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New Zealand Study on Mental Health Problems May Force Doctors to Refuse Abortions

Pro-Choice Researcher Says Some Journals Rejected Politically Volatile Findings

David C. Reardon, Ph.D.

A study in New Zealand that tracked approximately 500 women from birth to 25 years of age has confirmed that young women who have abortions subsequently experience elevated rates of suicidal behaviors, depression, substance abuse, anxiety, and other mental problems.

Most significantly, the researchers found that the higher rate of subsequent mental problems could not be explained by any pre-pregnancy differences in mental health, which had been regularly evaluated over the course of the 25-year study.

According to Prof. David M. Fergusson, the lead author of the study and director of the longitudinal Christchurch Health and Development Study, the researchers had undertaken the study anticipating that they would be able to confirm the view that any problems found after abortion would be traceable to mental health problems that had existed before the abortion.

At first glance, it appeared that their data would confirm this hypothesis. The data showed that women who became pregnant before age 25 were more likely to have experienced family dysfunction and adjustment problems, were more likely to have left home at a young age, and were more likely to have entered a cohabiting relationship.

However, when these and many other factors were taken into account, the findings showed that women who had abortions were still significantly more likely to experience mental health problems. Thus, the data contradicted the hypothesis that prior mental illness or other “pre-disposing” factors could explain the differences.

“We know what people were like before they became pregnant,” Fergusson told *The New Zealand Herald*. “We take into account their social background, education, ethnicity, previous mental health, exposure to sexual abuse, and a whole mass of factors.”

The data persistently pointed toward the politically unwelcome conclusion that abortion may itself be the cause of subsequent mental health problems. So Fergusson presented his results to New Zealand’s Abortion Supervisory Committee, which is charged with ensuring that abortions in that country are conducted in

accordance with all the legal requirements. According to *The New Zealand Herald*, the committee told Fergusson that it would be “undesirable to publish the results in their ‘unclarified’ state.”

Despite his own pro-choice political beliefs, Fergusson responded to the committee with a letter stating that it would be “scientifically irresponsible” to suppress the findings simply because they touched on an explosive political issue.

In an interview about the findings with an Australian radio host, Fergusson stated: “I remain pro-choice. I am not religious. I am an atheist and a rationalist. The findings did surprise me, but the results appear to be very robust because they persist across a series of disorders

and a series of ages.”

“Abortion is a traumatic life event; that is, it involves loss, it involves grief, it involves difficulties,” he added. “And the trauma may, in fact, predispose people to having mental illness.”

Journals Reject Politically Incorrect Results

The research team of the Christchurch Health and Development Study is used to having its studies accepted by the top medical journals on first submission. After all, the collection of data from birth to adulthood of 1,265 children born in Christchurch is one of the most long-running and valuable longitudinal studies in the world.

But this study was the first from the experienced research team that touched on the contentious issue of abortion. Fergusson said the team “went to four journals, which is very unusual for us—we normally get accepted the first time.” Finally, the fourth journal accepted the study for publication.

Although he still holds a pro-choice view, Fergusson believes women and doctors should not blindly accept the unsupported claim that abortion is generally harmless or beneficial to women. He appears particularly upset by the false assurances of abortion’s safety given by the American Psychological Association (APA).

**The results of the study
were a surprise to the
pro-choice researchers.**

Human Engineering Ban Initiative Filed for November Election

Elliot Institute Finds Coalition to Regulate Genetic Alteration of Humans

An initiative to amend the state constitution to erect a preemptive ban on human engineering—defined as any act that genetically alters human gametes or “nascent human life,”—has been filed with the Missouri Secretary of State's office. The initiative is being put forward by the Coalition to Regulate Human Engineering and Human-Animal Crossbreeding, founded by the Elliot Institute.

According to Elliot Institute Dr. David Reardon (who resides in St. Charles, MO) the proposed amendment will get the “loose cannons” in bioengineering, including some Nobel Laureates, under control. He includes among the “loose canons” those who envision creating human-animal hybrids, “super-babies,” and deliberately brain-damaged babies for use as organ donors.

“These proposals sound like science fiction, but a large group of influential scientists and businessmen are diligently working to turn them into our reality,” he said. “These visionaries have signaled their intent to pursue radical biotech endeavors and earn billions through the creation of genetically enhance ‘super-babies.’ They have the money, the brainpower, and the motivation to pull it off.”

The rush for patients and profits, Reardon says, is leading researchers to cut corners—without a single law standing in their way.

“The human genome is so complex we know Murphy's Law will apply,” he said. “There will be countless mistakes and unintended effects. Experts are already warning that current experiments mixing human and animal genes may speed the crossover of animal viruses into humans, as happened with HIV and the avian flu.”

The coalition's goal is to reverse the legal presumption that any experiments involving altering human genes and human embryos that aren't specifically banned are legal. The proposed initiative would erect a preemptive ban on nearly all possible forms of human engineering.

“Our proposal will allow and encourage ethical experiments with animals,” Reardon added. “But before these technologies can be used on people, scientists will have to come to the voters to convince us that using these technologies on humans is wise and beneficial.”

“The whole point of erecting this preemptive ban is that the public should have a say about which future biotechnology will take us to. The ramifications of these technologies are too profound to be left to individual decisions of scientists or biotech entrepreneurs. Voters should get the final word on whether these human engineering projects are good for society.”

The group is launching its first initiative in Missouri to capitalize on the state and national attention already being paid to the stem cell cures initiative sponsored by the Missouri Coalition for Lifesaving Cures.

“With Missouri voters beginning to focus on the issues of stem cells and cloning, this is a great time for voters to start grappling with the larger picture of where we want to go with all of the possibilities that advances in biotechnology offer us,” Reardon said. “We're not against progress, only against the short-cuts and loose cannons which will inevitably lead to mistakes and disasters that will hurt thousands or even millions of people.”

While the initiative in Missouri is the coalition's first effort, it is preparing to pursue this same strategy through proposed referenda, legislation, and treaties worldwide.

Organizations and concerned citizens who support regulation of human engineering are encouraged to become members of the Coalition to Regulate Human Engineering and Human-Animal Crossbreeding and can learn more about it online at www.elliottinstitute.org.

Memorial Contributions

In memory of
John Erlenborn
Brandon O'Mara

Gifts to the Elliot Institute in memory of loved ones or to celebrate birthdays, anniversaries, or other special occasions will be acknowledged in this publication unless otherwise requested.

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In a 2005 statement, the APA claimed that “well-designed studies” have found that “the risk of psychological harm is low.” But Fergusson and his team note that the APA’s position paper ignored studies showing evidence of abortion’s harm and looked only at a selective sample of studies that have serious methodological flaws.

Fergusson told reporters that “it verges on scandalous that a surgical procedure that is performed on over one in 10 women has been so poorly researched and evaluated, given the debates about the psychological consequences of abortion.”

While the lack of adequate research is certainly lamentable, it is perhaps even more scandalous that many professional organizations, such as the APA, have pretended that their selective references to the literature were a sufficient basis on which to make overly broad reassurances that abortion is generally safe and beneficial.

Following Fergusson’s complaints about the selective and misleading nature of the 2005 APA statement, the APA removed the page from their Internet site. The statement can still be found through a web archive service, however (see the citations at the end of this article for the web address).

The Influence on Medicine, Law, and Politics

The reaction to the publication of the Christchurch study is heating up the political debate in the United States. The study was introduced into the official record at the senate confirmation hearings for Supreme Court Justice Samuel Alito. Also, a U.S. Congressional subcommittee chaired by Rep. Mark Souder (R-IN) has asked the National Institutes of Health (NIH) to report on what efforts the NIH is undertaking to confirm or refute Fergusson’s findings.

The impact of the study in other countries may be even more profound. According to *The New Zealand Herald*, the Christchurch study may force doctors in New Zealand to certify far fewer abortions. Approximately 98 percent of abortions in New Zealand are done under a provision in the law that only allows abortion when “the continuance of the pregnancy would result in serious danger (not being danger normally attendant upon childbirth) to the life, or to the physical or mental health, of the woman or girl.”

Doctors performing abortions in Great Britain face a similar legal problem. Indeed, the requirement to justify an abortion is even higher in British law. Doctors there are only supposed to perform abortions when the risks of physical or psychological injury from allowing the pregnancy to continue are “greater than if the pregnancy was terminated.”

Fergusson’s study reinforces a growing body of literature that shows that doctors in New Zealand, Britain and elsewhere face legal and ethical obligations to discourage or refuse contraindicated abortions.

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“Evidence Doesn't Matter,” APA Spokesperson Says

According to a spokesperson for the American Psychological Association, the APA's pro-choice position, first adopted in 1969, is based on a civil rights view, not on scientific proof of any mental health benefits arising from abortion.

The admission that ideology, not science, governs the APA's support for abortion came in response to a request by a *Washington Times* columnist for the organization's reaction to a new study from New Zealand linking abortion to mental illness (see p. 1).

The findings so surprised the research team for this study that they began reviewing the studies cited by the APA in its claims that abortion is beneficial, or at least non-harmful, to women's mental health.

The researchers concluded (1) that the APA's publications defending abortion are based on a small number of studies that had major methodological shortcomings (a view that echoes former Surgeon General C. Everett Koop's complaint in 1987 that the research on abortion was too inadequate to draw any definitive conclusions), and (2) that the APA appeared to be consistently ignoring a body of studies published in the last seven years that have shown negative effects from abortion.

The New Zealand team's criticism of the APA's selective and strong assurances of the mental health benefits of abortion prompted Warren Throckmorton, a psychologist and newspaper columnist, to call the APA for comment on Fergusson's criticisms. He was referred to an APA expert and spokesperson on abortion and women's issues, Dr. Nancy Felipe Russo.

Russo was among the leaders within the APA who, in 1969, led the organization to adopt an official position in favor of abortion as a civil right. She has subsequently been active in research and advocacy efforts opposing parental notification and mandatory informed consent statutes related to abortion.

APA Is Not Neutral On Abortion Science

When asked to comment on the New Zealand study and the pro-choice authors' criticisms of the APA, Russo told Throckmorton that the APA's position on abortion was established on the view that abortion is a civil right.

As quoted in Throckmorton's *Washington Times* column, Russo explained that the Christchurch study would have no effect on the APA's position because "to pro-choice

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Hostel Territory

Abortion in the Collective Unconscious

J. Kevin Burke, MSS/LSW

Swiss psychiatrist Carl Jung theorized that there exists a universal human consciousness which holds the collective memories, experiences, and wisdom of the human race.

While some elements of Jung's psychology are new age fluff, he articulated some useful concepts that can help us to better understand art and culture. He proposed that art might express broader themes in a society, that an artist may tap unconscious elements of individuals and mankind through the medium of music, art, and film.

This concept may be helpful to better understand the relationship between films such as the recently released *Hostel* and the nearly 50 million abortion procedures that have taken place since the Supreme Court legalized abortion in 1973.

Hostel is directed by Eli Roth and opened as a "Quentin Tarantino Presents" film upon its release in Jan. 2006. Tarantino, a director of his own brand of excessively violent films such as the *Kill Bill* series, acted as a mentor to Roth during the creation of *Hostel*.

Tarantino recently warned people of how horrifying *Hostel* really is, saying, "Be careful about the film, you might end up in a hospital at the end of the night. It's no joke. We've actually had people pass out at screenings and they had to call the paramedics."¹

What is a deeper concern, given the number of young people that will see this movie, is the graphic blending of titillating sexual content and sadistic violence.

The first stage of *Hostel* is basically a porn movie, with three young men on a European sex spree engaging in graphically represented immorality of every kind. The second stage of *Hostel* involves the young men being imprisoned in a torture chamber where wealthy businessmen pay big bucks to inflict pain upon their captured victims. The scenes of torture, dismemberment and violence perpetrated upon the characters in this film are graphic and shocking.

So where is the abortion connection?

The intelligentsia and the media elite zealously suppress the graphic truth about the nature of abortion and its traumatic aftermath. The effects of the abortion procedure on the unborn, and the trauma unleashed upon all who participate in the death of the unborn, remain largely hidden from public view.

This pain and grief lies buried deeply in the collective unconscious of our culture, where it is forbidden expression.² Like steam rising through fissures in the earth's surface, the truth about abortion

searches for ways to be expressed and released. In *Hostel*, as with other films of this genre, we find elements of this suppressed trauma, violence, and pain released through the medium of film.

In the film, immoral sexual activity leads to traumatic experiences and images of dismemberment, torture and pain—clear allegories to the relationship between the excesses of the sexual revolution and abortion on demand. The deadly fruits of the sexual revolution and *Roe v. Wade* can be found in the images of countless dismembered unborn children daily discarded at abortion centers.

The generations born since 1973 are "survivors of abortion," many of whom have lost siblings to abortion. The legalization of abortion communicates to them that their own lives were disposable contingent upon the judgment of their parents. Films such as *Hostel* may connect in some way with their collective unconscious and conscious awareness of the loss of life and the traumatic impact of 33 years of "choice" on their lives and the lives of their parents and families.

Hostel is not the first film of this genre popular among youth. Many of the "slasher/horror" films since 1973 often feature young people and sexual references or situations followed by graphic bloodshed, torture and mayhem.

The fascination of youth with such films may be further explained by looking at three interrelated factors in our society that especially impact our post-*Roe* youth and make them more vulnerable to both attraction to such movies and negative effects from their viewing:

1. This generation is more vulnerable to the impact of twisted images of sex and torture as "survivors of abortion." They have lost millions of siblings and potential classmates and friends.
2. Unhealed abortion and other trauma (such as divorce) combined with the demands of two-career households, can place severe emotional stress on parents and lead to an absence of strong emotional bonds between parents and children. Such children are more prone to developing addictions and experiencing relational instability.
3. This generation has been exposed at an early age to constant stimulation and desensitization from a continual stream of television/movies/video/computer chat, often containing graphic violence and sexual content.

Dr. Neil Malamuth, co-author of the book *Pornography and Sexual Aggression*, studied reactions to excessively violent films that are popular with youth and easily accessible at the local video store.

The suppressed trauma of abortion seeks a way to be expressed in our culture.

He found that viewers were initially disturbed and depressed by the films. However, with further viewing they became desensitized to the content and eventually found the material enjoyable.³

In these films, as with pornography, there are addictive elements at work, since each new film must increase its violent shock content to out-do its predecessors. Audiences develop a higher tolerance to the graphic content while craving increasing levels of gore and sickness.

Movies like *Hostel* act as a type of subliminal programming, as viewers may begin to associate sexual arousal with violent images and fantasies. For young men in particular, films such as *Hostel* can lead to a dark cynicism that can dim the light of innocence, trust, and joy at the deepest level of the heart and soul.

A more dangerous outcome is the message that will be internalized by some young men: violence, aggression, and pain are acceptable companions to sexual experiences. This trend does not make our daughters safer on their high school dates or at college parties.

Hostel communicates an ancient formula: sex separated from the moral law leads to an idolatrous corruption in sexuality, relationships, marriage, and family life. Its toxic fruits are suffering, violence and death.

However, the release of this trauma, violence, and pain in this film's context does not lead to a healthy cathartic release and healing. Instead it leads to a further entrenchment of the disconnect between our collective cultural trauma resulting from nearly 50 million abortions, and recovery from these wounds.

In fact, this disconnection will lead to greater self-destructive acting-out of themes related to this and other trauma. As the book *Forbidden Grief* reveals, the traumatic themes of post abortion pain can lead to emotional illness and relational dysfunction.

This should fill us with an even greater urgency to end the scourge of abortion in our land. Abortion not only ends the life of a developing child, but also deeply wounds all who participate in this action.

The fallout from abortion over time is like a cancer that seeps into countless marriages, families, and communities. This repressed unhealed toxic trauma finds a type of release in twisted films like *Hostel*, but in a form that celebrates the violence and further corrupts the soul of youth.

The lines have been clearly drawn in this culture in a battle for the heart and soul of our nation. In Jan. 2006, *Hostel*—the end game of the culture of death—held the number one spot at the box office. However, at number two was *The Chronicles of Narnia*, a powerful presentation of C.S. Lewis's timeless Christian allegory of the victory of good over evil.

The battle is raging for the hearts, minds and souls of this generation. We must boldly enter the battle, armed with the weapons of truth and love and filled with faith and hope in the ultimate victory of life over death.

Now more than ever we must work tirelessly to protect the unborn and to heal those wounded by their participation in abortion,

confident in the belief that one day, abortion—like slavery—will become a shameful relic of our past that we will never allow to rise again.

* * *

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2. See T. Burke, *Forbidden Grief: The Unspoken Pain of Abortion*, (Springfield, IL: Acorn Books, 2002). To order, call 1-888-412-2676.
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Abortion and the "Evil Baby"

Those who study childhood trauma have documented many examples of children working through a traumatic event by recreating aspects of their trauma through games, stories, and art. Therapists will often observe children playing with puppets and dolls to get a sense of what is going on in their minds and families. It can be easier to express an emotional conflict by acting it out through a puppet figure than by putting oneself through subjective introspection.

Adults, too, can engage in symbolic reenactment of trauma under the guise of games, art, music, humor, and other amusements. This type of play can provide an outlet for abortion grief by replacing it with socially acceptable acts of "baby hatred."

Themes of abortion-related guilt, rage, and anger are pervasive in modern music, art, and films. "Evil child" movies, like *Alien* and *The Omen*, reflect the demonization of children. In the popular TV series *South Park*, the story line had Kenny trying to abort his mom's baby by making her a Morning After Pill Milk Shake and using a toilet plunger on her.

Many of these images in the arts and popular culture reflect how the memory of aborted children haunts our society. The natural tendency to love and esteem babies has become a painful reminder of the unresolved grief of millions of women and men. To contain and control the unspeakable truth, the natural instinct to nurture and protect children is rejected, and in its place, the "evil baby" is envisioned as an object of mockery and the target of violence.

Excerpted from *Forbidden Grief: The Unspoken Pain of Abortion*. To order, call 1-888-412-2676.

New Zealand Study, continued from page 3

These findings underscore that fact that evidence-based medicine does not support the conjecture that abortion will protect women from “serious danger” to their mental health. Instead, the best evidence indicates that abortion is more likely to increase the risk of mental health problems. Physicians who ignore this study may no longer be able to argue that they are acting in good faith and may therefore be in violation of the law.

Record-based studies conducted by the Elliot Institute and by researchers in Finland have conclusively proven that the risk of women dying in the year following an abortion is significantly higher than the risk of death if the pregnancy is carried to term.

Since the hypothesis that the physical risks of childbirth surpass the risks associated with abortion is no longer tenable, most abortion providers have had to look to mental health advantages to justify abortion over childbirth. Unfortunately for them, however, this alternative explanation for recommending abortion no longer passes scientific muster either.

The New Zealand study, with its unsurpassed controls for possible alternative explanations, confirms the findings of several recent studies from the Elliot Institute and other researchers linking abortion to higher rates of psychiatric hospitalization, depression, generalized anxiety disorder, substance abuse, suicidal tendencies, poor bonding with and parenting of later children, and sleep disorders. This research should inevitably lead to a change in the standard of care offered to women facing problem pregnancies.

Some Women May Be At Greater Risk

“Evidence-based medicine” is a movement in medical training that encourages the questioning of “routine, accepted practices” that have not been proven to be helpful in scientific trials. If one uses the standards applied in evidence-based medicine, one can only conclude that there is insufficient evidence to support the view that abortion is generally beneficial to women. Instead, the opposite appears to be more likely.

While it is true that the practice of medicine is both an art and a science, it would appear that, given the current research, doctors who do an abortion in the hope that it will produce more good than harm for an individual woman can only justify their decisions by reference to the art of medicine, not the science.

In fact, the best available medical evidence shows that it is easier for a woman to adjust to the birth of an unintended child than it is to adjust to the emotional turmoil caused by an abortion. As social beings, it is easier for a person to adjust to having a new relationship in his or her life than it is to adjust to the loss of a relationship. In the context of abortion, adjusting to the loss is especially difficult if there any unresolved feelings of attachment, grief, or guilt.

By using known risk factors, the women who are at greatest risk of severe reactions to abortion could be easily identified. If this were done, some women who are at highest risk of negative reactions might opt for childbirth instead of abortion.

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legalize abortion, they insisted that abortion would fundamentally improve women's mental and physical health by sparing them the burden of unwanted children. But 38 million abortions later, there is still not a single statistically-validated study that has shown that abortion has actually improved the lives of women who abort compared to those who carry to term.

Instead, if you look at the data instead of consensus opinions, depression rates are up, not down, among women who have had abortions. Suicide and substance abuse are up, not down. Premature deliveries are up, not down. But instead of including this data in their statements on abortion, the APA's self-selected panels of abortion advocates continue to put politics ahead of women's well-being.

—DCR

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In a recent article published in *The Journal of Contemporary Health Law and Policy*, I identified approximately 35 studies that had identified statistically-validated risk factors that most reliably predict which women are most likely to report negative reactions.

Risk factors for maladjustment were first identified in a 1973 study published by Planned Parenthood. Since that time, numerous other researchers have further advanced our knowledge of the risk factors which should be used to screen women at highest risk.

These researchers have routinely recommended that the risk factors should be used by doctors to identify women who would benefit from more counseling, either so they can avoid contraindicated abortions or so they can receive better follow up care to help treat negative reactions.

Feeling pressured by others to consent to the abortion, having moral beliefs that abortion is wrong, or having already developed a strong maternal attachment to the baby are three of the most common risk factors.

But while screening for risk factors makes sense, in practice it is rare. There are two reasons for this; first, there are aberrations in the law that shield abortion providers from any liability for emotional complications following an abortion. This loophole means that abortion clinics can save time and money by substituting one-size-fits-all counseling for individualized screening.

The second obstacle in the way of screening is ideological. Many abortion providers insist that it is not their job to try to figure out if an abortion is more likely to hurt than help a particular woman. They see their role as to ensure that any woman who wants an abortion is provided one. But this “buyer beware” mentality is actually inconsistent with medical ethics. It is no different than

the ethic of the back-alley abortionist, which was, "If you have the money, we'll do the abortion."

Women deserve better. They deserve doctors who act like doctors. And that means doctors who are giving good medical advice based on the best available evidence and the patient's individual risk profile.

Fergusson also believes that the same rules that apply to other medical treatments should apply to abortion. He told the *New Zealand Herald*, "If we were talking about an antibiotic or an asthma risk, and someone reported adverse reactions, people would be advocating further research to evaluate risk. I can see no good reason why the same rules don't apply to abortion."

* * *

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Consensus Isn't Science

Outside the context of the abortion debate, best-selling author Michael Crichton, M.D., described the disturbing trend of "consensus science" at a Caltech lecture in 2004:

I regard consensus science as an extremely pernicious development that ought to be stopped cold in its tracks. Historically, the claim of consensus has been the first refuge of scoundrels; it is a way to avoid debate by claiming that the matter is already settled. Whenever you hear the consensus of scientists agrees on something or other, reach for your wallet, because you're being had.

Let's be clear: the work of science has nothing whatever to do with consensus. Consensus is the business of politics. Science, on the contrary, requires only one investigator who happens to be right, which means that he or she has results that are verifiable by reference to the real world. In science consensus is irrelevant. What is relevant is reproducible results. The greatest scientists in history are great precisely because they broke with the consensus.

There is no such thing as consensus science. If it's consensus, it isn't science. If it's science, it isn't consensus. Period.

Excerpted from Michael Crichton, "Aliens Cause Global Warming," Caltech Michelin Lecture, Jan. 17, 2003.

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Sleep Disorders Increase After Abortion

Study of More than 56,000 Women May Link Sleep Problems to Abortion Trauma

A new Elliot Institute study published in *Sleep*, the official journal of the Associated Professional Sleep Societies, has found that women who experienced abortion were more likely to be treated for sleep disorders or disturbances compared to women who gave birth.

The researchers examined medical records for 56,284 low-income women in California who gave birth or underwent an abortion in the first six months of 1989. They excluded women who had been treated for sleep disturbances or disorders in the 12 to 18 months prior to abortion or delivery.

The data showed that, up to four years later, women who underwent abortions were more likely to be treated for sleep disorders afterwards compared to those who gave birth. The difference was greatest during the first 180 days after the end of the pregnancy, when aborting women were approximately twice as likely to seek treatment for sleep disorders. Significant differences between aborting and child-bearing women persisted for three years.

Sleep Disorders Linked to Trauma

Numerous studies have shown that trauma victims will often experience sleep difficulties. The authors believe their findings support a growing understanding that some women may have traumatic reactions to abortion.

A study published in the *Medical Science Monitor* in 2004 found that 65 percent of American women studied experienced multiple symptoms of post-traumatic stress disorder (PTSD), which they attributed to their abortions, and over 14 percent reported all the symptoms necessary for a clinical diagnosis of abortion-induced PTSD. That study also found that 23 percent of the women reported

sleeping difficulties that they attributed to their abortions and 30 percent reported nightmares.

Elliot Institute director Dr. David Reardon, a co-author of both studies, said the prior study was limited by its reliance on women's self reported symptoms. "This new record-based study examines actual treatment rates for sleep disorders after abortion and childbirth which have been confirmed by the treating physicians and employs an appropriate control group," he said.

Reardon pointed out that the new study was limited by the fact that the authors did not have access to data on sleep disorders among women who had not been pregnant. He also said more research is needed to see if women who have abortions are more likely to experience specific symptoms of sleep disturbance and whether those symptoms may be markers for PTSD and other psychiatric problems.

The authors encouraged mental health care providers to regularly inquire about prior pregnancy loss, as identification of unresolved grief issues may improve treatment of sleep disorders, anxiety, and other psychiatric problems linked to abortion.

* * *

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