Gender & History ISSN 0953-5233
Rachel Louise Moran, 'A Women's Health Issue?: Framing Post-Abortion Syndrome in the 1980s'
Gender & History, Vol.33 No.3 October 2021, pp. 790–804.

A Women's Health Issue?: Framing Post-Abortion Syndrome in the 1980s

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ABSTRACT

In the 1980s, a subset of anti-abortion activists in the US claimed the existence of 'post-abortion syndrome' (PAS), a mental illness resulting from the trauma of abortion. Appropriating vocabulary from 1970s feminist health activism, these anti-abortion activists argued against the main goal of that movement, reproductive justice. Instead, conservative and essentialist PAS activists argued 'aborted women' needed to take control of their health by telling their stories of victimisation. Using interviews, congressional hearings and contemporary texts, this article uses PAS to discuss tensions over women's mental health amid the 1980s' backlash.

In 1989, National Right to Life Committee (NRLC) activist Wanda Franz argued that women who had abortions felt 'terrible psychological pain'. They knew, Franz said, that 'they have failed at the most natural of human activities, the role of being a mother'. She argued that her explanation was not paternalistic as it was 'the women themselves who claim that they have been damaged'.[1] For a decade, anti-abortion activists had argued that abortion was counter to women's interests. This of course assumed a highly specific definition of 'women's interests'. In the 1980s, Franz and allies reframed that argument through the risk of a 'post-abortion syndrome' (PAS). While there was a longer debate about the psychiatric risks and benefits of abortion, this new PAS was the creation of conservative activists and therapists. Anti-abortion activists described PAS as similar to post-traumatic stress disorder, with an abortion as the causal trauma. It posited that abortion was so antithetical to a woman's nature that it could make her go mad. The language of PAS elevated any guilt, sadness or doubt after abortion to the level of a chronic mental illness. Anti-abortion activists argued that PAS – and thus abortion – was a serious women's health issue.

This claim of a specific syndrome was never accepted by mainstream medicine. An American Psychological Association (APA) task force concluded in 1989 that 'severe negative reactions after legal, nonrestrictive, first-trimester abortions are rare' and should be understood like any normal life stress.[2] The APA also consistently held a pro-reproductive rights stance.[3] If anything, they argued barriers to safe, legal abortion, public shame and stigma were the actual stressors.[4] But the fact that PAS was rejected by mainstream medicine was not a problem for its proponents. This lack of medical acceptance became a tool. PAS proponents reminded people that the APA

was slow to recognise PTSD, and that they did not need an APA stamp to know PAS was real.[5] Given that PAS was a women's disease, they argued, significant obstacles to treating it seriously were inevitable.

This idea – that women's illnesses were less likely to be recognised or taken seriously – was part of a selective borrowing from feminist women's health arguments of the 1970s. This borrowing became characteristic of anti-abortion framings of PAS in the 1980s. The women's health movement of the 1970s centred self-help, bodily autonomy and community health options. Through consciousness raising, women shared their experiences and established commonalities.[6] They identified medical sexism and inequalities in US healthcare. Publications like *Our Bodies, Ourselves* (1970) allowed women to collect and share health information outside mainstream channels.[7] Activists in the women's health movement helped arrange and provide illegal abortions, and then supported the 1973 landmark *Roe v. Wade* Supreme Court case that effectively legalised first trimester abortion throughout the US.

After the *Roe* decision, anti-abortion activists began to challenge and chip away at abortion rights.[8] Their arguments eventually included PAS as a justification for aggressive abortion restrictions. It was in this context that anti-abortion activists borrowed strategy and language from the feminist women's health movement to ground that claims-making. Allegations of medical sexism and denunciations of paternalistic male abortion providers, as well as the adoption of languages of self-help and informed consent, became ways for anti-abortion activists to turn the work of feminist health against itself. Anti-abortion activists in the 1980s argued women needed to increase their knowledge of their own bodies, but they meant in terms of foetal development, and rarely in terms of birth control. Anti-abortion activists challenged mainstream medical research at a moment when pro-choice activists increasingly aligned with medical providers on reproductive matters.[9] *Roe* used a medical framework rather than a women's rights framework, making pro-choicers seem aligned with 'mainstream' reproductive medicine.[10] When physicians supported reproductive choice, then anti-abortion activists ironically accused physicians of the same things 1970s feminists had accused physicians of – mistreating women through coercion, condescension and misinformation. In appropriating and reimagining women's health, anti-abortion activists presented PAS as a truth suppressed by mainstream medicine.

The appropriation of women's health arguments existed alongside anti-abortion anger at feminism, not only over abortion access but over myriad cultural changes. Some anti-abortion activists attributed the 'diseased society' of the 1980s to feminism of the 1960s and 1970s. Battles over the role of family and the meanings of sex and gender shaped the ascent of political conservatism in the 1970s and 1980s.[11] Conservative thinking about the economy and family grounded what one historian has called 'breadwinner conservatism'.[12] This included concerns about what women's place should be, especially as more mothers worked outside the home, allegedly devaluing motherhood and undermining men's role in the heterosexual nuclear family.[13] As Kristin Luker has argued, abortion politics became a lightning rod in the 1970s and 1980s because conservatives framed the issue as 'a referendum on the place and meaning of motherhood' itself.[14] PAS encompassed the idea that motherhood was under threat in America and took it a step further. PAS activists argued that a threat to motherhood was a threat not only to women's status but also to their mental health. Anti-abortion groups argued that now they were the true women's health movement.

In part, PAS was created as a political tool.[15] Social movement framing around abortion – choice, life, rights, equality, protection – has always been fraught.[16] A number of scholars have established that the efforts to craft a syndrome mirroring the language of accepted mental illnesses was manipulative and designed to confuse and mislead.[17] Johanna Schoen has analysed deceptive practices in post-*Roe* anti-abortion activism, and how the misinformation about abortion procedures and foetal development in the larger movement was important to PAS narratives as well.[18] Beyond calculated strategy, though, the PAS 'diagnosis' also did fascinating work in framing anti-abortion efforts as the 'true' project of women's health. Recent work on anti-abortion activism, like that by Karissa Haugeberg and Jennifer L. Holland, has done the critical work of centring and thus complicating our narratives of women doing anti-abortion work.[19] As women opposed to abortion found both personal meaning and political purpose in the anti-abortion movement, some also saw themselves as protecting other women from PAS. Arguments over PAS became battles over how 'women's health' should be defined.

Anti-abortion activists' creation of PAS was a response to so-called culture wars politics, to the idea that abortion access was one element of a larger shift, in which increased career possibilities for women and changing sexual norms endangered women and families. Anti-abortion therapist Vincent Rue argued liberal abortion law was 'a vote against women' in its potential challenge to motherhood.[20] PAS activism challenged the moral authority of feminist health activism, using the gains made by the health activists against them. In this paper, I outline the development of PAS and its usurpation of feminist health languages. Then I turn to its moment as a national political issue between 1987 and 1989 when Surgeon General C. Everett Koop led an investigation into the disease claims. A public debate on the psychological impact of abortion, much of it influenced by discordant meanings of women's health, followed.

Developing a diagnosis

Before they adopted women's health-inspired rhetoric, anti-abortion language focused on the harm done to the foetus over that done to the woman. As faith-based Crisis Pregnancy Centres (CPCs) expanded in the 1970s and 1980s, though, their volunteers articulated a secondary victim of abortions: the women having them. The women who chose to work at CPCs included women who had abortions themselves that they regretted or could not move past. The guilt that drove women from their own abortion to anti-abortion work shaped the collective assumptions at CPCs of how other women experienced abortion.[21] The volunteers' own stories, as well as those of CPC counsellors who described women coming to them years, even decades, after abortions to unload their pain, created a shared understanding about the psychological damage they believed abortion produced. The feminised and Christian space of the CPC allowed counsellors to primarily frame their work as care work – 'educational, empowering, [and] empathetic' – rather than political work.[22]

While CPCs generally portrayed themselves as above the fray of politics, their stories of abortion trauma entered the discourse of explicitly political anti-abortion activists. Within the NRLC, a subset of individuals with professional and academic backgrounds founded the Association for Interdisciplinary Research in Values and

Social Change. The association created a research group, and eventually a journal. In this space, anti-abortion counsellors and psychologists shared anecdotal evidence of abortion trauma.[23] In time, the idea of a hidden epidemic of traumatised 'aborted women' driven to drugs, child abuse, and even suicide, became accepted knowledge in anti-abortion circles.

Most anti-abortion activists continued to focus on the death of the foetus as the problem of abortion. But therapists and counsellors who opposed abortion argued that a trauma narrative also had strategic value. It forced abortion rights feminists to stand up against women articulating their own pain and trauma. It would require abortion rights activists to reconcile decades of demanding attention to women's health concerns with explaining why they did not mean *this* concern. When anti-abortion activists began taking these arguments outside the CPC and into the general public, they adopted a more medicalised language – PAS – and buttressed their claims with reference to other aspects of women's mental health.

PAS discourse coincided with a rise in gender-based psychiatric diagnosis and a rise in depression diagnoses for women. Diagnoses like postpartum depression (PPD) and premenstrual dysphoric disorder (PMDD) were mostly supported by feminist health activists.[24] Formal diagnoses helped women legally, and they legitimised women's health concerns. While the trajectories of PPD and PMDD diagnoses differed, both owed much to women's health activism. Gender-based diagnosis challenged the medical sexism of dismissing women's pain and emotion, of assuming women's problems were all subclinical or even frivolous. Still, the line between listening to women's pain and pathologising women could be perilously thin, and not all feminist activists agreed with the gender essentialism that could be part of these diagnoses. This was especially true at a moment when the move towards brain-based explanations for mental illness meant gendered disorders could be construed as proving hardwired gender differences.[25] While PAS was itself never legitimised, its moment of attention and possibility in the 1980s and early 1990s owes to this broader acceptance of women-specific psychiatric disorders.

While there were feminist divisions over those diagnoses, there was no question among feminist health activists that PAS was bad news for women. Anti-abortion psychologists and counsellors defined women's health through conservative expectations. In their imagining, achieving mental health was about achieving a narrow vision of contented, heterosexual, married motherhood. Falling short of that signalled something amiss. If a woman who had an abortion was later unable to meet this fantasy of fulfilled womanhood, that abortion became the root cause. One anti-abortion psychiatrist described abortion as 'the woman's Vietnam' and women's PAS as their PTSD. After an abortion, she argued, a woman must live with the realisation she is capable of the same 'ugly human passions' as a man at war.[26] In constructing abortion as the ultimate unmaternal action, PAS became an almost inevitable punishment.

Prominent anti-abortion activists like Dr Rue, then an associate professor of family relations at California State University at Los Angeles and recurrent 'expert witness' on PAS, developed the most frequently citied PAS diagnostic criteria. He followed the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R) list of PTSD symptoms, and then added gender- and motherhood-specific symptoms. According to Rue, women after an abortion might have PTSD symptoms like difficulty sleeping or

concentrating, substance abuse problems and feelings of detachment. But they might also have survivor's guilt at realising they survived their ordeal but 'their unborn child did not'. They might suffer from unpleasant 'baby dreams' and find themselves unable to be around pregnant women.[27] In other words, their 'women's health' problem could be defined by their difficulty with conservative scripts about mothering.

Dr Anne Speckhard, describing symptoms of PAS, noted a 'preoccupation with the characteristics of the aborted child' that worsened 'whenever another infant or small child was encountered'.[28] Speckhard wrote a dissertation on PAS, which caught the eye of anti-abortion psychologists. The dissertation was quickly made into a book by a Catholic press, and her research specifically with women who described themselves as traumatised by their abortions was frequently misrepresented as evidence of widespread trauma following abortion. Speckhard participated in the perpetuation of this misread for a decade, despite never considering herself entirely anti-abortion. She eventually broke with Rue, a co-author of hers, who she accused of unethical research practices.

Expectations of women's innate motherliness framed the discussion. Abortion, one psychiatrist wrote in a *Washington Post* opinion piece, risked causing 'a hardening of the maternal instinct' in women.[29] The gendered symptoms of PAS included women's inability to be around infants or pregnant women, even their inability to attend baby showers.[30] After consenting to abortion, women might resist future pregnancies out of a belief they were already dangerous mothers. In fact, on this slippery slope, these women might simply give up on marriage and monogamy and jump 'on the "free love" bandwagon'.[31] If 'aborted women' did marry, they would be more likely to divorce.[32] Abortion opponents argued that abortion could lead to mental health problems, and then defined those problems as a lack of commitment to conservative women's roles. Even the anti-abortion phrase 'aborted women' highlights the belief a woman compromises her womanhood through the procedure.

When Christian writers adapted PAS criteria for popular audiences, they often removed all subtlety about what made a good or bad mother. CPC counsellor Amanda Rankin gave a speech to the National Organization of Episcopalians for Life that offered a detailed list of fourteen symptoms of PAS. These included 'Dysfunction with current children (atonement babies treated with either extra love or abuse)' and an 'Inability to maintain [a] relationship with a man'.[33] This was consistent with the general approach of CPCs' education that suggested that social problems like divorce, single motherhood and women's careerism, might be the result of an 'abortion culture'.[34] The way these anti-abortion activists saw it, abortion was simultaneously a symptom of larger culture wars problems and a cause of those problems worsening. In other words, abortion might be the result of a woman's career ambitions or sex outside of marriage, but the stress of the abortion also could drive a woman to careerism or casual sex.

Appropriating women's health

The PAS project sought to challenge abortion access by hijacking the moral ground of women's mental health from pro-choice feminists. In the late 1960s and 1970s, the feminist women's health movement had critiqued the limited and often sexist research on women's mental health. Feminist activists also called out doctors, especially

male obstetricians and gynecologists, for their condescending treatment of female patients. Some male physicians dismissed women's complaints as hysterical or as 'products of neurotic imaginations'.[35] They assumed women could not understand enough medicine to make their own decisions and extrapolated that it was the physician's job to make decisions for women. The women's health movement challenged these medical norms.

In the 1980s, PAS proponents then selectively adopted these critiques. Speckhard reflected on the lack of research into both post-abortion and postpartum psychological outcomes, explaining these were understudied 'like so many other areas relating primarily to the health concerns of women'.[36] Some equated PAS with postpartum mental illness, a growing feminist concern, and implied that not researching PAS was tantamount to medical sexism. Speckhard and Rue described the ways 'postpartum-stress reactions in general have been minimized and understudied'.[37] Franz argued that the lack of research into post-abortion trauma is 'one of those things that is very sexist. "Well, you know, we don't need to bother with women. We don't need to bother to find out more about this. We don't need to investigate this more because, after all, they're women"'.[38] Addressing the US House of Representatives, she also equated it to another 'women's disease' that was gaining attention. Franz compared PAS with premenstrual syndrome (PMS), explaining that with both PAS and PMS there 'hasn't been a lot of money put into concerns about women's issues, and I think we are dealing here with a woman's health issue'.[39] While Franz cited the importance of women's movement pressure to include women in more medical research, she explained that post-abortion psychology was 'one of the topics that the women's movement did not pursue because of the pro-abortion bias'.[40]

They also adopted the paternalistic or coercive male physician figure from feminist health conversations, narrowing it only to abortion providers and the 'abortion industry'. They claimed physicians encouraged women to have abortions and misled them about both abortion procedures and foetal development. Speckhard described 'stories of lousy doctors, doctors that said terrible things like, "I'm not going to give you a pain killer so you remember this the next time you open your legs"'.[41] Nancyjo Mann, founder of the group Women Exploited by Abortion (WEBA), described her abortion as something done to her by a deceitful doctor, and cast herself as a passive participant in the procedure: 'But when that needle entered my womb … it pulled out the nurturing fluid of motherhood and replaced it with that venom of death'.[42] PAS literature – from research to self-help books – described women screaming and crying as they realised they had been misled. They baulked at doctors who they said portrayed themselves as women's saviours, purportedly telling them 'You've got to move on with your life. I've made it possible for you'.[43] The coercive physician was an important narrative feature for these trauma stories, specifically because it displaced blame. Now the woman who had the abortion no longer appeared to have chosen it freely, making her more redeemable in a Christian post-abortion framework. The focus on victimhood, naiveté and vulnerability was central to anti-abortion framings of 'informed consent' in pre-abortion counselling.[44] In addition to paternalism, abortion trauma narratives described physicians, seemingly desperate to perform abortions, withholding information about procedures from their patients.[45] Speckhard testified on behalf of one woman who claimed her doctor did not perform a sonogram and misinformed her

about the status of her pregnancy. This woman questionably claimed that she realised she was much further into the pregnancy than she had been told after seeing a portion of a foetus in the toilet after the abortion.[46] Just as the feminist women's health movement had encouraged women to stand up to medical authority, PAS rhetoric encouraged women to stand up to supposedly deceitful abortion providers. Questioning the doctor was portrayed as empowering. As one anti-abortion writer explained, 'we are culturally geared to accept medical advice almost without question'.[47] Speckhard provided the anecdote of a woman who 'got down from a gynecological chair and said, "I'm not going to do this." It took a pretty strong woman to be able to do that'.[48] Challenging abortion providers was cast as resistance to medical sexism.

In addition to narratives of doctors lying about gestational age, PAS literature often also explained how women could not understand gestational age anyhow. They needed information, anti-abortion activists argued, they needed to know more about pregnancy. This idea then became part of the demand for mandatory pre-abortion ultrasounds. One sonographer in the late 1980s, identifying herself as 'a victim of two abortions', told Congress that showing women sonograms was essential to protecting women from later psychological harm.[49] Forcing women to look at the images would only 'protect' women if they made the implied correct choice, the choice to stop the abortion. Otherwise, a concerned psychologist argued, it surely risked increasing any psychological harm.

The emphasis on women's lack of medical information, and the health professions' refusal to openly share this information, was a strategic response to a decade of feminist activism on the issue. For example, the feminist *Our Bodies, Ourselves* publications and the Boston Women's Health Collective taught women about their bodies, especially their reproductive bodies, through grassroots texts and consciousness raising. The Jane Collective took action after frustration with both the law and some male abortion providers, as these women's health activists learned to perform abortions themselves. Anti-abortion activists who adopted the language of women's lack of access to medical information approached the matter in a starkly different manner: the biology women did not understand was not that of their own body, but that of the foetal body. Women did not need an education in contraception, they needed an education in heartbeats.

Some PAS narratives described women's trauma about past abortions emerging only when they later became mothers. Speckhard recounted the stories of women going to their obstetricians in subsequent pregnancies and seeing sonograms from roughly the same gestational age as the abortion. She explained that the sonographer would say, 'Here it is. Look how cool it is' which led women to say, 'Oh my God, I aborted that'.[50] In other cases, women years from their abortion procedure would experience miscarriage or infertility and attribute it to the abortion. Anti-abortion activists often reinforced this connection. In this conservative rendering of 'women's health', it was not women's consciousness raising but actually heterosexual reproduction (or attempted reproduction) that introduced women to new knowledges about their bodies. Some PAS counsellors fostered this process. A 1989 article by a CPC counsellor offered advice on how to run a post-abortion support group. Women should be shown slides of foetal development, and then encouraged to picture their 'own baby in the womb' and 'come to know that it was a child that has died'. Later, women should

view slides of abortions, at which point they will 'peak emotionally'. The counsellor advised that extra support should be on hand to help these women accept Jesus.[51]

The act of women voicing their experiences and struggles around abortion, of sharing their secrets and finding community, was often described in language that paralleled feminist consciousness raising. PAS activists encouraged women to address their pain through faith-based group counselling. These help groups told women to speak 'truth' about their abortions, but also had clear hierarchies and expectations for women's emotions as they processed their stories. As participants found their voice and told stories of degradation and damage, activists lauded them for their bravery and strength. They had 'unselfishly shared their painful experiences for the benefit of others'.[52]

PAS activists portrayed these groups and the role of these trauma narratives as grassroots efforts to amplify women's authentic narratives of pain. PAS literature described 'aborted women' as the true force behind the new articulation of PAS, with their spontaneous utterances of grief and trauma guiding the conversation. In writing about PAS, one male anti-abortion clinical psychologist emphasised that 'postabortion syndrome springs from her thoughts and her words and her concepts, not ours'.[53] Another assured readers that this was 'not anyone's interpretation' and that women's 'own comments are the words I am giving you here'.[54] The emphasis on this idea of women's voices was consistent with the appropriation of women's health movement tactics, and was meant to put pro-choice feminists on the defensive. While anti-abortion activism historically centred men's voices, PAS centred women's voices – as long as they adhered to the expected narratives of damage.[55]

PAS counselling was generally Christian and conservative and worked from the premise that emotionally healthy women were women with some investment in motherhood. In this approach, women needed to be empowered enough to overcome silence and timidity, but only to the extent it allowed them to articulate their pain at a failed opportunity to mother. Speckhard described a friend who struggled with a PAS group. She 'felt that they were really pushing her to name the child she had aborted and she didn't want to. And she was like, "That's not something I feel I need to do" and they were like, "No, no, you have to do that to get better"'.[56] The groups encouraged women to focus on their identity as mothers as one of the primary ways to take charge of their post-abortion mental health. While some required women to take personal responsibility for their abortions, most groups used at least some critique of the broader 'abortion culture' to displace the blame from individual women.[57] PAS was never simply about naming and managing women's pain, and certainly was not about empowering them to make their own decisions. Instead, it conceptualised obstructing abortion access as a way of protecting women from the dangerous temptation of choice.

Abortion rights, PAS advocates argued, were fundamentally anti-woman. Just as some of these advocates described the lack of research into PAS as medical sexism, they cast *Roe v. Wade* as another version of this sexism. Mann of WEBA wrote that 'legal abortion is the most destructive manifestation of discrimination against women today' and that 'the abortion mentality is sexism incarnate'.[58] The justifications for the idea that abortion was anti-woman varied – a few, like the group Feminists for Life, discussed discrimination against single mothers, racial disparities and the lack of financial support for women using social welfare. Much more commonly PAS

proponents discussed the idea of abortion as part of a larger culture that devalued motherhood and the stay-at-home mother. Mann argued Americans needed to 'value mothering as a real social contribution'.[59] Many grounded their arguments in fears about sexual liberation.[60] Women's emotional well-being required protection from more than abortion, they argued. They needed protection from the whole culture: casual sex, condescending medical professionals, feminism, and the pressure to balance a career and motherhood. Women's post-abortion guilt, for instance, might be rooted in the way abortion allowed them to 'sacrifice some important goals and values (motherhood and the value of life)' so they could achieve successful careers, self-determination and independence.[61] For anti-abortion activists, both unplanned pregnancies and abortion appeared part of a culture obsessed with 'self-actualisation' and 'self-enhancement', a culture in which motherhood and children were inconvenient.[62] As more women had abortions that emotionally damaged them, one anti-abortion writer argued, there would eventually be no one left 'to do battle against the barbarism of moral relativism that is knocking on society's door'.[63]

The explicitly religious literature on PAS was clearer still about how changing mores endangered women. One woman describing her success with the Catholic post-abortion counselling programme Rachel's Vineyard lamented that she previously 'completely bought into the "you've come a long way baby" mentality' but can 'now understand why the church says to keep [sex] in marriage … to preserve us from the terrible pain and potential for hurt and destruction'. 'Whenever I feel the stirring of my sexuality, it frightens me', she stated.[64] Attempts to frame PAS though languages of empowered women's health reflected the depth of tension over the underlying question: what was the goal of women's health? As PAS moved from the fringe to the broader conversation in the late 1980s, these culture wars issues about the meaning of motherhood, the containment of female sexuality and who owned 'women's health' persevered.

Mainstreaming PAS

In 1987, President Ronald Reagan elevated the rhetoric of psychological danger from abortion. Anti-abortion activist groups disappointed in his administration had been pressuring him to bring more attention to the issue. Reportedly, the nudge to discuss PAS came from Dinesh D'Souza, at the time a 26-year-old White House aide.[65] He was explicit that PAS could be wielded strategically and argued that an official report on how abortion damaged women could hurt pro-choice feminists. He reportedly argued it could even spur the reversal of *Roe v. Wade*. In July of 1987, Reagan told an anti-abortion group that he was directing Surgeon General Koop to write a report on women's health after abortion.[66]

Surgeon General Koop was personally opposed to abortion. He authored an essay called 'The Slide to Auschwitz' in which he argued abortion would precipitate infanticide.[67] He grounded his opposition to abortion in foetal rights, not women's health, and was sceptical of PAS and this path for anti-abortion activism. In his memoirs published a few years later, Koop described the proposed report as a 'foolish' tact, the work of 'one of the neophyte right-wingers on the White House staff' who lacked an understanding of how the Supreme Court works.[68] Reagan never formally directed Koop to write this report, he merely told an anti-abortion group that he would make

such a direction. Reagan certainly never asked Koop to exhaustively research abortion reactions. Dr Nada Stotland, who testified to Koop on behalf of the APA, recounted, 'I think [Reagan] intended him to sit down and write a thing about how awful abortion was, but that wasn't C. Everett Koop'.[69]

In response to Reagan's comment, Koop instead launched a large investigation into the health impact, primarily the mental health impact, of abortion. Koop and his National Institutes of Health staff spent over a year reviewing psychology and psychiatry literature and met with twenty-seven interest groups. One hundred and fifty groups reportedly requested to be heard on the matter.[70] His staff prepared a first draft of the report. After all of that, Koop declared he could not ethically issue a report on the topic. Koop explained that there was no consensus about PAS symptoms, threshold or time of onset. Koop wrote a letter to president Reagan outlining these problems, explaining there was not adequate evidence to make any conclusion about the health effects of abortion on women, and that more research was required.[71] On one hand, it confirmed most mainstream psychologists' and psychiatrists', as well as pro-choice activists', arguments that there was no such disease. Koop's framing of the matter and his call for additional research, though, also offered credence to anti-abortion activists' claims the lack of research into PAS was evidence of medical sexism.

When Koop's letter declining to finish the report was leaked, there was disagreement on what his actions meant. The chairman of the Conservative Caucus questioned Koop's anti-abortion credentials, and a spokesperson for the March for Life called on Koop to retire.[72] Some pro-choice groups lauded Koop's integrity on the matter, but others remained sceptical of his motives. Democratic Representative Ted Weiss argued that Koop's refusal to issue the report was really just proof that no trauma or illness resulted from abortion.[73] Representative Weiss and other Democrats in the House led hearings into the propriety of this year-and-a-half-long investigation into a syndrome not recognised by any mainstream psychiatric or psychological organisation in the nation.

Through these hearings, debates over PAS gained a national venue. Now medical researchers, including feminist psychologists and psychiatrists, led a defence of established medical research. Dr Adler volunteered as a counsellor for women with unwanted pregnancies in the pre-*Roe* era. Now she was one of the most prominent psychologists working on women and abortion. She described women's most frequently reported feeling after abortion was relief. Women might have more than one feeling following an abortion, of course, but she argued that if women had major psychological problems after an abortion they most likely had those problems before the procedure.[74] In her testimony, Adler explained that for most women, any negative response to an abortion was less negative than her response to the unwanted pregnancy itself.[75] Another psychologist argued that retrospective study design, which linked questions about a woman's current wellbeing with questions about her abortion, led women to attribute all emotional problems to that abortion.[76] The science was clear, the psychologists before the House argued, and there really was no 'other side' in terms of the medical literature.

Psychologists and researchers who testified that there was a PAS positioned themselves as outsiders challenging the establishment. Their arguments simultaneously relied on their credentials as psychologists or psychology-adjacent researchers and their status as insurgents challenging supposed liberal dogma on reproductive rights

in medicine. For anti-abortion activists, this was an opportunity to bring arguments developed over a decade to a public platform. This included the opportunity to challenge feminist psychologists by using anti-feminist language ironically derived from the women's health movement.

Dr Franz argued before the committee that more long-term research was needed, but she offered some anecdotal evidence in the meantime. She claimed that women who have abortions 'feel worthless and victimized' because of their failure to mother. 'We believe that it is clear', she argued, 'that a woman becomes a mother when she conceives the child' and that she will have problems if she does not grieve the child.[77] This conservative prescription for motherhood was then amended with language mirroring that of women's health activists. 'We should not allow this women's issue to be treated with the casual disregard which, in the past, has been so common with many of the other health issues effecting women in our country', Franz stated.[78] In her written testimony, Speckhard centred the argument that every woman's experience mattered: even 'if there are only a small number of women being effected … are they not important?'[79] When it came to abortion, they suggested, women's personal pain was political.

After the hearings, an APA task force prepared a literature review demonstrating the lack of evidence for any post-abortion disorder. In a 1990 piece in *Science*, Dr Adler and colleagues argued that first trimester abortion 'does not present a psychological hazard to most women'.[80] In 1992, Stotland published a commentary piece in the *Journal of the American Medical Association* about PAS, 'a medical syndrome that does not exist'.[81] It appeared for a brief moment that with no Koop report and this concerted effort by professional organisations and leaders that mainstream attention to PAS might be over.

This was only part of the story, though. While PAS was discredited by experts, the rhetoric PAS advocates adopted did not require a stamp of approval from mainstream medical authorities. They relied on women's trauma narratives and insisted that mainstream abortion medicine was intentionally ignoring and discounting these women's experiences. While they still valued the appearance of expertise, and leaned heavily on work of Drs Speckhard, Franz and Rue in later legal battles, the lack of medical agreement was not a problem for their public campaign. Anti-abortion activists continued discussing trauma although they slowly decreased their use of the phrase 'post-abortion syndrome'. Sometimes they argued women had PTSD after abortion, and sometimes they described women's post-abortion regret. Abortion psychology remained a component of the fight against abortion. Theresa Burke founded The Center for Abortion Healing in 1986, which became Rachel's Vineyard, a series of Catholic retreats and counselling groups, in 1994.[82] CPCs continued to pursue arguments about psychological dangers of abortion, warning teen girls they would be so emotionally changed by their abortion that their shameful secret would be obvious to those around them.[83] Women who sought counselling after an abortion were told that their own healing would require a commitment 'to protect and save the lives of other mothers and babies'.[84] Even as most psychiatrists, psychologists and even the surgeon general rejected a formal PAS diagnosis, the broader idea of post-abortion psychological damage had entered the zeitgeist.

This belief that abortion caused psychological harm, popularised in the slogan 'abortion hurts women', had consequences.[85] A series of high-profile court cases in the

1990s and 2000s encouraged 'informed consent' in the form of mandatory counselling scripted to warn women about the emotional risks of abortion. In the 2007 Supreme Court case *Gonzales v. Carhart*, for instance, arguments over late term or 'partial birth' abortion featured these disputes about the psychological impact of abortion. Reva B. Siegel has described those legal arguments as 'woman-protective' and paternalistic.[86] The legacy of PAS is also found in protective legislation on wait times, mandated pre-abortion counselling and specific warnings about psychological risks that abortion providers in some states must read to women. This paternalism then ironically stems from the appropriation of women's health movement aims. In the late 1960s and 1970s, feminists wanted women's reproductive pain taken seriously, their voices listened to and their problems with a patronising and sexist medical establishment believed. When anti-abortion activists began using a diluted women's health strategy, they now had an advantage. Individual women's abortion trauma narratives, including statements of anger at male partners and physicians, owed deeply to the labour of the women's health moment. It was a dark irony that these trauma narratives buttressed abortion-harm claims and ultimately encouraged 'women's health'-based abortion restrictions.

PAS proponents' relationship to the feminist women's health movement they drew from was superficial and selective. The distance between the processes and aims of the two projects was enormous. That disconnect was what made pseudo-feminist language so useful and disruptive for the anti-abortion groups adopting it. PAS support groups mixed individual healing and politics, but the healing and politics were both based in the idea that abortion was the source of women's troubles. Many of the Christian-based groups also included proselytising. While 'women's voices' were amplified all the way to Congress, those voices were selective and coached. Women's trauma narratives were only worth listening to when women attributed all their problems to abortions and included a realisation about a more conservative idea of women's purpose. PAS advocates insisted that women needed more information about reproduction, but they only meant information that would discourage abortion. They argued PAS was under-researched and under-discussed because of medical sexism. When they discussed it, they described women's emotional vulnerability in essentialist term, referencing women's maternal nature. PAS challenged abortion rights by appropriating feminist health work. In the process, PAS activists sought to use 'women's health' as a political instrument, arguing that conservative ideas of womanhood would protect women's mental health, while pro-choice feminism endangered it. While PAS itself was discredited, the woman-protective regulations inspired by this thinking persist.

Acknowledgement

The material in this article is based upon work supported by the National Science Foundation under grant STS-1849533.

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