

Clinical observations of post-abortive women at **Priceless Life**

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In our practice we often encounter women who have undergone a recognisable stressful event that has created significant symptoms; most particularly, abortion.

The Diagnostic and Statistical Manual of Mental Disorders (5th edition) published by the American Psychological Association (2013) – stresses that Post Traumatic Stress Disorder experts include abortion as a low traumatic event that could be diagnosed as PTSD if it were not so subjective.

This means that since the traumatic effects of abortions are dependent on each individual, we cannot generalise that there are no psychological effects after an abortion.

This is exactly the post abortive clinical practice we encounter at Priceless House. We are here to uphold the right of every woman to exercise her rights to be the expert of her own life and experience.

We cannot ignore the voices of countless women who have expressed adverse, life changing reactions due to their decision to abort.

Our counselling framework is primarily person focused and views the client as the expert in the discussion.

We focus on solution building and offer couples counselling as a way of offering further support. Group therapy is undertaken as part of the 'Hope Alive' program offering post abortive and abuse treatment. We also undertake existential therapy where the human condition and the conflicts within are analysed.

We often come across a variety of post abortive emotions in clients, including anger, shame, helplessness and insecurity within themselves. There can be persistent and negative emotional blame - both of self and of others. We have seen that compound grief and the unnamed loss of abortion can become pathological mourning which gives way to depression, self- injury and suicide.

Signs of post abortive trauma can include dysphoria – dissatisfaction with life in general - depression, anxiety and self destructive behaviours such as substance abuse and risk taking. In addition, signs of trauma can include parenting attachment difficulties with any future/ living children.

Research by Kumar and Ronson as cited in an article published by Ney, Ball and Shiels (2010), also shows that women are more likely to be depressed following the birth of a child that has been preceded by an abortion.

In our group therapy we speak about the post abortive woman suddenly facing two deaths, her aborted child and the person she should have become, had she been

given the support and resources to continue the pregnancy. In most cases, our clients report they would have continued the pregnancy had they received the above.

The APA states that there is rarely a negative long lasting psychological effect after an abortion in healthy women. However, this statement raises questions.

How can mental health workers deem what the current psychological health of a woman seeking an abortion is, if there is no therapeutic pre-decision counselling available? If practiced, this would mean ensuring women have a thorough understanding of all protective factors and risk factors they may have for pre and post abortion, including mental health history as well as general physical health.

It would be vital to consider if there has been previous pregnancies, and, if so, has there been any post-natal depression symptoms? In addition, one would need to ascertain whether the patient had any diagnosable anxiety disorders. With accurate answers to these questions on hand, a clinician would have sound evidence when recording any possible effects from the abortion.

Trying to determine what is making a woman ambivalent about an unexpected pregnancy, often takes a lot of time and effort because the human mind is so complex. As a result, a small chat with a significant other cannot be used as basis for pre decision counselling, as some have suggested as being enough.

Again, the current counselling practices of 'Priceless Life' concentrate on engaging in a systemic or multi-dimensional analysis of what a pregnant woman needs in order to successfully carry their pregnancy if they chose to.

This means formulation of management plans towards and post birth, which in our experience has been very successful with our clients.

There is an abundance of options available besides abortion to offer to a woman experiencing an unplanned pregnancy - adoption, legal guardianship, foster care and supported parenting. Women's mental health will flourish best when their autonomy is respected by having all options made available to them.