

# POST ABORTION SYNDROME

(Abortion Grief Counselling Association)

## **Like miscarriage and still birth, abortion can be a death experience.**

Melbourne Psychiatrist, Dr Eric Seal, M.S., D.P.M., F.R.A.C.P., F.R.A.N.C.P., defines Post Abortion Syndrome (PAS) as:

*'a delayed or slow developing, prolonged and sometimes chronic grief syndrome'.*

## **The cardinal features of Post Abortion Syndrome (PAS) are denial and suppression.**

Typically (but not always) the abortion is followed by years of unrecognised negative reactions (usually 5 to 10 years), the woman not consciously associating the problems she is experiencing with the abortion.

### **Triggering events**

The onset of delayed symptoms is often precipitated by a triggering event such as:

- anniversary date (due date of birth, or anniversary of the abortion)
- relationship deterioration or breakup
- miscarriage
- failure to conceive
- onset of menopause
- birth of a wanted child (often diagnosed as Post Natal Depression)
- death of a loved one
- another death experience
- birth of a friend's child, or niece/nephew or grandchild

### **Post Abortion Syndrome Symptoms can include:**

- Frequent weeping, feelings of depression, sleep disorders and nightmares, difficulty concentrating, loss of self-esteem.
- Self-destructive behaviours: Suicidal thoughts and attempts, alcohol and/or drug abuse, eating disorders, abusive relations, unnecessary risk taking, repeat abortions.
- Grief and anxiety, feelings of victimisation, dramatic personality changes.
- Extreme or chronic anger, increased tendency towards violence, compulsive behaviours, feelings of guilt or remorse, isolation and alienation.
- Anxiety attacks, irrational fears, emotional numbness, sense of hopelessness, withdrawn behaviour.
- Flashbacks, sadness, loss of joy, irritability, memory loss.
- Sexual dysfunction: Loss of pleasure from intercourse; painful intercourse, sexual coldness, an aversion to sex and/or males in general; confused sexual identity; the development of an indiscriminate sexual lifestyle.

- Atonement child: The deliberate (conscious or subconscious pregnancy trying to “make up” for the aborted baby.
- Chronic problems with relationships: Inability to function properly with partner; a string of unsuccessful relationships; inability to bond with, or overprotective of, or withdrawn from subsequent children; child neglect or abuse; inability to function properly with family, friends or colleagues at work.
- Inappropriate emotional responses; impaired efficiency in all walks of life; values disorientation; intense interest in, or aversion to, babies; negative and jealous feelings towards pregnant women and mothers with newborns.
- Anniversary reactions: May not start until many years after the abortion and can include major depression, anxiety headaches, abdominal pain, eating irregularities, sleeping difficulties, abusing children, gastrointestinal symptoms or complaints relating to the reproductive system.

### **Many women don't connect the problems they are experiencing with the abortion**

*“Abortion is such a profound event in one's life, that one must either thoughtfully integrate it into one's life, or fearfully suppress it. Neither is easy. The former requires great fortitude and honesty. The latter is simply unhealthy. It is a fundamental principle of psychiatry that suppression of emotions is the cause of numerous psychological and physical ailments. Suppressed feelings create their own internal pressures, sap emotional energy, and cause turmoil in one's life until it bursts forth in a way which can no longer be ignored.”<sup>3</sup>*

3. *The Post-Abortion Review*. ‘Women who abort: Their Reflections on the Unborn’. Elliot Institute, PO Box 7348, Springfield, IL 62791.

### **High Risk Groups**

Researchers may differ as to the frequency of PAS but there is remarkable consensus as to who are most at risk of developing serious psychological problems. These include those with a history of depression or mental health problems, adolescents, the sexually abused, the emotionally young or unstable, those with interpersonal relationship difficulties or an inadequate network of social support, those who abort for the mother's or unborn's health problems, those who feel forced by their emotional, financial or social circumstances, those who have a second trimester abortion and those with maternal orientation.

### **Research on post abortion trauma has been inadequate....and numerous unscientific opinion papers have only served to confuse.**

In 1992, the British Journal of Psychiatry published a review of over 70 studies which found that psychological or psychiatric disturbances occur in association with abortion and seemed marked, severe or persistent in approximately 10% of cases.

Given the serious limitations of many of the studies to date and the frequent interpreter bias coupled with the tendency of PAS to be labelled by its presenting symptoms, 10% probably under estimates the true picture.

In 1994, the UK Parliamentary Commission of Inquiry into the effect of abortion on women found 87% of women it surveyed experienced long-term emotional consequences.

The case of Post Abortion Syndrome is specialised and not all health professionals are comfortable dealing with post abortion trauma. It is not recommended that those agencies, institutions, organisations, or individuals involved in, referring for, or performing abortions as appropriate agencies to provide post abortion grief counselling. These are some fundamental aspects of PAS which professionals involved in the provision of abortion are unable to deal with.

### **For further information**

**Contact  
Pregnancy Assistance Inc.  
9328 2929**