

# The Post-Abortion Review

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## Introduction to Giving Sorrow Words, Part I

New Book Reveals Women's Stories of Grief After Abortion

Melinda Tankard Reist

*Editor's Note: The following is excerpted from the Introduction to Giving Sorrow Words: Women's Stories of Grief After Abortion, to be published by Acorn Books in Aug. 2006. See the next issue of The Post-Abortion Review for Part II of this article.*

This is a book about women who don't exist.

The women who tell their stories here have all suffered abortion-related grief: a depth of grief they were not prepared for and which many carry still.

But they go unheard. Emotional trauma after an abortion is treated with disdain, dismissed by abortion advocates as an invention. A number of Australian reports, as well as recent books on abortion, give the topic scant, almost indifferent, consideration.

An international conference of abortionists, held in Queensland in Nov. 1999, devoted just one workshop to the subject. The workshop's title alone—"Reflections on a Long Cherished Belief: Psychological sequelae of abortion"—indicated a lack of a serious regard for the subject, suggesting it is merely an article of faith, a fondly held myth. The workshop tone was generally dismissive of the research on post-abortion aftermath; indeed, one participant said women were "overwhelmingly overjoyed" and even "euphoric" after an abortion.

Conventional wisdom has it that abortion is mostly trouble-free. Because of this, those who are troubled are made—indeed, often forced to be—invisible.

The grief of the women documented in this book is real. But their stories, and the stories of women like them, have been disqualified—even by those who say we must listen to women's voices and credit women's experiences.

Attitudes towards women overwhelmed by grief following abortion demonstrate a cruel indifference to women's pain. Their suffering is considered a figment of their imagination; their guilt and remorse a by-product of social/religious conditioning. In short, they are an embarrassment.

There is another constraint on their expression of grief. The politics surrounding abortion have drowned out the voices of women

harmed by it. How free are women to share their anguish when advocates extol abortion as "an act of individual self-determination," and a "rite of passage into womanhood," a "positive moral good" for women, and "a source of fulfillment, transcendence, and growth?"

Women whose lives are shattered by the abortion experience and for whom abortion was not a "maturational milestone," and who did not feel it made them a "mistress of their own destiny," are cast aside as oversensitive, psychologically unstable, victims of socially constructed guilt. Their experience is trivialized.

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**Women who are grieving  
after an abortion face a  
conspiracy of silence.**

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When an article I wrote about women's negative experiences of abortion appeared in *The Canberra Times* in 1997, a family planning figure hastily wrote in to dismiss post-abortion trauma. Similar reactions surfaced in a feminist e-mail discussion about my book which lasted several days. The project was treated with contempt by all but two participants.

One of the participants suggested that a quick on-line collection of "stories of women not hurt by abortion" be compiled. This reaction unnecessarily pits women's differing stories against each other and, once again, suggests there is only one authentic experiential reality when it comes to abortion.

A woman's abortion pain is discounted and minimized due to the prevailing view that a termination is really no big deal, an easy fix. Abortion is promoted by many who dominate the discourse on the subject as a procedure without repercussions. Because of this, attempts to discuss women's abortion suffering have been constrained.

Suffering post-aborted women feel a resentment towards a society which ignores or neglects their suffering. They are not allowed to acknowledge or mourn their loss openly. The disdain for women suffering after-abortion trauma sends the message: you're only upset because you've chosen to get upset.

*Herald Sun* writer Evelyn Tsitas epitomizes this attitude: "Abortion can be an emotional subject—particularly for people who choose to get upset about it. There is a movement taking hold called: 'I'll

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# RU-486 Linked to Population Control in Letter Found in Clinton Files

A pro-life legal organization has uncovered a letter written by a prominent member of the abortion lobby that urged the Clinton Administration to use surgical and chemical abortion as a tool to “eliminate the barely educated, unhealthy and poor segment of the country.”

The letter, written by Ron Weddington, who served as co-counsel in *Roe v. Wade*, was stored among papers at the Clinton Presidential Library in Little Rock, AR.

Judicial Watch, which published the letter, described it as “chronologically and philosophically, the foundation document for the Clinton RU-486 files.”

In the letter, dated Jan. 6, 1992, Weddington told then-president-elect Bill Clinton that programs to assist the poor would not be effective for years to come, and that population control was therefore needed to end poverty.

“The problem is that their numbers are not only replaced but increased by the birth of millions of babies to people who can’t afford to have babies,” Weddington wrote. “There, I’ve said it. It’s what we all know is true but we only whisper it, because as liberals who believe in individual rights, we view any program which might treat the disadvantaged differently as discriminatory, mean-spirited and . . . well, . . . so Republican.”

The letter urged Clinton to “use persuasion, not coercion” to convince people to have fewer children, and suggested that he involve celebrities to carry out the task.

“And, having convinced the poor that they can’t get out of poverty when they have all these extra mouths to feed, you will have to provide the means to prevent the extra mouths,” Weddington wrote. “. . . It’s time to officially recognize that people are going to have sex and what we need to do as a nation is prevent as much disease and as many poor babies as possible.”

He said the government would have to provide not only condoms and contraceptives but also “vasectomies, tubal ligations, and abortions . . . RU-486 and conventional abortions.” He accused church officials, the military, and business owners of encouraging

births in order to meet their own needs for “parishioners,” “cannon fodder,” and “cheap labor.”

“Our survival depends upon our developing a population where everyone contributes,” the letter concluded. “We don’t need more cannon fodder. We don’t need more parishioners. We don’t need more cheap labor. We don’t need more poor babies.”

The Judicial Watch report documents the aggressive efforts undertaken by members of the Clinton Administration to pressure the French and German manufacturers of RU-486 to make the drug available in the U.S.

Elliot Institute director Dr. David Reardon said that population control advocates have long seen RU-486 as a tool for controlling the number and “quality” of births, especially in the developing world.

He pointed out that, while RU-486 is not safer, more private, or less expensive than surgical abortions when it is properly administered, it can be taken into with relative ease into developing countries, even when abortion is not legally available.

“Once it is brought into developing countries, RU-486 can be easily transported and distributed,” he said. “With a little training, it can be cheaply administered by midwives. To avoid trouble with the law, or the conscience of individual patients, these abortions can be disguised under the label ‘menstrual regulation.’

“Even if questions of safety arise, the deaths and injuries suffered by women in developing countries can then be blamed on ‘oppressive’ abortion bans that deny women access to ‘safe and legal abortions.’ For population control advocates, it’s a win-win.”

At least six women in the U.S. have died after taking the drug and hundreds of adverse effects have been reported to the FDA, which has come under fire from pro-life advocates for “fast-tracking” the approval process for RU-486. Reardon said that those concerned about the health and safety of women should continue to lobby the FDA to withdraw approval for the drug.

“In the absence of any rebuke of Weddington’s recommendations,

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**RU-486 has long been  
seen as a useful tool  
for population control.**

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this letter fuels our concerns that the key supporters of RU-486 have been more concerned with promoting population control than with protecting the health and welfare of women, especially poor women,” he said. “It’s not just pro-lifers who should be concerned about this, but anyone who cares about protecting individual rights and freedom.”

For more on this issue, see Dr. Reardon’s article “The Hidden Agenda of Population Control Zealots,” on our web site at [www.afterabortion.info/PAR/V5/n4/PopConFunding.htm](http://www.afterabortion.info/PAR/V5/n4/PopConFunding.htm).

To download the Judicial Watch report, including a copy of Weddington’s letter, visit [www.judicialwatch.org/5769.shtml](http://www.judicialwatch.org/5769.shtml).

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## The “Morning After” Abortion Pill Act

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In addition to the calls to withdraw approval for RU-486, the FDA is currently embroiled in controversy over whether to allow the so-called “morning after pill” (also called “emergency contraception,” or EC) to be sold over-the-counter.

Although this drug is marketed as contraception, EC can act as an abortifacient by preventing implantation of an embryo if conception has already occurred. In addition, the safety and effectiveness of EC have not been tested (for more about the dangers and myths of EC, see my article, “The Best Kept Ugly Little Secret in America,” on-line at [www.afterabortion.info/PAR/V6/n4/birthcontrol.htm](http://www.afterabortion.info/PAR/V6/n4/birthcontrol.htm).)

In order to expose the truth about the “morning after” abortion pill, I would encourage state and federal legislators to consider a consumer protection law that would ensure that women receiving a prescription for EC are provided with a “plain language” explanation of how this hormonal therapy works.

Before providing EC to women, physicians and pharmacists would be required to obtain the woman’s signature on the following disclosure form:

*“If you have recently engaged in sexual intercourse, the sperm from your partner may have already fertilized your ovum (egg). The human embryo created at this moment is a living, genetically unique human being.*

*“Fertilization can occur in as little as fifteen minutes after intercourse. If fertilization has already occurred, the intended effect of this drug is to harden or disturb the lining of your womb in such a way as to prevent the human embryo from being implanted in your womb. As a result, the human embryo will be aborted and expelled from your body.*

*“The effectiveness rate of this drug in preventing implantation, if ovulation has already occurred, has not yet been determined.*

*“The long term effects, if any, of using this drug at this dosage level have not yet been determined. The effects of this drug, if any, on the development of an unborn child have not yet been determined.”*

Legislators might also consider adding this line:

*“The State encourages you to reflect upon the serious moral questions associated with the use of this or any other substance that may cause an irreversible loss such as abortion.”*

This line does not impose a moral view on others, but simply reminds the public that we should reflect on the moral implications of our actions.

The law should also provide that failure to obtain a signed consent form would expose the physician and/or pharmacist to lawsuits for violation of conscience and deceptive trade practices. Plaintiffs should not be required to show any other injury. A minimum award of damages might also be provided for by law.

While EC advocates will no doubt squawk about the impropriety of being forced to tell the whole truth to people who “really don’t want to know it,” the public debate this bill would provoke would in itself be extremely educational. The title alone, “The Morning After Abortion Pill Act” might do wonders to strip away the veil of deceit that surrounds “emergency contraception” and hormonal birth control methods in general.

Share this idea with pro-life legislators in your state. The truth is not only out there; it is waiting to be told.

—David C. Reardon

## Free Resources

### Learn the Facts to Counter Abortion Myths

Below is a list of free fact sheets and booklets that can be downloaded from the Elliot Institute’s new web site at [www.unfairchoice.info](http://www.unfairchoice.info). These powerful resources will equip you with the information to debunk the myths of “choice” and support solutions that are truly in favor of women.

Download free PDF files on-line at [www.unfairchoice.info/resources.htm](http://www.unfairchoice.info/resources.htm).

- Research and Key Facts
- Unwanted Abortion Fact Sheet
- Forced Abortion in America
- Portraits of Coercion
- Teen Abortion Risks (see p. 4-5 for a copy)
- Hard Cases: A New Perspective from Women Who’ve Been There

# Teen Abortion Risks Fact Sheet

*“Parents are faced with a shell of a person  
and have no idea where they lost their child.”*

—Terri, who had a secret abortion as a teen

## Suicide attempts 10 times more likely

- **Teenagers are 10 times more likely to attempt suicide if they have had an abortion in the last six months** than are teens who have not had an abortion.<sup>1</sup>
- **Teens who abort are 2 to 4 times more likely to commit suicide than adults who abort,**<sup>2</sup> and a history of abortion is likely to be associated with adolescent suicidal thinking.<sup>3</sup>
- **Overall suicide rates are 7 times higher among women who abort.**<sup>4</sup>
- **Teens who abort are more likely to develop psychological problems,**<sup>5</sup> and are nearly three times more likely to be admitted to mental health hospitals than teens in general.<sup>6</sup>
- **About 40% of teen abortions take place with no parental involvement,**<sup>7</sup> leaving their parents in the dark about subsequent emotional or physical problems.
- **Teens risk further injury or death because they are unlikely to inform parents of any physical complications.** Some examples of teens who died from complications or suicide after they had abortions without telling their parents:<sup>8</sup>
  - Holly Patterson**, California, died at age 18
  - Erica Richardson**, Maryland, died at age 16
  - Dawn Ravanell**, New York, died at age 13
  - Tamia Russell**, Detroit, died at age 15
  - Sandra Kaiser**, St. Louis, died at age 14 of suicideSandra died 3 weeks after her half-sister took her for an abortion without telling Sandra’s mother, who could have warned doctors about Sandra’s history of psychological problems that put her at risk for more problems after abortion.<sup>9</sup>
- **65% higher risk of clinical depression among women who abort.**<sup>10</sup>
- **65% experienced multiple symptoms of post-traumatic stress disorder (PTSD) among women who abort.**<sup>11</sup>
- **64% of women surveyed after abortion reported that they felt pressured by others to abort.**<sup>12</sup>

## High risk of pain, grief, life-threatening injury

- **Acute pain**  
Teens report more severe pain during the abortion procedure vs. adult women. One study of pain during 1<sup>st</sup> trimester abortions found severe acute pain comparable to childbirth or cancer. Pain scores were significantly higher for teens.<sup>13</sup>
- **Lacerations up to twice as likely**  
Teens are up to twice as likely to experience dangerous cervical lacerations during abortion compared to older women, probably because they have smaller cervixes which are more difficult to dilate or grasp with instruments.<sup>14</sup>
- **Serious infection, infertility and other complications**  
Teens are at higher risk for post-abortion infections such as pelvic inflammatory disease (PID) and endometritis because their bodies are more susceptible to infection and they are less likely than older women to follow instructions for medical care.<sup>15</sup> These infections increase their risk of infertility, hysterectomy, ectopic pregnancy, and other serious complications.<sup>16</sup>

continued ►

- **Breast cancer risk 30-50% higher**  
An early full-term birth reduces breast cancer risk by as much as 1/3, while abortion of a first pregnancy carries a 30- to 50% increased risk of breast cancer.<sup>17</sup> More than 90% of those who abort at 17 or younger have not had a previous full-term pregnancy, compared to 78% of patients age 18-19 and 49% of abortion patients overall.<sup>18</sup>
- **Teens are more likely to abort because of pressure from their parents or partner.**<sup>19</sup>
- **Teens are more likely to report being misinformed in pre-abortion counseling.**<sup>20</sup>

### Teens more likely to have riskier late-term abortions

According to the CDC, approximately 30% of abortions among teens take place at 13 weeks gestation or greater, compared to only 12% among women in general.<sup>21</sup> Late-term abortions are associated with:

- **More severe psychological complications**  
This is often because the woman wants to continue the pregnancy but ends up aborting because of pressure from others or her circumstances.<sup>22</sup> Women who have 2<sup>nd</sup>-trimester abortions are more likely to express ambivalence, regret, moral or religious objections, and to have a more favorable attitude toward the unborn child than women having 1<sup>st</sup>-trimester abortions.<sup>23</sup>
- **Higher risk of serious physical complications**  
Teens who abort in the 2<sup>nd</sup> and 3<sup>rd</sup> trimester face a greater risk of physical complications, including endometritis, intrauterine adhesions, pelvic inflammatory disease, subsequent miscarriages, ectopic pregnancies, ruptured uterus, and death.<sup>24</sup>
- **Trouble with later pregnancies for mother and baby**  
D&E abortions, frequently used in the second trimester, are associated with low birth weight in later pregnancies, which can lead to health and developmental problems for the baby, including cerebral palsy.<sup>25</sup>

### Grief, trauma and self-destructive outcomes

- **Teens who abort are twice as likely as their peers to abuse alcohol, marijuana, or cocaine.**<sup>26</sup>
- \* **Teens have greater difficulty coping** after abortion,<sup>27</sup> leading to problems such as suicide, psychological problems, substance abuse, and difficulty in relationships.
- **Negative effects on relationships and parenting.** Teens who report “being particularly fond of children” do not do as well psychologically after an abortion.<sup>28</sup> Teenagers who have abortions often have problems regarding sexuality and parenting later in life.<sup>29</sup>
- **A lonely, traumatic experience.** The abortion procedure itself is considered by many teenagers to be stressful and associated with feelings of guilt, depression, and a sense of isolation.<sup>30</sup>
- **A nightmare that doesn’t end.** Teens are more likely to report severe nightmares and to score higher on scales measuring antisocial traits, paranoia, drug abuse, and psychotic delusions than are older abortion patients.<sup>31</sup>
- **Four times higher risk of repeat abortion.** Teens who abort are likely to become pregnant again within the next few years.<sup>32</sup> Among pregnant teens, those who had a previous abortion were at least 4 times more likely to abort.<sup>33</sup>

*For additional information on post-abortion research and links to published studies, including a copy of this fact sheet with complete citations for the statistics cited above, visit [www.unfairchoice.info/resources](http://www.unfairchoice.info/resources) and click on the “Teen Fact Sheet” download.*

*This fact sheet may be freely copied and distributed.*

I grew up in a church-going family, but not a Christ-centered home. I was a good kid; I liked to see how far I could push the limits, but when it came down to the line, “no” meant no, and I listened. In high school I excelled in sports and academics. I had good friends—there were plenty of opportunities to get into trouble, but there was a group of us who liked to just hang out and we really had no problems staying away from the wrong influences. We had fun just being who we were.

I had only dated very briefly in high school; they were very good innocent experiences. I believe it was because I had a wonderful Sunday School teacher. She talked with us about the blessings of how God intended sex for marriage and the joy of waiting for marriage. Her words penetrated my heart and I knew it was the right thing to do.

My freshman year of college I was dating a young man who I had met that previous summer. We had talked about what we believed in and he knew my convictions about saving sex for my husband. Yet after a few months of dating he became impatient with waiting and forced himself on me against my protest.

After the assault I blamed myself for letting it happen; I felt it was my fault and that I could have somehow avoided it. I did not realize until much later that it was a rape. I was scared of him; therefore, I did not tell anyone what had happened.

Two months later I became sick with the flu, only this flu did not go away. A fear gripped me like none I had ever known. My head was spinning, my heart was pounding, and I was alone and terrified. Where could I go? Who could I tell? My parents would kill me. How could I explain how it happened? I would be returning to college in only a few weeks. I had to find help quickly.

Not knowing where to go for help, I went to the phone book, found the first place that offered pregnancy testing and counseling and made an appointment. I was looking for someone who could give me direction and guidance. Unfortunately the only option that was offered by the counselor was abortion. Her solution was abortion now or later—later would, according to her, require hospitalization.

I panicked when I heard this. My parents would find out if I waited. I couldn’t face that so I chose what I thought was my only option. Extremely distressed, tears streaming down my face, stifling the sobs that were now coming, I signed the papers.

A young girl in a crisis situation, obviously distressed . . . a box of Kleenex was the extent of the counsel I received. Alone, in a strange place, still in shock from finding out I had conceived, I made a decision that will be with me for the rest of my life.

Prior to my pregnancy I did not agree with abortion, but I never

thought I would have to make that decision. I did not want an abortion, but I felt I had no other choice.

After the abortion, I wanted to die. How could I live when I had just ended the life of my child? The negative feelings resulting from the rape were not eliminated by the abortion. Nothing was solved; instead, the grief was now doubled. I became severely depressed and suicidal. The pain was so intense that I would cut myself. Somehow this helped release all that was locked inside that I could not express.

I was back at college, halfway into the first semester of my sophomore year. I had been an excellent student the year before, and now I was beginning to fail my classes. Finally a concerned friend, who saw the changes taking place and recognized my need for help, confronted me. She too had been raped and could identify with my pain. She took me to a counselor, and thus began the long process of healing.

I no longer have negative feelings about the rape. Yes, I wish it did not happen, but it is in the past and God has healed that, and I have moved on. It is the abortion that I still struggle with on a daily basis. It is difficult for me, when I see a

child, not to wonder what mine would have looked like.

In my opinion an abortion is never, in any circumstances, a good solution to rape or incest or any crisis pregnancy. An abortion only adds to and compounds the trauma that has already occurred. A woman who has already been violated once does not benefit from the violent loss of her innocent child.

I feel those who support abortion in cases of rape and incest do not know what they are talking about. What they may think is an act of mercy, is no mercy at all. Abortion does not help or solve a problem—it only compounds and creates another trauma for the already grieving victim by taking away the one thing that can bring joy.

I believe that it is actually healing for a woman who has suffered a traumatic pregnancy to see the life she can bring into this world and to experience the joy that comes with that new life. People need to remember that there is a God who can take what Satan meant for evil and turn it into a beautiful, wonderful thing.

To those women who are dealing with a pregnancy as a result of a rape or incest: you are not alone. We have a God who knows us more intimately than any person ever could. He knows our deepest needs and He longs for us to know Him. He is the only one who can heal those deep wounds, and I believe rape, incest and abortion cause deep wounds to our souls. True healing can only come from the Ultimate Counselor Himself. If we allow Jesus Christ to be a part of our healing process we can be whole again.

**Abortion does not help  
or solve a problem—it  
only adds to the trauma.**

# News Briefs

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## Missouri Law Increases Penalties Against Abortion Clinics That Don't Report Sexual Abuse

A new Missouri law will strengthen penalties against organizations or individuals who fail to report sexual abuse to authorities.

The law makes it a felony for anyone to fail to report a sexual offender or to provide assistance in covering up the offender's crimes. The law comes after abortion businesses in Kansas and Indiana went to court to prevent authorities from accessing minor girls' records for the purpose of investigating sexual abuse. An undercover investigation found that staff at many clinics were willing to help cover up cases of statutory rape or sexual abuse.

\* \* \*

## "Post-Roe" Abortion Ban Passed in Louisiana

Louisiana Governor Kathleen Blanco has signed a bill that would ban abortions in Louisiana if *Roe v. Wade* is overturned.

Legislators heard testimony from women about the physical and psychological damages caused by abortions before voting overwhelmingly to pass the legislation, which would take effect immediately if the Supreme Court overturns or partially overturns *Roe*. The law would ban all abortions except in cases where the mother's life is at risk. Supporters say the law will not have to be defended against a costly lawsuit from abortion advocates and that it increases the momentum to appoint Supreme Court Justices who would vote to overturn *Roe*.

## Judge: Planned Parenthood Must Turn Over Records

A judge has ordered a Cincinnati Planned Parenthood clinic to turn over medical records on all abortion patients younger than 18 to a family that is suing over their minor daughter's abortion.

According to the lawsuit, the teen was taken to the abortion business by her 21-year-old boyfriend, who posed as her stepbrother. The family says that Planned Parenthood violated state law by failing to obtain consent from the girl's parents, and the records are needed to determine whether Planned Parenthood has a record of failing to notify parents.

\* \* \*

## "Morning-After" Pill Use Out of Control, Spanish Newspaper Reports

A Spanish newspaper alleges that the "morning after pill" is being prescribed "uncontrollably" to students there, with some teens taking the drug several times a month.

*La Opinion de la Coruña* reported that there has been an increase in the number of students who are requesting the morning-after pill in the northern region of Galicia, where it is available free of charge, and that doctors were "denouncing" the uncontrolled use of the drug. Pro-life groups in the U.S. have urged the FDA not to approve the morning-after pill for non-prescription use for fear that it will encourage teens to engage in risky sexual behavior and because of a lack of data on the impact on teen's health.

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**Giving Sorrow Words**, continued from page 1

always regret what I did and want to burn in hell for it.”

This mocking response to women’s abortion-related suffering makes them feel they’re being melodramatic, oversensitive, attention-seeking. But many women are suffering emotionally from a procedure which was portrayed as emotionally benign. They are filled with feelings of self-loss, daily haunted by their abortion experience.

“We live with that regret till the day we die and for some we were wishing we too were dead,” wrote a woman who signed her name, “Tortured.”

These women might have been told “there is nothing there,” or that their fetuses look like “scraps of paper” (the description given to one woman by a Queensland abortion counselor). But to them, these were flesh and blood babies; for them, a baby died in an abortion.

“I do not think I terminated a ‘bunch of cells’ but a real human being,” wrote Melbourne woman Marguerite, whose story appears in this book.

Their arms feel empty, they don’t like looking at babies, they cry often. They ask: What would my baby have looked like? Was it a boy or a girl? Would-have-been birthdays are quietly marked year after year.

As Margaret Nicol points out in her important work on maternal grief, it is a myth that a mother only bonds with her child after birth. A woman never forgets a pregnancy and the baby that might have been. When the baby is lost and there are no memories or visible reminders of the baby, “the feeling of emptiness and nothingness becomes pervasive and it is this uneasy and anxious void that makes women wonder if they’re going crazy.”

Women who have been callously treated after losing babies through miscarriage and stillbirth are slowly being given

recognition. Women like Glenys Collis: “But at nearly five months it all went wrong. I lost the baby. Of course it wasn’t really a baby I had lost, the doctor told me sternly. ‘Don’t cry, you silly girl. This is all part of being a woman.’”

In 1994, *The Age* published a deeply moving story about an 81-year-old woman, Mrs. Rose, who had searched for 47 years to find the place her stillborn child had been buried. Finally, she learned of a mass grave where her baby lay.

She walked around the grave, calling for her lost child. A photo of Mrs. Rose showed her pressing dirt from the mass grave to her cheek. The dirt was, she said, “the first reality I have got.”

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**It’s a myth that mothers bond with their children only after they are born.**

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“It was not the done thing to talk about grief . . . I did not cry . . . I thought about it privately,” she said.

The dirt represented the reality of her buried baby. But the woman who has aborted does not even have a handful of dirt. She has nothing to mark that there was a baby and now there is no baby. Like Mrs. Rose many years ago, it is not the done thing to talk about this grief; she bears alone the mantle of silent maternal suffering.

The significance of prenatal loss, as well as the loss of relinquishing mothers in adoption, the anguish of indigenous mothers whose children were forcibly removed under assimilation policies, and the loss of babies “which might have been” by women who are infertile, has now been acknowledged. Grief for an aborted baby is forbidden grief; it remains taboo.

\* \* \*

*Melinda Tankard Reist is an Australian writer and researcher with a special interest in women’s health, new reproductive technologies, and medical abuse of women. Her book, Giving Sorrow Words, will be published by Acorn Books in Aug. 2006. To place an advance order, call 1-888-412-2676.*



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