

Book Review

Aborted Women: Silent No More

By DAVID C. REARDON

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Reviewed by Peter J. Leithart

"It's not just babies that abortion kills. It's mothers too." That quotation, taken from a letter to the editor of the Tampa Tribune, summarizes the theme of Aborted Women, a study of the psychological and physical effects of abortion on women who have abortions. The study is based on a survey of 252 aborted women in 42 states, written testimonies from the same women, and data drawn from more restricted sociological and journalistic studies of aborted women. The author, David C. Reardon, intersperses his statistical and analytical chapters with selections, essentially verbatim, from testimonies, and this combination of statistical and anecdotal evidence achieves a powerful blend of comprehensive breadth and humane depth. Moreover, this volume is a unique contribution to the abortion debate because, for the first time, a study of aborted women is based on data that transcends the temporal limitations and geographic focus and bias of previous studies.

The women surveyed are members of WEBA, Women Exploited By Abortion, an international organization founded in 1982 to provide "spiritual and emotional healing for women who have had abortions" and to educate the public about the side effects of abortion (p. xxiii). Reardon recognizes that, due to its source, the data represent invariably negative attitudes toward abortion, but he carefully defends his contention that the survey sample is typical in age, marital status, family size, race, and number of repeat abortions. Indeed, he argues that the WEBA sample has the strength of providing a long-term view of the attitudes of aborted women, and of clearly showing that "dissatisfaction and regrets over abortion grow with time" (p- 7).

Reardon first discusses the circumstances leading up to

the abortion, the attitudes of the women prior to abortion, and the experience itself. One of the important discoveries is that the majority of women did not experience the abortion as a choice at all. Eighty-three percent of the women surveyed indicated that they would definitely have chosen against abortion if their husbands or boyfriends, abortion counselors, doctors, and family members had suggested and encouraged alternatives. Social and family pressures were generally in favor of the abortion, so much so that "nearly 55 percent of the respondents felt they had been 'very much forced' to abort by others" (p. 11). Significantly, three-quarters of the women would not have sought an abortion if it had been illegal.

Abortion counselors were found to be little more than sales staff for the abortionist; they are trained to refrain from references to the "baby," to employ euphemisms like "emptying the uterus" and "fetal tissue," and to avoid explaining the development of the fetus or addressing moral dimensions of the decision. Counselors are encouraged to tell the prospective client that a three-month-old fetus looks like a "clump of cells," a patent falsehood. In many cases, the women found that abortion is physically painful, another fact carefully concealed by abortion "counselors."

We are typically blind to the obvious. It is therefore striking when Reardon states the obvious fact that abortion is not a medically or psychologically therapeutic procedure. On the contrary, though it is often portrayed as a perfectly safe surgery, abortion causes immediate and short-term physical complications in a minimum of 10 percent of all aborted women. This, Reardon emphasizes, is a barebones minimum, since full and accurate statistics are nearly impossible to come

by. Suction curettage, or vacuum abortions, in which a cutting instrument attached to a powerful vacuum is used to cut and suck out the baby, accounts for 90 percent of all abortions. Of these, according to two studies, the immediate complication rate is about 12 percent, and the rate of major, life-threatening complications is 4000 per million. Reardon summarizes:

The nine most common major complications resulting from vacuum abortions are: infection, excessive bleeding, embolism, ripping or perforation of the uterus, anesthesia complications, convulsions, hemorrhage, cervical injury, and endotoxic shock. `Minor' complications include: minor infections, bleeding fevers and chills, second-degree burns, chronic abdominal pain, vomiting, gastro-intestinal disturbances, weight loss, painful or disrupted menstrual cycles, and resensitization (p. 95).

This range of complications is especially significant because vacuum abortions are a good deal safer than the less common dilation and curettage (D&C) and saline techniques.

Rates of long-term complications for all types of abortion are even harder to estimate, but evidence from other countries indicates that between 17 and 50 percent of all aborted women suffer long-term complications. These include sterility (3-5 percent of all aborted women), cancer, future miscarriage or life-threatening ectopic pregnancies, and complications of later pregnancies such as placenta previa and bleeding. Over 100,000 babies are lost each year by aborted women due to damage from the abortion, and these are wanted babies. The legalization of abortion, Reardon admits, may have made abortion marginally safer, but the huge increase in the total number of abortions has led to an increase in the total number of women who suffer: "Risk goes down, but numbers go up" (p. 114).

The psychological effects are equally devastating, revealed both in Reardon's careful analysis of the statistical evidence and the pattern that emerges from the testimonies of the women. A woman's ambiguity toward the morality of abortion, and her sense of being forced into it against her will, lead to guilt, remorse, and self-hatred. Feeling that they have seriously

compromised their beliefs and moral principles, many of the women were driven by the abortion experience to such self-destructive behaviors as alcohol and drug addiction, promiscuity, and suicide. Many of the women were delivered from the depths of their destructive despair by the intervention of divine grace.

The statistics show that the testimonies included in the book are not aberrations, but part of a common pattern. In a study reported in the American Journal of Psychiatry, 43 percent of the 500 women surveyed had immediate negative responses to their abortion, and in a later review of the same women, the percentage had risen to 50. At the time of the second interview, 10 percent were suffering serious psychiatric complications. Another study reported that 22 of the 84 women interviewed openly expressed their sense of guilt, 9 were suppressing guilt, and 10 were suffering severe mental health problems. In all, Reardon concludes that as many as 10 percent of aborted women require hospitalization for mental problems, and the vast majority of women suffer from minor forms of mental torture, such as extreme anger, sleeping disorders, feelings of helplessness, isolation, loneliness, and the "phantom child" syndrome in which the woman "sees" her aborted child when viewing other children.

One of the striking findings of Reardon's survey has to do with the "hard cases": rape and incest, the shibboleths of the pro-choice lobbies. Though rape and incest account for only a small percentage of the total number of aborted pregnancies, pro-choice and pro-abortion activists have been able to use both as wedges for wider acceptance of abortion rights, and as polemical weapons. What compassionate person, after all, would force a teen-age rape victim to bear the child of her attacker? Such arguments ignore the facts, Reardon claims. In general, the more difficult the circumstances surrounding the abortion, the more severe the psychological effects. Because of the psychological condition of rape and incest victims, "all of the classical `hard cases' used to argue for abortion, when examined closely, are actually among the worst circumstances under which a woman could have an abortion" (204). Far from being indications for abortion, rape and incest are in fact contraindications, and Reardon argues that no compassionate physician can

recommend abortion under such circumstances.

The most enraging chapter of this enraging book is chapter 8: "Business Before Medicine." Reardon outlines five main differences between the abortion industry and other medical and surgical services: 1) "abortion is the only medical procedure which may be advertised"; 2) "abortion is the only surgery over which there can be no government regulation"; 3) "abortion is the only surgery for which the surgeon is not obliged to inform the patient of the possible risks of the procedure, or even of the exact nature of the procedure," in short, "the only medical procedure for which legal and medical codes deny the patient the right to informed consent"; 4) "abortion is the only surgery for which physicians routinely demand payment in advance"; and 5) "abortion is the only medical procedure for which clinics pay cash awards, or finders fees', to those who bring them customers." (233-234)

Free from regulation, many abortionists are raking in the dough. One physician bragged about being able to make an extra \$30,000 a year by working one day a week at an abortuary, and another was able to perform 60 abortions per day. Maximizing profits, of course does not leave much time for cultivating a bedside manner, and routine hygienic procedures like scrubbing between cases or cleaning instruments are sometimes ignored. The lust for profits also results in the disturbing reality of abortions performed on women who are not even pregnant - 12 percent of all abortions in one clinic (p. 240).

In their combination of brutality and farce, the clinics themselves have the unsettling feel of a Fellini film; many of the women refer to the coldness, rudeness, and impersonal efficiency of the abortionist, while another recalled the "plastic smiles" and the piped-in Musak. Others mention that the doctor and nurses made crass and cutting remarks to them during the operation: one was insulted by her doctor for being overweight, another rebuked by a nurse for crying out in pain.

No doubt, such rudeness is often a cover for the physician's own moral ambiguity about his practice; one writer who interviewed a dozen abortionists noted that "There wasn't a doctor who at one time or another in

the questioning did not say, 'This is murder.'" One physician denied ever having any adverse psychological reaction, "except an occasional feeling that one was destroying life"! (p. 263).

Not only are our government authorities averting their gaze from an industry that makes millions of dollars by torturing women and dismembering unborn babies, in some cases officials are actively promoting the practice. Federal funds have, as everyone knows, been given to abortion providers, but officials contribute to the abortion industry in less public -- and therefore more deceptive - ways. One of the testimonies included in Aborted Women details a most egregious illustration of official encouragement. Finding herself pregnant as a high school student, one of the women in the WEBA sample went to her guidance counselor for advice. The counselor put her on a school bus that once a week drove pregnant schoolgirls to a local Planned Parenthood clinic for abortions, thereby enabling the girls to get abortions without raising parental suspicions. She was late returning from her surgery, and missed her bus home. Her guidance counselor came to the rescue by writing a note to her parents, explaining that she had been serving detention.

Aborted Women is not, however, without certain, fairly minor flaws. One disturbing theme is developed in the foreword, written by WEBA founder Nancyjo Mann. By concentrating on the aborted woman, Mann is striving to make abortion a woman's issue, rather than a human life issue, but in doing so she adopts some of the principles and rhetoric of feminism. One of her criticisms of the abortion mentality is that it exploits women by making them feel they must choose between raising children and having a career. She objects that the abortion mentality is the same as that of the "traditional, male-dominated social order" in that it seeks to dictate "to women what they cannot do, what they cannot handle." She apparently believes that women in fact do not have to make choices between career and children, a position that undercuts the traditional Western understanding of sex roles, and thus strikes at the roots of Western family structure. At the very least, Mann is unclear about what kind of family structure she prefers.

For his part, Reardon could have paid more attention to the social circumstances that produce aborting women, though this is of course outside the scope of the present study. Still, it would be interesting to see more information about the larger social and cultural environment of which the aborted women are a part. Such a study would be extremely valuable because, while we may acknowledge the salutary effects of pro-life legislation or judicial pronouncement, the social morality that has produced abortion runs much deeper. In order to address the abortion problem at its roots, it will be necessary to deal with the social evils and distorted moral attitudes that have encouraged the rise of the abortion industry. There are also problems with Reardon's appeal to abolish "barriers against unwed mothers." Without claiming that unwed mothers should be ostracized and ignored, institutional disincentives to single motherhood are not altogether to be condemned.

Aborted Women is an enraging book -- not, however, because Reardon is muckraker given to inflammatory rhetoric. Not at all. Mr. Reardon writes in the restrained cadences of the social scientist, carefully qualifying his points, explaining his methods, and even criticizing some abortion exposes for their irresponsible sensationalist appeal. A chapter discussing several pro-choice books is included, so Mr. Reardon's study can hardly be accused of being ideologically narrow. Reardon is also sensitive to the subtleties of the sexual politics that accompany an unwanted pregnancy. In one particularly neat piece of analysis, he shows how a boyfriend can isolate his girlfriend and, by placing the entire burden of the abortion decision on her shoulders, force her toward abortion while at the same time absolving himself of all responsibility for the decision (124-125). The testimonies of women who have had abortions condemn abortion in the strongest possible terms, but these are the words of the women, not those of the author.

In sum, Reardon has produced a masterpiece that should have the kind of effect on the abortion debate that Charles Murray has had on discussions of welfare policy. This book shows that the current state of abortion law is absolutely indefensible, whether one is an advocate for the aborted baby or his equally aborted mother, and that such an industry cannot be tolerated in a civilized society.