In her recent book *Achieving Peace in the Abortion War*, psychologist and peace advocate Rachel MacNair argues that the abortion industry is crumbling under the weight of its own inconsistencies and “is too fragile to last.”

In 1998, 60% of the doctors doing abortions were 65 or older, and new doctors are replacing them “in very low numbers,” she says. Last year, Planned Parenthood’s research arm, the Alan Guttmacher Institute, reported that the number of places women could get abortions dropped from about 2,500 in 1992 to 1,787 in 2005.

Drawing on testimonies of abortion providers themselves, MacNair makes the case that people involved in the abortion industry show signs of post-traumatic stress disorder (PTSD) as a result of the work they do. This, she says, helps explain why doctors and nurses involved in providing abortions “are a weakening link in the abortion chain.”

The fundamental tension for these workers is reconciling their desire to help women with the reality of the abortion procedure itself. MacNair quotes a nurse who attended a workshop that helped abortion providers deal with ambivalent feelings.

The nurse talked about women in the recovery room who cried and said, “I’ve just killed my baby.” She added, “I don’t know what to say to these women. Part of me thinks, ‘Maybe they’re right.’”

The book also cites a paper written by abortion specialist Dr. Warren Hern, who studied his own staff. Here he discusses late abortions: “Some part of our cultural and perhaps even biological heritage recoils at a destructive operation on a form that is similar to our own, even while we know that the act has a positive effect for a living person.”

MacNair directs the Institute for Integrated Social Analysis for the organization Consistent Life and is a former president of Feminists for Life of America. In a phone interview, she referred to the recent murder of Dr. George Tiller as “appalling” and said she supports all pro-life efforts that are “nonviolent and honest.”

Her book applies what she’s learned in the peace movement to the “abortion war”: “Achieving peace involves taking everyone’s thoughts and feelings and well-being seriously, especially those of the opponents.”

MacNair’s interest in studying the psychological effects of abortion on providers dates back to 1995. “I was contemplating the question of how abortion staff would react to doing [abortions],” she said.
“Achieving peace involves taking everyone’s thoughts and feelings and well-being seriously, especially those of the opponents.”

Rachel MacNair

Did they react to the messiness of the procedure the way medical staff typically do, by telling themselves that they were helping the patient? Or did they respond as though somebody was being killed?

“Are they mentally reacting as if it’s killing someone, or are they reacting the way people normally do to giving medical treatment? This would tell us something more about what abortion is, beyond the bumper-sticker, heated debates that we’re having.”

She wondered if they showed symptoms of post traumatic stress disorder and was “surprised to discover that the idea that killing might be a cause of PTSD hadn’t been considered much, even among combat veterans.”

Intrigued, MacNair pursued the question “Is the act of killing traumatic to the one who does it?” in her doctoral studies and research in the late 90s and in her book

*Perpetration-Induced Traumatic Stress: The Psychological Consequences of Killing.*

In her current book, she looks at PTSD symptoms in abortion workers and uses the theory of cognitive dissonance as a template for her analysis of their behavior.

People are uncomfortable when two things that they know about themselves or their environment contradict each other. For example, says MacNair, “hugging someone is consonant if you are fond of that person,” but slapping someone you love creates cognitive dissonance.

Abortion providers, she says, are heavily invested in the idea that abortion helps women. When they see things in the clinics that challenge that assumption, they use strategies to get rid of the dissonance, such as avoiding and repression, irrelevancy, belligerency and proselytizing, transferring responsibility, and adjusting.

The American public, too, struggles with cognitive dissonance about abortion. When abortion numbers were going up, says MacNair, the need to assume abortion was okay was strong, because Americans see themselves as “a noble and virtuous people.”

MacNair stresses that today’s declining abortion numbers create an opportunity for prolife peace-making. The rate of abortions per woman, the ratio of abortions to live births, and the number of clinics and providers are all going down.

It is very important that people understand the need to talk about this, she says. “If people know the practice is falling apart, it becomes safer to listen to the reasons why there might be something wrong with abortion.”

*This article appeared in the June 22, 2009 issue of The Mennonite Weekly Review. For more information on Rachel’s work, visit her website at www.rachelmacnair.com.*