The Moral Injury of Abortion

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Thesis Statement

Men and women experience post-abortion trauma resulting from Moral Injury (MI) that is currently unrecognized and untreated by behavioral scientists and practitioners.

The Moral Injury of Abortion

Introduction

Abortion has always been a highly polarizing subject in the United States, dividing the country into two opposing sides, either anti-abortion (where abortion is viewed as taking the life of another human being and should be illegal) or pro-choice (women have the right to bodily autonomy and abortion should therefore remain legal). The scientific community is also divided on whether undergoing an abortion procedure (either medically or surgically) is detrimental to a woman's psychological and physical harm. Of course, when there are two polarized views of the humanity of the fetus and of the implications for women's health there will be many adherents to middle-ground views.

Researchers on both sides of the debate agree that abortion is associated with mental health issues in some women (MacNair, 2016). Over the past several decades, numerous peer-reviewed research studies have identified adverse mental health outcomes associated with abortion including substance abuse, anxiety, depression, suicidal ideation, and suicide (Coleman et al., 2005; Fergusson et al., 2006; Reardon et al., 2003; Sullins, 2016). However, the extent of harm to one's overall biopsychosocial spiritual well-being and the number of people negatively impacted remains highly contested in the scientific community. Organizations such as the American Psychological Association (APA), the American Psychiatric Association, and the National Association of Social Workers support abortion access as a constitutional right for all women (*Major Mental Health Associations Decry U.S. Supreme Court Decision Overturning Roe v. Wade*, n.d.). Because of the strong adherence to a pro-choice political view characterizing these organizations., the research they deem scientifically sound is questionable.

The scientific evidence linking abortion to negative mental health outcomes is methodologically strong (Coleman et al., 2017; Rafferty & Longbons, 2020; Rue et al., 2004; Reardon & Longbons, 2023; Roseth et al. 2022). Moreover, it is likely that there exists more unacknowledged and untreated abortion related harm than is currently recognized within the applied behavioral science field. Researchers have identified post-abortion symptoms that actually comprise the construct of Moral Injury, which is a form of trauma that can lead to devastating consequences post-abortion (Coleman, 2017; Kero & Lalos, 2000).

Moral Injury Defined

The concept of Moral Injury (MI) originated with psychiatrist Dr. Johnathan Shay's work with war veterans in 1991(Shay, 2014). In 2014, Shay broadened his original conceptualization of the construct based on work by Litz and colleagues (2009) as illustrated below.

> The term moral injury has recently begun to circulate in the literature on psychological trauma. It has been used in two related, but distinct, senses: differing mainly in the ‘who’ of moral agency. Moral injury is present when there has been (a) a betrayal of ‘what’s right’; (b) either by a person in legitimate authority (my definition), or by one’s self—‘I did it’ (Litz, Maguen, Nash, et.al.); (c) in a high stakes situation. Both forms of moral injury impair the capacity to trust and elevate despair, suicidality, and interpersonal violence. They deteriorate character (p. 182).

Since this article was published, the concept of MI has continued to grow in recognition and redefined numerous times. However, there is currently no agreed-upon operational definition of MI (Litz, et al. 2022). Litz (2009) refined the definition further and described MI as a:

> [P]otentially morally injurious event, such as perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations may be deleterious in the long-term, emotionally, psychologically, behaviorally, spiritually, and socially (what we label as moral injury), (Litz, 2009, p. 695).

MI has further been described as a syndrome and assessed as "a particular type of trauma characterized by… guilt, shame, spiritual/existential conflict, and loss of trust are identified as core symptoms. Depression, anxiety, anger, reexperiencing, self-harm, and social problems are identified as secondary symptoms" (Jinkerson, 2016, p. 122).

Because of the proliferation of interest in MI an international consortium was formed to define MI and create the Moral Injury Outcome Scale (MIOS) for future research projects. However, before defining MI, the consortium first described what constituted a potentially morally injurious event and began moving towards an established operational definition of MI, (Litz, et.al. 2022).

Moral Injury and the Abortion Connection

Preliminary evidence indicates abortion is a potential morally injurious event (PMIE) for scores of people negatively impacted by an abortion. Research reveals that aspects of MI occur post-abortion. For example, Coleman et al. (2017) found that abortion's negative impact on women includes "deep feelings of loss, existential concerns, and declines in quality of life. More specifically, common negatives included feelings about termination of a life, regret, shame, guilt, depression, anxiety, compromised self-appraisals, and self-destructive behaviors" (p. 113).

As noted by Rafferty and Longbons (2020),

> Personal testimonies were recorded from over five thousand women, and several testimonies were presented by the Justice Foundation to the Supreme Court in the 2022 Roe v Wade decision overturning. One testimonial said, "They all tell you 'It is your choice' at the moment, but you do not feel that it is. Being unable to afford it, unable to tell your loved ones, not having the help, or feeling unable to support a child. When your partner doesn't want it like you do. All these things push you, blind you to a decision that you don't realize will destroy you" (p. 5).

Moral Injury after Abortion (MI-A) Framework

An incomplete research framework obstructs a comprehensive and adequate understanding of abortion-related trauma. Without a comprehensive framework including MI-A, men and women are not provided the opportunity for readily available language to describe a particular type of trauma that arises when one transgresses against deeply held moral values and beliefs. The shared experiences of men and women are, therefore, likely to be repressed, leaving them realistically feeling unseen and unserved by the mental health profession.

Therefore, developing a specialized MI-A framework is critical to understanding the depth and breadth of mental health challenges among post-abortion women. Indeed, more researchers are beginning to recognize MI-A (Koenig & Al Zaben, 2021; Dumbo et al., 2013; Carleton & Snodgrass, 2022) that goes beyond the military context. When a woman is morally conflicted regarding abortion and goes through with the procedure, there is a high likelihood that moral injury will occur. Regrettably, without the foundation of the MI-A framework, the symptoms tend to be considered individually and the depth of women's suffering and trauma is missed leaving women feeling misunderstood and alone. Sadly, they may even be led to believe something is wrong with them when piecemeal treatment is ineffective. Often secular society blames the trauma experienced on religious beliefs, not recognizing the conscience as a

trustworthy source of the pain. Without such recognition, misinformation is relayed to the public regarding abortion rather than a more accurate description of the sources of abortion trauma and its prevalence in men, women, families, and society.

In a qualitative study published by Coleman (2017) many of the personal testimonies embody themes of MI-A. A vivid example is offered below:

> My child is dead and by my own choice. I spent years of anger, shame, and grief. It damaged my relationship with my husband, my children, and my God. For 30 years, I did not speak of it to anyone but my husband. My grief overwhelmed him and left him powerless and ashamed. For years I cried every Sunday in church, experienced dark depressions, thought of suicide, and flashes of anger (Coleman et al., 2017, p. 116).

The American Psychiatric Association's Rejection of Criteria Related to Moral Injury

In 2014, Johnathan Shay, MD, PhD, who spent 20 years working for the U.S. Department of Veterans Affairs (VA) in Boston, Massachusetts, shared his frustrations with the American Psychiatric Association where he stated:

> We have been carefully taught to believe that good character cannot change in adulthood…No bad experience can break it. The trouble with this lovely idea is that it is bunk…Over the years, the American Psychiatric Association has rejected every diagnostic concept that even hints at the possibility that bad experiences in adulthood can damage good character...I believe the stubborn American Psychiatric Association opposition comes from American attachment to this old philosophic position with its brilliant pedigree, not from empirical facts, which abundantly show the opposite (p. 184).

Personal testimonies of women reveal how their lives change after an abortion, mainly how they see themselves; they may even use words such as monster and killer (Rafferty &

Longbons, 2020, p. 5), hate themselves, feel shame, experience anger, enter into a dark depression, or lack self-confidence (Coleman, et. al., 2017, p.117). An exemplar is provided below.

> We were told we would go back to normal and it won't affect us but they were wrong!!! All I feel is emptiness and hatred. I used to be the happiest, most positive girl. All I want is to take it back (Rafferty & Longbons, 2020, p. 5).

The United States Court System Recognizes Abortion as Harmful to Women.

The South Dakota Task Force to Study Abortion Report

In 2005, the South Dakota Task Force to Study Abortion was created following a majority vote from the House and Senate. Legislatures were moved by the testimonies they heard, recognizing the need for an inquiry, and mandated further study on abortion. Part of their study included reviewing close to 2,000 testimonies from post-abortion women, and the Task Force report concluded that "a pattern of shared experiences and trauma and a common sense of loss emerge" (p. 7). Additional excerpts from the report are provided below:

> [A]fter reviewing the lengthy and considerably referenced materials and testimony presented, the Task Force finds that there is a substantial discrepancy between current medical and psychological information and the medical and psychological information conveyed by abortion facilities (including Planned Parenthood of South Dakota) to their abortion patients (p. 41).
>
> The Task Force finds that it is simply unrealistic to expect that a pregnant mother is capable of being involved in the termination of the life of her own child without risk of suffering significant psychological trauma and distress. To do so is beyond the normal, natural, and healthy capability of a woman whose natural instincts are to protect and nurture her child (p. 47-48).

The affidavits of women who aborted were submitted to the judicial system (and studied by the Task Force). They were sworn statements that would result in perjury should one be proven false. The threat of perjury, the court takes affirms the fact that the submitted testimonies are taken very seriously (Lanfranchi et al., 2018, p. 370). The Justice Foundation provided an example of an affidavit to South Dakota.

An example of an affidavit submitted to the South Dakota legislature is provided below.

> My heart is broken and longs for my child. I am ashamed of what I did. It is hard raising my children to have morals and integrity when I feel I have committed the most heinous act against my own flesh and blood. It's not easy living and working and trying to do what's right everyday while knowing that I had committed murder. How hasn't it [affected me]? Severe depression, nightmares where I see my child dragging its mangling limbs behind it as it walks towards me, knowing I've killed my own child, feelings of inadequacy as a mother to my children born afterwards. My resulting depression has had negative effects on everyone in my life.

Proponents of Abortion Within the Scientific Research Community

The pro-abortion position generally advocates abortion as not linked to negative mental health issues, but there is a claim that restricting access to abortion is associated with mental health problems (*Abortion,* n.d.).

In 2008, the American Psychological Association's (APA) Task Force on Mental Health and Abortion (TFMHA) reported that "the best scientific evidence published indicates that among adult women who have an unplanned pregnancy, the relative risk of mental health problems is no greater if they have a single elective first-trimester abortion than if they deliver that pregnancy" (p. 4). This statement, however, is very misleading due to what was excluded in their research to arrive at their conclusion regarding abortion harm. In response to their claim,

the American Association of Pro-life Obstetricians and Gynecologists (AAPLOG) issued the following statement:

> The charge of the APA Task Force was to collect, examine, and summarize peer-reviewed research published over the last 17 years about outcomes associated with abortion. It is important to note that nearly 50% of abortions are "repeat" abortions, and additionally, significant numbers of abortions are done after the first trimester. Thus, this sweeping conclusion only addresses half the women affected. So the report's conclusion (whether accurate or inaccurate), at best, pertains to only 50% of women who chose abortion. This select sample hardly represents all the women who have had an abortion experience. AAPLOG doctors are greatly concerned that the sweeping summary statement is entirely unbalanced, based, as it is, on a single study done in Great Britain in 1995. Many excellent studies, which reach a different conclusion, are inappropriately disqualified for various technical reasons. As a result of the APA's reassurance to the public of "no increased risk", informed consent for abortion-minded women will continue to be grossly one-sided, and post-abortive women with significant mental health issues may miss the opportunity to have their abortion issue addressed in therapy (*AAPLOG Response to the APA Task Force Report – Prolife OBGYNS – AAPLOG – American Association of Pro-Life Obstetricians & Gynecologists*, n.d.)

Restricting Abortion Access Leads to Economic Hardship and Insecurity.

One of the claims made by pro-abortion researchers is that women in poverty who give birth as opposed to securing an abortion will continue to suffer economic hardship (Foster et al., 2022). However, the studies used to substantiate this claim such as the Turnaway study have serious methodological flaws (Coleman, 2022).

Pro-choice researchers who assume poor women will be better off choosing abortion over birth not only ignore the research demonstrating a clear link between abortion and declines

in mental health, but they also ignore an expansive literature on the culture of poverty. Low-income families do obviously face many struggles to make ends meet, but there is also evidence of high resiliency. The cohesion of low-income families is a significant source of strength. McCubbin and McCubbin (1996) found that economically disadvantaged families demonstrate high levels of warmth, affection, and emotional support. Resilient low-income families promote family celebrations, spiritual connections, and traditions (Orthner et al., 2004). This socioemotional sense of togetherness is a major factor in the resilience of families that experience economic stress (Chadiha, 1992). Social support is another source of strength for low-income families, with ties to the community serving as a mechanism for low-income families to receive help to meet personal needs and goals (Orthner et al., 2004). McLoyd (1990) found that social support buffers the effects of economic hardship on the psychological health of single mothers. Feelings of safety and connection are more common among low-income families than feelings of being unsafe and disconnected, resulting in resilience in children and overall positive family functioning (Bowen, Richman, & Bowen, 2000).

Abortion Stigma is One of the Most Likely Causes of Negative Abortion Reactions.

In the American Psychological Association's 2008 Task Force Report the author’s note there was “no evidence sufficient to support the claim that an observed association between abortion history and mental health was caused by the abortion per se, as opposed to other factors" (p. 4). One of the primary factors they note is perceptions of abortion stigma.

Millar (2020) noted that abortion stigma research is imprecise and has become unwieldy with hypothesized impacts of a variable that has not been adequately defined. Millar cautioned, “Stigma has entered into the common sense of abortion, which can give uniformity and strength to the norms that are productive of stigma and encourage scholars to look for stigma even in cases where, potentially, none can be found. Scholars need to be cautious when assuming that

stigma organises the aspects of abortion to which it is often attributed, from subjective experience to its discursive framing; and they should interrogate the role the stigma concept plays in shaping their research and findings" (p. 6).

Despite conceptualization and measurement issues plaguing this area research, a few studies examining the association between stigma and mental health are available. In a study by Rocca et al. (2013, p. 127), the authors stated, "Several variables that were associated with increased odds of primarily negative emotions in bivariable models—history of depression, seeking the abortion for partner-related reasons, perception of abortion stigma and lack of social support—were nonsignificant in the multivariable model." Once the authors added statistical controls, the significant effect between the stigma variable and the measure of negative emotions was eliminated.

Abortion stigma is apparently an academic topic in its infancy. Until there is consensus on the meaning of stigma, distinction from related variables, and research on the antecedents and consequences, claims that abortion stigma as opposed to the abortion itself is the cause of post-abortion mental health declines are unmerited.

Abortion Proponents Claim that Women Need Abortion to Actively Participate in the Workforce.

Abortion is clearly not necessary for women to engage in meaningful work lives. Research has shown that not only do most mothers of young children work outside the home, but the majority prefer to work. Moreover, employment is associated with positive outcomes for women and their children. For example, Christopher (2012) studied a group of young mothers from Canada and the U.S., with diverse backgrounds relative to ethnicity, class, and marital status. The women reported enjoying their careers, yet many indicated that they tended to place

limits on how much they worked to remain connected to their children. A large percentage of the women sought out jobs (even high-powered professionals, such as lawyers) with employers who did not require overtime or nights on a regular basis. Most of the mothers in this study further reported that they would work even if they did not have to for financial reasons.

In a large-scale study, Buehler and O'Brien (2012) reported that mothers employed part-time had better overall health and fewer symptoms of depression than stay-at-home moms, while there were no reported differences in general health or depressive symptoms between moms employed part-time and those who worked full-time. Participants were from 10 locations across the U.S. and 24% represented ethnic minorities and 14% were single parents.

Concerning abortion harm, how can scientific research findings come up with such vastly different outcomes? Litz, said it best in a 2015 webinar titled *Moral Injury and Repair in Veterans of War* when he stated,

> Unfortunately, psychologists have totally dominated the discourse about PTSD and have not reached out to others that know about the other types of impacts – biological, behavioral, social, relational, and spiritual and the effects on the family and culture. So, the impact of trauma is multi-dimensional (U.S. Naval War College, 2015).

Indeed, there is a considerable gap in the scientific literature because of this.

After reading the 2005 "report of the South Dakota Task Force To Study Abortion" (*South Dakota Abortion Task Force Report.Pdf*, n.d., p. 1), it is clear that, as a society, we have been misled, misinformed, and even lied to, and as a result, suffered beyond comprehension.

These misrepresentations can lead to moral injury, traumatic loss, and profound grief disorder in women and men (Coleman, 2017).

As women's testimonies reveal, when they discover what the abortion truly entailed, they often realize that a human life was destroyed and that they were a perpetrator in their own babies' demise. They can no longer hide from their denial, and grief and despair follow.

Responses like this are not a new phenomenon. Biblical passages relate to the after-effects of shedding innocent blood (David, who had Uriah killed; Paul, who had Christians killed, and Judas, who betrayed Jesus Christ that, ultimately led to his death); all had to confront the reality of what they had done. David and Paul were able to reconcile with God but not Judas. He died by suicide.

Instead of running away from God, David humbled himself and ran toward God. He pleaded for mercy and forgiveness of his transgressions, asked for a clean heart, and destroyed joy (New International Version Bible, 2004, Psalm 51). Paul's encounter with Jesus Christ on the road to Damascus dramatically transformed his life. Instead of wallowing in shame for persecuting and killing Christians, Paul had no time to despair because of his love and zeal to preach the good news of Jesus Christ (New International Version Bible, 2004, Acts).

Matthew 27:3-5 states,

> When Judas, who had betrayed him, saw that Jesus was condemned, he was seized with remorse and returned the thirty silver coins to the chief priests and the elders. 'I have sinned,' he said, 'for I have betrayed innocent blood'…Then he went away and hanged himself" (New International Version Bible, 2004; Matthew 27: 3-5).

Being seized with remorse is likened to what an untold number of women with a history of abortion experience once the blindfolds come off – either through seeing an ultrasound for the first time and realizing that it is not a blob of tissue as women are often told or by finding

out how the procedure was performed or both. Also, like Judas, who went away, it is common women who abort to experience avoidance symptoms (Rue et al., 2004, p. SR7; Roseth et al., 2022), and some have suicidal thoughts (Rue et al., 2004, p. SR8).

Conclusion

Without a doubt, the construct of MI needs to more thoroughly understood with the population of women who have experienced abortion. Moral injury provides a new framework that captures and unifies the multi-dimensional aspects of post-abortion mental health decline. The expansive world-wide literature on the psychology of abortion has documented the wide-spread prevalence of symptoms of MI among abortion patients (Coleman, 2017). At this juncture, there is an urgent need to integrate our knowledge of abortion related symptoms such as shame, self-doubt, anger, self-loathing and mistrust within a MI framework. Symptoms studied in isolation result in a loss of appreciation for the magnitude of trauma wreaking havoc on women's lives.

There is likely to be resistance from the APA and other professional organizations to recognizing MI in the abortion context, given political positions that are apparently valued above compassionate care. As the MI construct is increasingly applied to post-abortion experiences, if the major professional organizations maintain a position denying MI they must be held accountable for exacerbating the deep wounds of millions of women and for failing to prevent the suffering of countless more.

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