhattacharjee
- Our Choices, Our Lives, edited by Krista Jacob, 2002, iUniverse.
- Experiencing Abortion: A Weaving of Women's Words, by Eve Kushner 1997 Harrington Park Press
- Unspeakable Losses: Healing from Miscarriage, Abortion, and other Pregnancy Loss by Kim Klueger-Bell
- Psychologies of Abortion: Implications of a Changing Context by Sharon Gold-Steinberg & Abigail Stewart, Abortion Wars: A Half Century of Struggle, 1950 – 2000, 1998
- Pregnancy Options Workbook c. 1998, rev. 1999, 2002, 2003, and Abortion: Which Method is Right for Me? c. 2002 Margaret R. Johnston, Ferre Institute Binghamton NY
- The Healing Choice, DePuy, C and Dovitch, D. Simon & Schuster, 1999
- Sacred Choices Daniel C. Maguire, 2001 Fortress Press

WEBSITES:

http://www.4exhale.org/

http://www.abortionconversation.com/

http://www.peaceafterabortion.com/

http://www.afterabortion.com/

http://www.pregnancyoptions.info/