Broken Maternity
a Sisterhood of Sorrow

By Kathryn Berkowitz

Editor’s note: This article deals with the sensitive subject of abortion and childbirth after an abortion. This article is the story of one woman’s journey.

In the classic text, Childbirth Education: Practice Research and Theory, Elaine Zwelling writes: “In her classic work on the psychology of women, Deutsch discussed pregnancy as being the fulfillment of the deepest and most powerful wish of a woman, an expression of creation and self-realization. (Deutsch, 1945) Somewhat in contrast, pregnancy has also been identified as a developmental crisis, a critical life period in which psychic conflicts of previous developmental phases may be revived, often enabling new solutions to be found and psychological growth to occur. (Bibring, 1959; Caplan, 1957) Despite the fact that pregnancy is often viewed as a physical experience, in the literature it is most often defined as a psychological or emotional experience. There is a certain distinctive quality of inner experience during pregnancy that sets it apart from life at any other time.”

The power of emotions that we experience during pregnancy cannot be underestimated. Pregnancy is both a major physical and psychological experience in our lives. Our emotional state during pregnancy can affect the choices we make and how we relate to our partners and children, both for better and for worse. As a postabortive woman, a mother who has given birth to five children, and a childbirth educator and birth doula for sixteen years I have long pondered how my choice to have an abortion in my first pregnancy has impacted my own mothering, and that of many women I have known.

Pregnancy, birth and postpartum experiences bring with them an increased awareness of our bodies, emotions, needs and desires, strengths and vulnerabilities. These experiences are also the ultimate culmination of our sexuality. We give birth with our total beings, our minds, bodies and spirits.

Confidence in our bodies’ ability to grow, birth and nurture our children is essential to our fulfillment in motherhood. In his groundbreaking book, Childbirth Without Fear, Grantley Dick Reid theorized that a mother’s emotional state can effect the ease of her work during labor and birth. He brought awareness to the fact that fear and other negative emotions produced a cycle of fear, tension and pain which inhibited blood flow to the uterus, thus slowing labor and creating excessive discomfort for the mother. Research has now shown that these emotions produce neurohormones which have a negative effect on the progress of labor and birth, resulting in a commonly given reason for many Cesarean births today, known as “failure to progress”.

In the book Pregnant Feelings, Midwife and Childbirth Educator Rahima Baldwin writes: “If you have ever been pregnant before and that pregnancy ended in miscarriage, stillbirth, abortion or a dissatisfying birth experience, your experience of grief and loss may still be impacting your present pregnancy.” When a pregnancy comes to an end we become tremendously vulnerable, both physically and emotionally. Having experienced the power of our role in creation, we become aware of the frailty of life.

The emotions surrounding the loss of a child through abortion are very complicated and the subject of much controversy. I would like to present some information and ask some probing questions about the complexity of these issues surrounding the implications for childbearing after a previous abortion.

Teresa Burke, a clinical psychologist and author of Forbidden Grief, The Unspoken Pain of Abortion observes: “In my clinical experience, I have seen that the emotional pain related to abortion is likely to be prolonged and likely to create negative distortions in a person’s life that are not readily understood or accepted by themselves or others. Grief from an abortion can be extremely complicated and can be experienced on all levels of the personality. For many women, the source of the distress my go unrecognized, unspoken or unnamed.”

Emotions are very powerful forces whether we name them or not. They will persist in manifesting in ways such as self-sabotaging behaviors or physical symptoms. It is part of the healing process to identify these often hidden feelings...
and understand how unresolved emotions can impact the present. Healing hidden traumas is important so they won’t likely repeat. To the extent that past traumas carry unrecognized or trapped emotional energy, they can profoundly impact our present and future experiences. They tend to make us believe and react as if what is happening to us now is just like what happened to us then, especially since traumatic experiences are characterized by events which cause loss, anger, fear and pain.

Julius Fogel, both a psychiatrist and an obstetrician who has performed over 20,000 abortions had this to say: “Every woman, whatever her age, background or sexuality has trauma at destroying a pregnancy. This is part of her own life. When she destroys a pregnancy, she destroying herself. There is no way it can be innocuous. A psychological price is paid. It may be alienation, it may be pushing away from human warmth, perhaps a hardening of the maternal instinct. Something happens on the deeper levels of a woman’s consciousness when she destroys a pregnancy. I know this as a psychiatrist.” (Coleman, McCarthy “A Psychological View of Abortion” Washington Post, March 7, 1971)

In her introduction to the book Forbidden Grief, The Unspoken Pain of Abortion, Dr. Laura Schlessinger wrote “Eliminating a life within the womb diminishes the value of life for all humanity and impacts the life of a woman in ways she cannot anticipate.”

I tend to agree with all of the experts based on my personal experiences with abortion. I elected to have one at the age of 19. It was my first pregnancy. When I found out that I had conceived I was, at first, filled with a sense of awe and wonder even though my circumstances were not at all favorable for parenting the child. I had the pregnancy confirmed by the largest OBGYN practice in town where I had been a patient for a number of years. When asked if I was happy about the pregnancy, I remember feeling confused by my feelings of attachment to the baby and the reality of my circumstances of being young and ill prepared for parenthood. And the biological father of the baby had made it clear that he wanted no part of parenting. He emphatically argued for an abortion.

So, I was referred to the “pregnancy termination clinic” where my consultation consisted of a very brief health history, being asked if I had considered placing the baby for adoption and if I had any questions about the procedure. I told them that I didn’t know how I could bear the agony of carrying a baby for 9 months and then giving it away. I had not allowed myself to admit how attached I was to the baby. I was painfully unaware that the abortion would feel like an amputation in the coming days.

I asked a few questions about the development of the baby, and whether or not it could feel pain. I was told that my 10 week old baby was very similar to a “popcorn shrimp” in structure and was not able to feel pain, both of which were horrendous misrepresentations of the truth. An appointment was made for 3 weeks later and in spite of many temptations to cancel, I kept it.

When I arrived, I was asked to remove my clothes, and given a hospital gown. I was led into a room with several other women who sat there with blank stares as we each waited our turn. I was beginning to feel nauseated and terrified. I have never felt so alone in my life. I could hear the loud vibration of the suction aspiration machine that would soon consume the baby in my womb. I remember thinking, “Why won’t someone come in here and stop me?” That fantasy was rudely interrupted by a nurse calling my name.

With my knees shaking I entered the procedure room and was instructed to get on an exam table. The nurse placed my feet in stirrups, told me to slide my bottom down to the end of the table, draped me with sterile drapes and proceeded to explain what would happen next. I was feeling faint and tuned her out. That is when the doctor walked in. I was shocked that it was my regular gynecologist. I later found out that he also co-owned the termination clinic. I didn’t expect that a respectable doctor would be involved in abortion. I find it odd that I was judging him, since I was the one asking for his services. Other than a brief injection of anesthetic in my cervix, I was unmedicated for the procedure.

I remember the doctor telling me that I had “pretty eyes” and to “Relax and everything will be fine”. And then it began, the most excruciating pain I have ever felt in my life, and the loud noise from the machine. So loud, that I could not hear what the doctor and the nurse were laughing about while I lay there, feeling like I was dying. It was surreal.

And then it was over. They brought me juice and let me lie there awhile. And then they brought me my clothes and let me rest in the recovery area with several other women, some of which were laughing and chatting while others...
cried, uncontrollably. I didn’t feel anything. It was like I had become a zombie.

On the ride home, the whole world looked different. Everything had changed. I hated myself for what I had done and there was no fixing it. Abortion is forever. Abortion is a death as painful and haunting as any other loss of a child. The sadness of a life unlived and broken dreams of what might have been can be paralyzing for a woman who feels complicit in her own child’s life cut short.

When I arrived at home, I went straight to bed and sobbed myself to sleep. The next morning, I resolved to put the experience behind me and to not shed another tear. I told myself I had to survive. And I did, but only barely.

About a year later I met and married my current husband and the father of my four living children. The next year, we became pregnant and were very happy. But feelings surrounding my first pregnancy began to emerge when people would comment on my obvious condition. “Is this your first baby?” they would innocently ask. “Yes” I would reply, but deep in my heart, I know it was a lie. I was usually able to go back into survival mode when confronted with these feelings, but I was unprepared for what happened next. Twenty-four weeks into what had seemed to be a normal pregnancy our baby boy was born prematurely, after a four hour labor, and lived for only a few minutes after his birth.

For some reason that I cannot explain, I had chosen the same OBGYN practice for my care. I have read that women who have a history of feeling powerless around authority figures may be more likely to choose a doctor who is authoritative and are less likely to take responsibility for their own health. I suspect that was true in my own case. For example, some women who have had negative experiences with authority figures, such as feeling powerless while a doctor is performing an abortion on her, may react with behaviors which undermine her success in what she really wants and needs. She may manifest physical and emotional symptoms of severe distress and display a need to be rescued. This would seem to shift all of the responsibility to the person in authority. Or she may react in just the opposite fashion with fierce defensiveness and suspicion of the authority figure with a corresponding refusal to cooperate with them. Both represent an inability to relate in a healthy, productive manner with medical caregivers.

During my labor I was very distressed by the pain that I experienced. To me, it felt identical to the pain of the forceful dilation of my cervix during the abortion. So right before my son’s birth, the doctor must have given me a sedative because I have no memory whatsoever of his actual birth. I never saw him alive, although my mother and husband held him as he passed from this life. I was not aware that I had been separated from my baby and family after the birth and awoke in a strange room. A nurse came in and matter-of-factly informed me that my baby had not survived. In my emotional and physical haze, it took me a few hours to realize that my roommate had a living baby.

I remember telling myself, “Well, what did you expect? Why would God ever bless you with a baby after what you have done?”

The nurse brought me a birth certificate to fill out and we were given information on a funeral home to handle our son’s body. I was never able to look at my baby’s body after he had died. I now know that this can be very important to the grieving process, but I was unable to come to terms with feeling responsible for yet another dead baby. I vehemently refused to see him. The next week we buried our son and I slipped into an emotional abyss. For several years, I experienced severe depression, flashbacks of the abortion and the birth/death of my son, strange physical symptoms, substance abuse, self-destructive behavior and suicidal thoughts. My husband suffered terribly from the loss of the wife he knew and the son he had lost.

Then, through a series of what I believe were miraculous events and divine appointments, some wonderful people came into our lives. They were able to give us some spiritual counsel and led us on a path of hope and healing through a relationship with Jesus Christ. My husband and I experienced the love of God and a caring faith community, which nurtured us back to health and wholeness and gave us hope for the future that has radically transformed our lives.

Three years later, I had the courage to try to get pregnant again. I knew I had been forgiven, and that God was for me, not against me. I had a very uneventful pregnancy until at 24 weeks, I began to show signs of premature labor, once again. I was put on bed rest and then the assault on my emotions began. I started to experience fear and panic, but I knew how to pray. And so by the grace of God, I carried my son for 36 weeks. And then late one evening, my water broke.

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When it happened, I was lying on the sofa in my parents’ home and I knew immediately what it was. I tried to fight the fear that started to overwhelm me. Almost immediately, the contractions began and they felt incredibly painful. Now I understand the reason why I experienced them that way. I believe it was because my body remembered them as sensations that led not to birth and life, but to death and loss. My childbirth education classes never prepared me for this reality. And I was completely unprepared for the terror that I experienced when it was time to push. I fought against my labor instead of surrendering to it, and trusting it. When my doctor (a new one this time) asked me to try and push, I had absolutely no urge to push and when I tried, pushing was indescribably painful. It was like asking a barefooted person to stomp on broken glass.

I was flat on my back with my feet in stirrups and draped, just like in the abortion. I was unmedicated, because I had read Spiritual Midwifery, and wanted to believe that the kind of births described in that book could become a reality for me, but I knew I was failing. A part of me must have believed that if my baby left my body, he would most certainly die.

So I fought to keep him in. I remember screaming over and over again as my obstetrician finally cut a third degree episiotomy, which tore even farther, and delivered my 5lb 5oz son with forceps. I remember moaning in agony and begging for drugs. So much for my joy-filled birth. But in spite of the pain, I was so thankful that my baby boy was alive and healthy.

For the next several days, I was still in excruciating pain from my perineal laceration and many, many stitches. It was all I could do to try and put my baby to the breast and just get comfortable in my bed. I experienced the most conflicting emotions during that time. I was euphoric one minute and despondent the next. As I examined every inch of my baby’s body, I was filled with awe. I loved how he looked, how he felt and the velvety texture of his head against my lips. I was filled with gratitude for him but it was bittersweet because I wondered what it would have been like to hold and nurse my other babies.

I had a very supportive mother and family who helped me recover from his birth and start my journey as a new mother. I went on to give birth three more times, also to premature babies born at roughly 32 weeks each. I chose epidurals for their births because I had yet to be healed of my fear of the sensations of labor and the feelings of failure surrounding my births. There were no doulas in my area, as it was a very new profession in those days. I believe that the support of a knowledgeable childbirth educator and doula would have made a tremendous difference in my birth experiences. They could have helped me work through my feelings and helped me understand why I was having them in the first place.

In my work with postabortive women, I have observed some things that lead me to believe that many of them have shared experiences with me which have affected their ability to give birth in a fulfilling way.

Many women have described abortion as “surgical rape”. In an abortion, the cervix is forcibly opened and the woman and her baby are violated in an intimate first encounter with death. Some of the parallels of abortion with obstetrical practices we commonly see in institutional birth settings today are, women are prone for birth, their feet placed in stirrups, their legs spread wide and draped, and masked strangers are plunging instruments into their sexual organs. For many women these things produce feelings that range from mild anxiety to terror and even flashbacks of a previous abortion or sexual assault. Other similar elements include feelings of depersonalization, brought on by separating us from loved ones, taking away our clothes and personal belongings, and feelings of powerlessness which may occur when a physician controls a medical event performed on the woman’s body. The grief and frustration that surrounds an experience where a woman felt mistreated and powerless will often have long lasting effects on her well being as well as her future pregnancies, births and experiences of mothering.

The experience of abortion can result in what Teresa Burke has termed maternal confusion, elements of which may include:

1. The desperation to become pregnant again with a “replacement” baby, yet feeling unworthy of such a pregnancy.
2. Extreme aversion or excessive interest in pregnant women or babies.
3. Jealousy or agitation in the presence of pregnant friends or family.

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4. Arrests in maternal development resulting in deeply rooted ambivalence and doubt about one’s mothering abilities, including pregnancy, birth and breastfeeding.
5. Extreme sensitivity to any criticism of her mothering choices.

She writes: “If a woman’s first pregnancy ends in abortion, she may associate later pregnancies with the agitation and buried psychic trauma of the first pregnancy. As a result, the births of later, wanted children can be times of anxiety and depression.”

Another woman put it this way, “When I finally had a baby, I was afraid to touch him, like I might hurt him or something. After I finally dealt with my abortion and allowed myself to grieve the loss, I was able to reclaim my broken maternity. I realize now that I was afraid to get close to my children. I was cold and emotionally withdrawn.”

Another woman described her pregnancy as “horrible”. She continues, “I kept feeling like something bad was going to happen to my baby. After the birth, I suffered major depression. I was in deep grief over my previous abortion. I didn’t understand it at the time, but it made it very hard to bond with my baby. I was a total failure at breastfeeding and comforting her. That was the most painful time in my life. I felt so inadequate. I couldn’t protect her or love her.”

In one survey by the Elliot Institute, nearly one half of the women surveyed stated that their negative feelings of their past abortion became worse when they gave birth to their children. I believe that these unresolved feelings continue to plague many women today and rob them of the joyful confident birth experience that they deserve. I believe that some of the effects of these feelings prevent some women from making informed choices about pregnancy and birth which, tragically, may lead them down paths with destinations that will ultimately traumatize them once again. As someone who cares passionately about women and the quality of their experiences as mothers, I hope I have given you food for thought. If you can personally relate to any of the things I have articulated, I hope you will seek a place of hope and healing through an abortion recovery program and the care of a perinatal worker who can empathize and support you compassionately.

Please feel free to contact me for more information on recovery or to share your story. Kathryn Berkowitz, CLA,CCE,CPD blueridgediva@gmail.com

Questions to Consider

After your abortion:
1. Did you ever experience the loss of another baby through miscarriage, stillbirth or premature birth?
2. Did you ever experience the interruption of normal labor, such as feelings of fear or terror with a corresponding inability to give birth normally?
3. Did you ever have intense fear that your baby would die or have something wrong with them?
4. Did you ever feel revulsion at the sight of your pregnant body?
5. Did you have an intense fear of giving birth?
6. Did you schedule a cesarean to avoid labor and birth?
7. Do you have a difficult time asserting yourself or your needs during your birth experiences?
8. Do you tend to take either a very passive OR overly controlling attitude about your care by your obstetrician or midwife?
9. Did you ever feel that your baby was rejecting you when you had difficulty breastfeeding?
10. Did you ever experience postpartum depression beyond the normal “baby blues”?
11. Did you have flashbacks of the abortion during your pregnancy or birth?
12. Did you suffer from intrusive thoughts or emotions during pregnancy or postpartum?

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