

The Post-Abortion Review

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Supreme Court Refuses to Hear McCorvey Case

Despite Ruling, Elliot Institute Still Has Hope that Abortion Can Be Overturned

The U.S. Supreme Court has refused to hear Norma McCorvey's petition to overturn *Roe v. Wade*, the 1973 case that legalized abortion.

McCorvey, the former "Jane Roe" of *Roe*, had asked the Supreme Court to review her case based on new evidence that abortion is harmful to women. Attorneys for the Texas-based Justice Foundation filed a petition with the Supreme Court in January under a rule that allows a party in a Supreme Court case to later ask the Court to reverse their ruling if new evidence shows the decision is no longer just.

McCorvey presented more than 5,300 pages of evidence to support her case, including testimony from former abortion clinic workers and medical and scientific experts—including the Elliot Institute—and more than a thousand affidavits from women who say they were harmed by their abortions.

The Supreme Court announced Feb. 22 that it would not hear the case, entitled *McCorvey vs. Hill*, but declined to comment on the reasons behind the decision. Allan Parker, president of the Justice Foundation and lead attorney in the case, said that it was "disturbing that the highest court in the land is not willing to consider the compelling and significant scientific and medical evidence and at least formally reevaluate its far-reaching decision."

Parker also pointed out that the Court's decision was not a comment on the merits of McCorvey's case.

"A denial is not a reaffirmation of *Roe v. Wade*," he said. "We believe this decision sends an important message that the High Court needs compassionate judges who care about the pain and suffering of women hurt by abortion."

The Justice Foundation has not yet indicated what further action, if any, they will take at this point. The Supreme Court's refusal to hear the case left standing a decision by the Fifth Circuit Court of Appeals, which heard the case in 2004, that the Texas law prohibiting abortions that was initially challenged in *Roe* was no longer valid and that McCorvey's case is now moot.

However, one member of the panel, Judge Edith Jones, wrote in a concurring opinion that the evidence presented "goes to the heart of the balance *Roe* struck between the choice of a mother and the

life of her unborn child," and that she "fervently hoped that the Court would someday acknowledge such developments and re-evaluate" the case.

Elliot Institute director Dr. David Reardon also noted that in issuing its ruling in the case, the appellate court left open one possible course of action when it noted in a footnote that "an exception to this mootness rule exists where there is evidence, or a legitimate reason to believe, that the state will reenact the statute or one that is substantially similar."

The case can begin all over again with a new motion in district court.

"Norma also retains the right to file a new motion with every change of facts in law," Reardon explained. "The quickest way to force another round of motions is to ask the state legislature to amend the abortion ban that is already on the books in Texas with a statement stating the pre-*Roe* ban shall not be repealed by implication, but only with the express permission of the legislature."

This would mean that the case would have to be all over again at the district level, Reardon said, adding that this type of amendment would take two of the legal issues that were raised by the courts—that the motion is untimely and that the law is moot—out of the way.

Reardon said the evidence presented to the courts in McCorvey's case, showing that abortion is dangerous to women both physically and psychologically, is "overwhelming."

"It is my hope that Norma and the Justice Foundation will continue to take every opportunity open to them to get the Supreme Court to revisit this case," he added.

Reardon also pointed to a model bill by the Elliot Institute that would require abortion businesses to screen patients for risk factors and hold abortionists accountable for performing unwanted, unnecessary, and unsafe abortions. A copy of the bill is posted online at www.afterabortion.info/leg.

"I believe this legislation will eliminate up to 99 percent of all abortions, both chemical and surgical, legal and illegal," he said. "Even pro-abortion justices will be hard pressed to deny that abortionists should have to prove that the abortions they perform are helping, not harming, women, and that they should be held accountable for performing abortions that put women at risk."

Study: Trauma Symptoms Common After Abortion

Women Attribute Substance Abuse, Sexual Disorders, Suicidal Thoughts to Abortion

Post-traumatic reactions to induced abortion may be far more common than previously thought, according to a new Elliot Institute study published in the *Medical Science Monitor*.

Sixty-five percent of American women studied experienced multiple symptoms of post-traumatic stress disorder (PTSD), which they attributed to their abortions. Just over 14 percent reported all the symptoms necessary for a clinical diagnosis of abortion-induced post-traumatic stress disorder.

Researchers from the Institute for Pregnancy Loss, Bowling Green State University, and the Elliot Institute gathered data from women seeking general health care at clinics and hospitals in the U.S. and Russia. Women with a history of pregnancy loss, including miscarriage or abortion, were asked to complete an extensive questionnaire about their experiences.

The subsample used in this study included 331 Russian women and 217 American women. American women were significantly more likely to report traumatic reactions they attributed to their abortions, while Russian women were more likely to report disruption of cognitive schema, which is described as the equivalent of one's "psychological road map" for understanding the world and one's place in it.

Both Russian and American women were more likely to experience negative reactions to abortion if they had prior negative opinions of abortion, felt pressured into unwanted abortions, were more religious, or received little or no counseling prior to the abortion.

American women were more likely to report being exposed to one or more of these risk factors. For example, 64 percent of American women felt pressured by others to choose abortion compared to 37 percent of Russian women. In addition, only 25 percent of American women reported receiving adequate counseling prior to their abortions compared to 64 percent of Russian women.

The women studied reported more negative reactions to abortion than positive ones. The most commonly reported positive reaction was relief, but only 7 percent of Russian women and 14 percent of

American women attributed this feeling to their abortions.

American women were more likely to attribute to their abortion subsequent thoughts of suicide (36%), increased use of drugs or alcohol (27%), sexual problems (24%), relationship problems (27%), feelings of guilt (78 percent), and an inability to forgive themselves (62%). Approximately two percent of the American women studied attributed a subsequent psychiatric hospitalization to their abortion.

According to lead author Dr. Vincent Rue, a traumatologist who heads the Institute for Pregnancy Loss, this is

the first published study to compare reactions to abortion among women in two different countries.

"This study is also the first to provide a detailed breakdown of traumatic symptoms which the subjects themselves attribute to their abortions," Rue said. "These results will help mental health workers to be better prepared to recognize and treat the psychological complications of abortion."

While this new study focuses on traumatic reactions to abortion, it follows on the heels of nearly a dozen other peer-reviewed studies published in the last three years linking abortion to increased risk of depression, anxiety, substance abuse, and suicidal behavior.

Recent studies have also linked abortion to higher rates of death from heart disease, which investigators believe may be a long term effect of elevated rates of anxiety and depression. Because of the increasing concern about the mental health effects of abortion on women, legislation has been introduced in Congress to expand funding for treatment programs for women who are struggling after abortion and research on post-abortion trauma.

* * *

Source

VM Rue, et. al., "Induced abortion and traumatic stress: A preliminary comparison of American and Russian women," *Medical Science Monitor* 10(10): SR5-16 (2004). Download a free copy at the medical journal's web site at www.medscimonit.com.

This is the first research to compare abortion reactions from two different countries.

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Recent Research

Abortion's Harm to Women

1. Risk of Death

Compared to women who give birth, women who abort have an elevated risk of death from all causes that persists for at least eight years, especially deaths from suicide and accidents. This may contribute to 2,000-5,000 more deaths among women nationwide each year (*Southern Medical Journal*, 2002).

2. Clinical Depression

Compared to women who carry their first unintended pregnancies to term, women who abort their first pregnancies are at significantly higher risk of clinical depression as measured an average of eight years after their pregnancies (*British Medical Journal*, 2002).

3. Psychiatric Hospitalization

A review of the medical records of 56,741 California Medicaid patients revealed that women who aborted were 160 percent more likely than delivering women to be hospitalized for psychiatric treatment in the first 90 days following abortion or delivery. Rates of psychiatric treatment remained significantly higher for at least four years (*Canadian Medical Association Journal*, 2003).

4. Substance Abuse

Women who abort are five times more likely to subsequently abuse drugs or alcohol than women who deliver (*American Journal of Drug and Alcohol Abuse*, 2000).

5. Substance Abuse

In this first study comparing women with unintended first pregnancies, those who aborted were more likely to report, an average of four years later, more frequent and recent use of alcohol, marijuana, and cocaine compared to women who gave birth (*American Journal of Drug & Alcohol Abuse*, 2004).

6. Outpatient Psychiatric Care

Analysis of California Medicaid records shows that women who have abortions subsequently require significantly more treatments for psychiatric illness through outpatient care (*American Journal of Orthopsychiatry*, 2002).

7. Long-Term Clinical Depression

Compared to women who gave birth, women who had abortions were 65 percent more likely to be at risk of long-term clinical depression after controlling for age, race, education, marital status, history of divorce, income, and prior psychiatric state (*Medical Science Monitor*, 2003).

8. Effect on Children

The children of women who have had abortions have less supportive home environments and more behavioral problems than the children of women without a history of abortion. This finding supports the view that abortion may negatively affect bonding with subsequent children, disturb mothering skills, and otherwise impact a woman's psychological stability (*Journal of Child Psychology and Psychiatry*, 2002).

9. Substance Abuse During Subsequent Pregnancies

Among women delivering a pregnancy for the first time, women with a history of abortion are five times more likely to use illicit drugs and two times more likely to use alcohol *during* their pregnancies. This substance use places their unborn children at risk of birth defects, low birth weight, and death (*American Journal of Obstetrics and Gynecology*, Dec. 2002).

10. Screening for Risk Factors

This study is an analysis of 63 medical studies that identify risk factors that predict negative psychological reactions to abortion. The review concludes that the number of women suffering from negative emotional reactions to abortion could be dramatically reduced if abortion clinics screened women for these risk factors (*The Journal of Contemporary Health Law and Policy*, 2004).

11. Symptoms of Post-Traumatic Stress Disorder

In a study of American and Russian women who had abortions, 65 percent of American women experienced multiple symptoms of post-traumatic stress disorder (PTSD), which they attributed to their abortions. Slightly over 14 percent reported all the symptoms necessary for a clinical diagnosis of abortion induced PTSD (*Medical Science Monitor*, 2004).

12. Anxiety

Researchers compared women who had no prior history of anxiety and who had experienced a first, unintended pregnancy. Women who aborted were 30 percent more likely to subsequently report all the symptoms associated with a diagnosis for generalized anxiety disorder (GAD), compared to women who carried to term (*Journal of Anxiety Disorders*, 2005).

* * *

The Elliot Institute was involved in all of the studies listed above. For more information on this research, including citations and links to the published studies, and for other fact sheets on abortion, visit www.afterabortion.org/news. Feel free to copy and distribute this page.

When the Freedom to Choose Isn't

Theresa Burke, Ph.D., with David Reardon

Many people mistakenly assume that no woman has an abortion if she does not want one. In fact, while many women believe they *need* an abortion, very few, if any, *want* an abortion. This reality is described in a rather famous line by pro-life feminist Frederica Mathewes-Green, who wrote: “No woman wants an abortion as she wants an ice cream cone or a Porsche. She wants an abortion as an animal caught in a trap wants to gnaw off its own leg.”

This quote was widely circulated by Planned Parenthood and other advocates of abortion, but the next two sentences from Mathewes-Green’s insightful commentary were not included: “Abortion is a tragic attempt to escape a desperate situation by an act of violence and self-loss. Abortion is not a sign that women are free, but a sign that they are desperate.”

Abortion is not a sign that women are free, but a sign that women are desperate.

Many of the problems that follow abortion are not due solely to the traumatic effects of the surgery itself. Often, they are simply a magnification of problems that existed beforehand.

In other cases, the problems stem back to the flawed, misinformed, compromising, self-defeating, or simply short-sighted *decision* to have an abortion. For many women, the decision to abort is itself sufficient to provoke feelings of depression, guilt, shame, and more.

To escape the trap of a crisis pregnancy, women who abort must sacrifice some part of themselves. The experience of abortion is an experience of violence. The decision to expose oneself to abortion often entails a betrayal of one’s own moral values or maternal instincts, and thereby a loss of some part of oneself. As psychiatrist and abortionist Dr. Julius Fogel observed: “This is a part of her own life. When she destroys a pregnancy, she is destroying herself . . . I know that as a psychiatrist.”

Any number of factors can drive women to this act of desperation, such as fear of change, self-doubt, or the advice or pressure of other people. In addition, women may also be driven to choose abortion by psychological compulsions, such as sexual abuse or prior abortions, which incline them to reenact previous losses through abortion.

The notion that women should be “free to choose” abortion without question or hindrance is extremely dangerous. It is based on an ideal of fully informed, emancipated, emotionally stable women that is divorced from reality. In fact, most women are not well informed about the dangers abortion poses to both their psychological and physical health.

Furthermore, many women are not truly “emancipated.” Instead,

many are emotionally dependent on, or easily influenced by, parents, boyfriends, husbands, counselors, employers, or others who may want them to choose abortion far more than they want to choose it for themselves.

Even if she does not have a prior psychological illness or trauma to deal with, any woman confronted with an unintended pregnancy will face feelings of shock and fear about how the birth of a child will change her life. If a woman considering abortion is in this frame of mind, this lack of stability makes her more prone to hasty, ill-considered, or self-destructive decisions.

The destabilizing effects of a surprise pregnancy are further aggravated by the great hormonal shifts that occur during early pregnancy. These chemical changes in a woman’s body may make her feel more emotional, dependent, exhausted, and physically

ill and weak. Any and all of these factors can degrade her ability to make an informed and well-considered decision about abortion.

Flawed Decision Making

For most women, abortion is more likely to be perceived as an “evil necessity” than a great civil right. Indeed, a major *Los Angeles Times* poll found that 74 percent of women who admitted having had an abortion stated that they believe abortion is morally wrong.

The fact that most women having abortions see them as posing a moral dilemma is itself problematic. Moral dilemmas, by their very nature, involve emotional and intellectual conflict about the options from which one must choose.

This conflict produces feelings of ambivalence, tension, and, for many, a powerful sense of crisis in their lives. Many women feel completely overwhelmed by their situation. Under such pressures, many will rush into an abortion without ever examining the full range of their beliefs, needs, and feelings.

Joanna, for example, rushed into an abortion without taking the time to emotionally connect with her own latent maternal desires:

Everything happened too fast. When I found out I was pregnant I panicked. The woman at the clinic told me I’d better decide quickly. I was afraid to tell my parents. I wanted to spare my father the disappointment I knew he would feel that I had gotten myself into this situation. . . . Abortion is not what I really wanted. But I acted so fast, without thinking. I wanted to have that baby, but I was afraid.

Experts on crisis counseling have found that those who are in a state of crisis are more vulnerable to outside influences than they

would be in a non-crisis situation. The state of crisis, especially when it involves moral dilemmas, causes people to have less trust in their own opinions and abilities to make the right decision. This leads them into a state of “heightened psychological accessibility” in which they become more reliant on the opinions of others, especially authority figures.

When faced with such a crisis situation, “a relatively minor force, acting for a relatively short time, can switch the whole balance from one side to the other—to the side of mental health or to the side of ill health.”

Persons in crisis “are often less in touch with reality and more vulnerable to change than they are in non-crisis situations.” They often experience feelings of tiredness, lethargy, hopelessness, inadequacy, confusion, anxiety and disorganization. Thus, they are more likely to stand back and let other people make their decisions for them, instead of protecting themselves from decisions that may not be in their best interests.

A person who is upset and trapped in a crisis wants to reestablish stability, and is therefore very susceptible to any influence from those who claim to be able to solve the crisis, especially those who have status or authority. Thus, with minimal effort on the part of a mental health professional, family member, minister, or male partner, an enormous amount of leverage may be exerted upon a woman whose life has been destabilized by a crisis pregnancy.

When It Isn't Her Choice

Coercion to choose abortion can be subtle or overt. In Mary's case, there was no subtlety at all:

The night I told him I was pregnant, he destroyed our apartment. He was screaming at me, telling me I was a whore, slut, pig, you name it. He told me that the kid would be retarded, abnormal, and to get rid of it. NOW! The whole time he cornered me in the bedroom, throwing things and killing me with his words. . . . The abortion ripped my world apart. Any strength I had to leave the abuse was torn away from me.

While some abusive males are happy about a pregnancy and may reduce their abusive behavior for fear of hurting their child, research indicates that being pregnant places women at higher risk of being physically attacked. These findings suggest that abusive men are more likely to reject their partner's pregnancy than to accept it. In such cases, especially if the woman resists the suggestion to abort, verbal and physical abuse is likely to escalate as part of an effort to compel the partner into submitting to an unwanted abortion.

Indeed, the leading cause of death among pregnant women is murder. In many of these murder cases, it is known that these women were killed solely because their killers wanted to stop them from giving birth to their children.

While violence against pregnant women is frighteningly common,

it is far more common for a pregnant woman's parents or boyfriend to threaten to withdraw love, approval, housing, or economic support unless she “does the best thing for everyone” and submits to an abortion. In other cases, rather than resorting to threats, the coercing party may employ the “guilt trip” game: “If you loved me, you wouldn't be doing this to me.”

This was the type of emotional blackmail employed by Cindy's boyfriend. He told her that her plans to give birth would ruin his life. When she refused to abort, she began to receive phone calls late into the night from his friends, mother, and other family members, who advised her, pressured her, and begged her to have an abortion.

Finally, her boyfriend began to threaten that he would kill himself if she did not have an abortion. Six months into her pregnancy, worn out from the battle, the nighttime phone calls, and her general state of confusion and sense of isolation, Cindy finally agreed.

She reluctantly went to a city teaching hospital and was immediately scheduled for an abortion without any interview process or inquiry about why she had waited so long. Nothing was done to identify her as a high-risk patient who was submitting to an abortion solely to please others, at the expense of her own maternal desires and moral beliefs.

Often it is a girl's parents who are pushing for the abortion. In these cases, a young girl will often hear in the parental push for abortion an unspoken message that undermines her own sense of worth. “Is parenting that bad? Would they have chosen to abort me in these circumstances?” These concerns can become quite painful, as in Maureen's case.

When I got pregnant, my mom came to my side trying to be supportive. But she was rather insistent that I have an abortion because she didn't want me to ruin my life by having a baby. . . . My mom and dad got married because she was pregnant with my older brother. I was shocked when she wanted me to abort. It was almost like she was telling me that having us had ruined her life and that she wanted to spare me from her fate. It was such a rejection!

At the time of my own crisis I looked to her for advice and counsel. I had the abortion . . . but as I look back, the whole situation really screwed me up. I developed the notion that kids would ruin my life. I had to hold onto that thought and live it because it was the only way I could make sense of my abortion. I never did have kids. I blame my mom for giving me that message. Because of her “mistake” she has us. Because of my mistakes, I have no one.

* * *

Excerpted from the book “Forbidden Grief: The Unspoken Pain of Abortion,” by Theresa Burke with David C. Reardon. © 2002 Theresa Karminski-Burke and David C. Reardon. Reprinted with permission. To order, call Acorn Books at 1-888-412-2676.

News Briefs

Women Dies in Philippines After Taking RU-486

A 23-year-old woman in the Philippines has bled to death after receiving RU-486, leading to more concerns about the safety of the drug for women.

Claudeth Aviles was taken by her family to a hospital after she was discovered in a pool of blood. Doctors told police Aviles had been given Cyrotec, which is used to treat ulcers but is also part of the RU-486 regimen, despite warnings against such use by the manufacturer. At least three women have died in the U.S. after taking the drug, and other deaths have been reported in Canada, Sweden, and Great Britain. U.S. pro-life groups have asked the FDA to withdraw approval for RU-486 to protect women's health.

* * *

Parents Sue After School Gives Morning-After Pill to Their Disabled 15-Year-Old Daughter

The parents of a disabled 15-year-old Wyoming girl have filed a lawsuit after learning that her school took her to get the morning-after pill without their knowledge.

The lawsuit says the principal and a counselor at the school took the girl to the county health department for the morning after pill after she told them she had sex with a 23-year-old man. The lawsuit names the school district as well as the state and county and questions why no criminal charges were filed against the man for preying on a minor. The state claims that no harm occurred since the girl never actually took the pill.

* * *

Michigan Abortionist Charged With Sexual Abuse

An abortion practitioner in Michigan has been charged with sexually assaulting women after performing abortions on them.

Rodolfo Finkelstein, who works at the Women's Advisory Centers in Livonia and Bloomfield Township, faces two counts of first-degree sexual assault and five charges of criminal sexual conduct. Two women testified that Finkelstein made inappropriate advances and performed sexual acts on them after their abortions. Finkelstein, who is still working as an abortionist, could face up to life in prison if convicted on the sexual assault charges.

* * *

Judge Rules Parents Can Sue for Wrongful Death in Destruction of Embryo

A Chicago couple can file a wrong-death suit against a fertility clinic for destroying their frozen embryo, a judge has ruled.

Alison Miller and Todd Parish filed a lawsuit against the Center

for Reproduction after the clinic accidentally threw out the one fertilized egg that the couple had created. Cook County judge Jeffrey Lawrence II ruled that Illinois law says life begins at conception and that the couple is entitled to seek the same compensation as other parents whose children die. This is thought to be the first ruling to find that an embryo is a human being.

* * *

Kansas Abortionists Sue Over Criminal Investigation

Two Kansas abortion businesses have filed suit to stop state attorney general Phill Kline from seeing the medical records of 90 women who had late term abortions in that state as part of an investigation into whether any of the women were sexually abused.

Kline says Kansas law considers sexual activity among girls under 16 to be statutory rape, and that abortion clinics are therefore required to report such cases to officials. The clinics say allowing Kline to see women's abortion records violates patient privacy, but Kansas for Life issued has accused abortionist George Tiller of telling patients on his web site that their personal information could be provided to the staff of his political action committee for fundraising purposes. The statement has since been removed from the web site and Tiller's spokesperson called it a "mistake."

* * *

Woman Dies After Undergoing Abortion in Kansas

Kansas governor Kathleen Sebelius has called for an investigation into the death of a Texas woman who died in February after undergoing an abortion at a Wichita abortion business owned by George Tiller.

The woman died at a local hospital after undergoing the abortion. Sebelius has called for the state medical board to investigate her death, but pro-life groups are criticizing Sebelius for vetoing a state law in 2003 that would have toughened regulations at abortion clinics. Operation Resuce has also reported on the possible death of another woman at Tiller's abortion business in February.

Memorial Contributions

In memory of
Tom McCabe
Blanche Lynch

• • •

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Case Study, *continued from page 8*

as I felt. I went through a series of waiting rooms like this as I got my temp taken, weight, etc. Finally I was in *the* room in a paper gown, and I wanted to run.

I asked to use the restroom. I wasn't ready, I said. When I went to the restroom, I just stood at the sink, looking in the mirror at myself. I prayed out loud, "God, I am scared. I do not want to do this, but I do not know what else to do. Please, if there is any other solution, let me out of this place now!"

Years later, I know that God doesn't do hocus pocus tricks, and that we have to use our free will. It was God who brought me to the realization that this was not a good choice, but at the time, I resigned myself to what I felt was my fate.

I won't go into what happened behind that door, as my friend held my hand and cried along with me. If you have been there, you know. It was awful. I did not connect that "my pregnancy" was a child until after she was gone, my womb cleaned out. Then I could feel the places where she no longer was, and I could hear the emptiness that used to be her tiny "voice" speaking to my heart, saying, "let me live please."

I went home and fell deeply ill, fevered and delirious. I do not remember much, but apparently I had toxemia, as they had not removed all of my baby. I had to return and have the procedure repeated. This about sent me over the edge of sanity. I cried inconsolably for days on end.

Somehow, I finished up my "tour" in college, after changing my major to child development. I surrounded myself with children. I loved to nurture them, but was sickly afraid of any discipline. I pursued a career teaching preschool, where I received validation that I was a "good person" and "good with children".

Amazingly enough, after a few years, I was reunited with the love of my life, whom I mentioned in the beginning of this story. I ran into him at church and we went out for coffee. I told him *everything*, and still we were married nine months later.

My testimony is this, even after all the wretchedness of my sin, God still loved me, and even after I revealed all the ugly spots of myself to my boyfriend, he still loved me. I am blessed by this love.

Eight years later, I have stage three breast cancer, have had a double mastectomy, chemo, radiation, and am facing an impending hysterectomy. I will not bear children, I am told. Part of me bears this cross as a kind of restitution. And yet, I know God is good, and my husband and I plan to adopt over the next few years.

I do not want to make it seem like everything is tied up with a bow, but I guess I just want to share that the healing continues. Every day, I want to try to un-ring that bell that led me to have an abortion. But it was rung. So I just have to trust that God is big enough.

I hope that part of this story helps someone in some way. I cannot believe I just shared all of this with strangers. But somehow, I believe I was meant to write this today.

If you have been there, you know.

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I am a very tactile, open and passionate person, so when my boyfriend, and the love of my life—whom I had known and loved for five years—told me that he wanted to wait until marriage to have a sexual relationship with me, I felt rejected and angry.

Truth be told, we had already explored this realm. I was 23, young, and ready to find (sexual) fulfillment. We broke off our engagement and went our separate ways.

It wasn't very long before I found someone who made me feel desirable and we had a short but sweet affair. After the sex part of it, though, I felt empty and realized that although I liked the physical aspect, I really was missing my sweet true love.

I decided that I would abstain from any more affairs of this kind until . . . I don't know what the rules were, just that I wanted there to be love involved along with the sex. So this is what I worked out in my head, when along came the fact that I had not gotten my period for a while.

After taking a home test and finding it to have a big PLUS on it, I made an appointment to go see my gynecologist (in other words, Planned Parenthood). The person there confirmed that I was pregnant, about eight weeks, and what did I plan to do?

I remember just freaking out: “I can't be pregnant! I am 23, I am not married, haven't finished college yet, do not have a clue what I am doing with my life. I don't have anything good to offer a child.”

Well, I was calmed down and “counseled” and assured that a quick and easy abortion would be the best solution, and that I could get pregnant later when I was married, done with school, had a job, etc. That sounded reasonable to me at the time. This

way I did not have to look like a bigger loser than I already felt myself to be at the time.

I did call my mom and tell her that I was pregnant, to which her immediate response was, “Oh, you are going to have to get an abortion. You can't be a mom right now.” She meant well, and I guess I heard it, because the next day I made my appointment.

I also made an appointment with a “counselor” who was helping me with the grieving that I was doing about my decision. I had an assignment to write a

letter to my baby and say goodbye. I was bawling that I could not protect this “thing” inside of me that I kept telling myself was just a mass of tissue. With every fiber of my body, I wanted to protect “it” and yet, in my head, I just went forward with the decision that seemed the best thing to do.

I called and canceled and rescheduled my appointment three times, in my effort for it not to be a reality. But at last the day came, and my friend drove me to the clinic. It was in a nondescript ten-story building amongst the corporate skyline. I probably had passed it a thousand times, not having the slightest awareness that it was an abortion clinic.

There was a special entrance for us to go through, and we entered through a door in the hallway that had plants and a screen dividing the hall. Later I learned that the door that I would exit from after my appointment was directly on the other side of that partition. I paid in cash at the receptionist's window. I waited in a cold metal folding chair along with other women who looked as sad and distraught

Continued on page 7

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