Archives of Neurology and Neuro Disorders

ISSN: 2638-504X

Volume 1, Issue 2, 2018, PP: 20-26

Abortion Trauma Syndrome Can Not and Should Not be Dismissed

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Abstract

The legality and availability of elective abortive services that are aimed at terminating the life of unwanted or unplanned pregnancies have over emphasized the medical safety of performing abortions. The psychiatric complications of election abortions seemed to be minimized and even denied by many well known medical and psychiatric authors. This article review and summarize one of the enduring psychological sequels of elective abortions and that is "Abortion Trauma Syndrome"

Keywords: *Abortions, psychological complications, trauma, syndrome, post traumatic stress disorder.*

Introduction

In the psychiatric and medical literature there is pervasive tendency to dismiss" Abortion trauma syndrome "(ATS)" as a fabricated mental disorder conceived by anti-abortion activists to advance their cause and that it is not a scientifically based psychiatric disorder[1]. It is surprising that the word fabricated was used since it is the same word that is commonly used by the Citizens Commission on Human Rights (CCHR) which is the anti psychiatry advocacy group established in 1969 that holds the dangerous view that all the psychiatric disorders are fraudulent and that psychiatric medications are harmful the to the mind and the body of people and make them insane, violent and even homicidal and suicidal [2].The assertion throughout the literature is that the studies that describe the negative psychological outcomes of abortion and its risk of precipitating a trauma syndrome are very, very flawed and there is no evidence for the existence of the so-called ATS[1]. How were these conclusions validated since in general, studies on the effects of abortion on women's health, especially in North America, is highly prone to the problem of selective citation. Some researchers refer only to previous studies with which they agree and do not mention those studies whose conclusions differ from their own. Those who wish to dismiss the relationship between abortion and ATS insist that it is not proven as causal; on the other hand, they offer information that supports the absence of ATS based on correlation reports. These correlation reports attribute any post abortion psychological complications to the presence of pre existing psychiatric conditions prior to the abortion. An article published in the Harvard Review of Psychiatry determined that "the most well controlled studies continue to demonstrate that there is no convincing evidence that induced abortion of an unwanted pregnancy is a per se significant risk factor for psychiatric illness"[3]. These findings will be relentlessly and consistently used to refute the presence of ATS or post abortion syndrome.

It is important to note that this article[3] is rather a review than an actual study, or a meta analysis. The studies that are included in this review conclude that there is no "convincing evidence" of a causal relationship between abortion and mental health problems. The deniers of ATS insist that proponents of a connection have not "proven causality". However the insistence on the multiple benefits of abortion in sparing women the burden of caring for an unwanted pregnancy have not been measured in randomized placebo controlled double blind studies. The same approach of proving a causal connection between smoking and negative health outcomes have been denied consistently by the tobacco and cigarettes producing industry. Describing the weaknesses of

studies that link abortion to mental health problems does not mean that this link should be denied since it also comes with the expectation that those who support abortion must be able to bring forward studies that actual mental health benefits occur as a result of elective abortion. The Harvard review conclude that so far no studies have provided real evidence that there is a direct correlation between abortion and psychological disorders. Which also doesn't mean one doesn't exist, it just means no study has shown it to exist.Psychiatrists who deny the presence of ATS may be indirectly promoting the extreme views of the CCHR[2] as well as other organizations who consistently attack the psychiatric profession. Many of the authors who are worldwide recognized as authorities on PTSD are asking the psychiatric profession to stand by its conviction and counteract all the claims that challenge PTSD existence [4]. Could their plea also be applied to those who want o deny the existence of ATS.

Abortion Historical Backgrounds

In the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM -IIIR), published in 1987 abortion was listed as a life event which can produce PTSD[5]. The DSM-IV, published in 1994, and the DSM-IV-TR published in 2000 and DSM-5 which was published in 2013 no longer include abortion as one of the psychosocial stressors that can contribute to PTSD. Why did the American Psychiatric Association (APA) consider abortion to be a psychological stressor in 1987 but not in 1994, 2000 and 2013?. This change was certainly not due to the findings of new medical studies on ATS, because no conclusive research was done during that period. So it seems that the APA could not continue to endorse something that is generally admitted to cause significant psychological complications, so it removed it. It took the APA about 13 years after abortion was legalized nationally to recognize abortion as one of those psychosocial stressors causing serious distress and to include it in the DSM-IIIR[5] The amount of scientific data and research it takes to get anything admitted to the DSM is always quite daunting, as it should be. There must have been evidence to support the presence of ATS and then may be the APA was unexpectedly reminded of its 1969 "resolution" to protect abortion at any cost. The report of the APA Task Force on Mental Health and Abortion[6], mirrors the Guttmacher Institute findings which claim that repeated studies since the early 1980s, with leading experts have concluded that abortion does not pose a hazard to women's mental health[7].The Guttmacher Institute is one of the many organizations that Planned Parenthood use to promote abortion under the banner of protective women health and reproductive pro choice rights. It seems contradictory to use the term pro choice since Planned Parenthood offer only one choice and that is abortion, usually if someone choose something they have to choose it from various other options and that seems not to be the case since abortion is the only offered choice. It is important to be reminded that the founder of Planned Parenthood Margaret Sanger who described in her "Plan for Peace," as a strategy for eradication of those she deemed "feebleminded." Among the steps included were immigration restrictions; compulsory sterilization; and segregation to a lifetime of farm work. One would have hoped that the APA could have taken a neutral position on abortion similar to the Royal College of Psychiatrists which states "The specific issue of whether or not induced abortion has harmful effects on women's mental health remains to be fully resolved. The current research evidence base is inconclusive – some studies indicate no evidence of harm, whilst other studies identify a range of mental disorders following abortion" [8].

Studies Confirming the Presence of Ats

A study of 155 women in South Africa who had abortions compared their symptoms before abortion and at one month and three months after abortion [9]. Almost one-fifth of the women had symptoms that met the criteria for PTSD, leading the authors to conclude that "high rates of PTSD characterize women who have undergone voluntary pregnancy termination." Further, at three months after the abortions, the number of women with PTSD had increased by 61 percent compared to before the abortion[9]. Induced abortion was found to increase the risks for mood disorders substantial enough to provoke attempts of self-harm[10]. Since preterm delivery and depression are important conditions in women's health, avoidance of induced abortion has potential as a strategy to reduce their prevalence[10]. Abortion was also linked to higher rates of sleep disorders, anxiety disorders, depression, substance abuse, and suicide[11]. In another study up to 25% of women met criteria for PTSD 1 month post the spontaneous abortion and 7% met criteria at 4 months[12]. This study recommended that physicians should refer women who are experiencing traumatic

stress following a spontaneous abortion to behavioral health professional[12]. So if ATS or PTSD are not a complication of abortion what type of mental health treatment will these women expect to receive?

Many women who undergo abortion believe that abortion kills a living being even if performed during the first trimester, they described their abortion as a traumatic event that have changed their life forever, it haunts their dreams, and it colors their every waking moment[13]. These finding coincide with another study that found women undergoing abortion who saw the fetus were most susceptible to psychological distress, including nightmares, flashbacks, and unwanted thoughts related to the procedure, thus suggesting that these women identified the fetus as a living person[14]. One is left to wonder if these women should be diagnosed as being delusional since ATS does not exist.It is unfortunate and regrettable that the APA is totally committed to promote abortion as a procedure that is free from any psychiatric complication except in certain patients with preexisting psychiatric conditions. If that the case what is the diagnosis that will describe the post abortion stress symptoms that have been constantly reported by many women.?

Some studies that refute the causal relationship between abortion and ATS have concluded that PTSD can result from the physical pain that is sometime associated with abortion but not as psychological complication of abortion. However other studies have concluded that women who developed PTSD, experienced it as result of the abortion itself and not as a complication of the amount of physical pain they experience during that procedure[9,15]. The authors of other studies have called for more screening to be done on women prior to abortion in order to "help identify women at risk of PTSD and provide follow-up care." However, there is no evidence that abortion alleviates any psychological symptoms in women as claimed by the APA report and abortion has been in fact linked to increased mental health problems - including PTSD[15,16]. Another evidence that is suppressed in favor of refuting the existence of ATS, is ignoring studies that have documented the occurrence of acute stress disorder in as many as 10 percent and PTSD up to 1 percent in women who experienced spontaneous abortion[15,16]. A study from New Zealand which was designed and completed by a pro-choice not a pro-life advocate found that young women who had an abortion had elevated rates of subsequent mental health problems including depression, anxiety, suicidal behaviors and substance abuse disorders[17]. This association persisted after adjustment for confounding factors took into account social background, education, ethnicity, previous mental health and exposure to sexual abuse[17]. Symptoms of re-experiencing and avoidance have also occurred after elective surgical abortion and represented a significant clinical problem leading to the recommendation of instituting psychological screening and intervention as a useful adjunct to elective abortion procedures[17,18]. The national comorbidity survey found abortion to be related to an increased risk for a variety of mental health problems including panic attacks, panic disorder, agoraphobia, PTSD, bipolar disorder, major depression and substance abuse disorders after statistical controls were instituted for a wide range of personal, situational, and demographic variables[19]. Another relatively consistent finding [19] is that women who feel coerced to abort or are ambivalent about their decision at the time of the procedure are most likely to experience regret, depression, and anger. Women whose coping style involves avoiding responsibility are also prone to post-abortion distress[20]. Despite the contention that abortion does not cause long term psychological trauma[1]. The existence of some post-abortion distress in even a small percentage of those women is enough to indicate a need for pre and post-abortion psychological interventions[19-21].

Real World Situations

Psychiatrists who refute the presence of ATS lament the fact that any public policy that acknowledges its presence as "Being determined on the basis of assumptions and preconceived beliefs rather than on research"[1]. Would such unfortunate fact be also applied to the proponents of abortion on demand who consistently denies the personhood of the unborn child. How would these proponents explain the fact that a person who kill a pregnant woman would be charged with double murders and a person who physically abuse a woman and that abuse lead to an abortion would also be charged with committing a murder how could this be if the unborn child is not a person. And in the later case if the woman who survived the abuse but lost the pregnancy develops psychological complications related to the abortion would these be fabricated symptoms?. How can the medical profession justifies the fact that many of the pharmacological interventions in medicine are based

on theories and hypotheses, and the exact mechanism of actions of most medications is still not well known. Despite these realities, pharmaceutical companies are still producing medications that we all use without questioning the assumptions about their mechanism of actions. No one had described these presumed mechanisms of action as being fabricated for the sake of promoting the production and distribution of these medications. Several pharmaceutical companies have settled multimillion law suits for only publicizing and promoting the positive outcomes of their studies while ignoring and even hiding the negative outcomes related to their products Denying the presence of ATS bears a striking resemblance to the pharmaceutical companies behaviors, after all pharmaceutical companies are big and profitable industries so are all the abortion clinics which could qualifiyto receive federal tax payers funding, while Crisis pregnancy centers that offer alternative choices to abortion are denied any Federal funds. An important document of the Elliot Institute's model legislation, entitled "Protection from High Risk and Coerced Abortion Act"[22] would require abortion providers to screen women for evidence that they are being coerced or forced into unwanted abortions and for other risk factors that are likely to put them at risk for PTSD and other problems after abortion. The APA report[6] by following the Guttmacher Institute guidelines[7] is agreeing in essence with the Planned Parenthood philosophy which focus all efforts on getting the consent to perform the abortion. Young pregnant women who have not completely matured cognitively and emotionally are told abortion is similar to a tooth extraction and that when they walk out of the abortion clinic they will be free from the burden of carrying "that unwanted thing". According to a published report even a tooth extraction can cause PTSD[23]. In a state of confusion, helplessness and hopelessness, pregnant adolescents are not screened for possible mental conditions and are just offered only one option abortion. To blame the occurrence of PTSD after abortion on a history of psychological, emotional, or social problems does not refute the possibility of its developing after abortion and as a result of abortion. What is the APA position on preventing psychological complications in those with preexisting psychiatric conditions? Is there any advocacy for abstinence as a way of preventing unwanted pregnancy, are there any efforts to prevent repeated abortions since approximately 45% of all abortions are now repeat abortions[24,25]?. The risk of falling into a repeat abortion pattern should be discussed with any person considering her first abortion. Since women who have more than one abortion are at a significantly increased risk of suffering physical and psychological sequelae, these heightened risks should be thoroughly discussed with women seeking abortions. If ATS is a fabricated condition then psychiatrists should have no role in treating patients who present with psychological complications related to their abortions, is that what the APA is advocating?.

A strong delayed post-abortion reaction that occurred in a patient, underscored the need for psychotherapists to ensure that the political importance of protecting women's right to reproductive choice does not obstruct the exploration of complex emotions that may be associated with a voluntary induced abortion[26] According to the Guttmacher Institute's reports[7], one in three women in this country will have had an abortion by age 45 years with an annual estimates of 1.2 million abortions. That is a frightening reality. That number of annual abortions is approximately equal to the total number of HIV infected patients in Africa and is also equal to the whole population of the State of New Hampshire or the State of Maine and nearly double the population of the State of Vermont, or the State of Montana or the State of Delaware. How does the argument "Every unwanted pregnancy should end with an abortion" affect the lives of the many infertile couples in this country who desire to raise children and find their efforts unsuccessful, and at time are overwhelmed with frustration, despair, and helplessness while trying to adopt children overseas due to the declining number of available new born adoption in the US [27].

Abortion Effects on Health Professionals

An alarming precedent have been set which stated that despite each physician's freedom to choose his or her mode of practice and which services to provide, a physician with a moral viewpoint that would oppose elective abortion options should consider practicing in another area of medicine[28]. Would these physicians experience any distress as a result of such mandates? Will they be at risk of losing their licensure? Will they be denied board recertification?. And what would happen to medical students or residents in training who object to elective abortion?. Would they obtain a failing grades or be expelled from their obstetric and gynecology rotation. Would they develop symptoms

of psychological stress?. Health professional who object to abortion and are exposed or witness elective abortion as a result of their professional occupation have been reported to feel guilt, shame and re experiencing symptoms[9]. What will their diagnosis be if they seek mental health treatment?.

Can Ats Affect Men?

The issue of abortion typically has been categorized as a "women's issue". Men whose partners choose to terminate a pregnancy are also affected by the abortion decision. Psychological and psychopathological complications could occur in the face of lost fatherhood. Elective abortion, particularly when it is revealed months after the fact, can bring to the surface childhood feelings of voicelessness and worthlessness in men[30]. These feelings could trigger anxiety and ATS in men. Obviously, men must constitute a target group in efforts to prevent abortions[31]. It may behoove the deniers of ATS existence to consider the risk factors for post abortion psychological distress in men which may include being excluded from the abortion decision, moral conviction against abortion, married men whose spouses abort against their will and men who are ambivalent about the abortion decision.

What Would the Future Hold?

Research on the connection between ATS and PTSD and abortion is not plentiful in part because many women refuse to participate in follow-up studies. The literature regarding psychological sequelae is frequently confusing and weakened by methodological problems.The contentions that confirm an absence of harm from abortion are mostly based on studies which had one or more of the following limitations: a) absence of comprehensive assessment of mental disorders; b) lack of comparison groups; and c) limited statistical controls[17]. There is general agreement that uncertainty persists regarding the psychological sequelae of abortion. Inconsistencies of interpretation stem from a lack of consensus about the symptoms, severity, and duration of mental disorder. In addition, opinions differ based on individual case studies and there is no national reporting system or adequate follow up system. Frequently, reviews combine studies conducted prior to and after the 1973 Supreme Court decision, mix elective abortion with those induced for medical reasons, or fail to distinguish between abortions performed early or late in gestation[32]. A review of the available literature suggests that women at particular risk for postabortion stress reactions are those who were pressured/coerced to have the abortion, felt ambivalent about the abortion decision, were raised in a religious home environment. experienced more than one abortion, had abortions for fetal anomalies or other medical problems, were awake during the procedure, became recently pregnant with a "wanted" child; had existing children at the time of the abortion and those who are young and unmarried[33]. There are personal accounts of women who attributed mental health problems to their abortions and seek help from both licensed mental health providers and lay post-abortion peer support groups. Some of the evidence even include signed suicidal notes attributing their suicides to their abortions as in the widely covered case of Emma Beck, the 30-year-old woman artist who hung herself at her home in England after the abortion of her twin babies and left a suicide note that read "I should never have had an abortion. I see now I would have been a good mum. I told everyone I didn't want to do it, even at the hospital. I was frightened, now it is too late. I died when my babies died." [34].

An Appeal

Despite all the efforts that are implemented to deny and refute the psychological complications of elective abortion by attributing them to preexisting mental problems. Human conscience even in those who deny the personhood of the unborn child will prevail and recognize that elective abortion cause suffering and could precipitate ATS and PTSD. It has been demonstrated that an earlier and intellectually richer conception of conscience, in contrast with common contemporary formulations, makes the judgments of conscience accountable to reason, open to critique, and protected from becoming a bastion for bigotry, idiosyncrasy, and personal bias[36]. So for the sake of, women, men and health professional who experience psychological distress due to induced voluntary abortions: "Do not invalidate their pain, and suffering by denying the existence of ATS at least not yet?".

Acknowledgments

Sincere appreciation to Drs, Robert W. Hierholzer, Avak A. Howsepian, Donald M. Hilty, David Gellerman and Tanya Aaen for their support and thankfulness to my wife Lynn and children, Andrea and her husband Nic, Andrew and Adam,my sisters Hoda and Héla, and my brother Hadi for their encouragement.

Conflicts of Interests

No conflicts of interests. The materials described in this manuscript are those of the author and do not reflects the views of the Department of Veterans Affairs or the VA Northern California Health Care System or the Department of Psychiatry at UC Davis, School of Medicine, Sacramento, California

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Citation: **Hani Raoul Khouzam**. *Abortion Trauma Syndrome can not and Should not be Dismissed. Archives of Neurology and Neuro Disorders. 2018; 1(2): 20-26.*