To Our Legislators:

We have read the arguments for the passing of the near-total abortion bans and we have heard President Trump’s claims that after delivery, the mother and doctor decide whether or not to “kill the baby.” We have read the assertions that the unborn are more important than the fully developed girls and women who carry them. We have listened as we been called "hosts"; told that our bodies would "shut it down" if we were actually being raped; notified that we deserve the death penalty for making our own decisions; and informed that we have no say in what is or is not a traumatic experience.

On May 14, we witnessed as HB314 was signed into law by Alabama governor Kay Ivey, making abortion illegal in all cases unless the woman’s health is at serious risk, with no specificity as to exactly how much bodily risk is required before this option becomes available. We watched as an amendment was introduced to exempt rape and incest victims that failed 11-21 votes.

Now, as mental health professionals, it is our responsibility to respond from our own experience and expertise.

As mental health professionals, we listen to girls and women every day. We witness the tragic repercussions in the lives of girls and women who have histories of rape and incest that, with a flick of a pen, have been deemed irrelevant when it comes to pregnancy. We sit with young children who have been touched in ways they cannot make sense of but now face the possibility of being forced to carry a pregnancy anyway. We hear from women who consider, with more love and responsibility than these bills will ever recognize, the feasibility for caring for a child, and the children they may already have. We bear witness to women as they decide what they want their lives to be, while this bill delivers the message that they should not have a say in their own lives at all.

As mental health professionals, we speak everyday with women who have been traumatized and retraumatized by the passing of these bills (https://www.americanprogress.org/issues/women/reports/2018/06/13/451891/limiting-abortion-access-contributes-poor-maternal-health-outcomes/). We work with women who have been unable to concentrate at work because of the toll this is taking on their psychological well-being. We hear the stories of women who have been blamed for their own abuse and of girls who have been told they should have known better. We see the long-term effects these experiences have on the way these girls and women think about themselves and their relationships. We see the devastating effects upon children who are “born unwanted.” (https://www.ncbi.nlm.nih.gov/pubmed/21486260). While we work every day to facilitate an expansion in the way girls and women understand their own value, we know that this form of legislation sends the message that their lives have less value than a newly fertilized ovum.
As scholars, clinicians, and social scientists, it is clear to us that this legislation is not just about limiting the control girls and women have over their own bodies, but also about further disempowering and exploiting poor people and people of color. We hear the stories of poor and working-class people who are forced to rely on predatory lenders, go hungry, and even become homeless just to scrounge together enough to access and pay for the care they need. We listen to women of color whose experiences of this and other restrictive bills are haunted by histories of systematic reproductive control and abuse, including forced sterilization and rape (https://mic.com/articles/99148/american-healthcare-is-so-awful-for-women-of-color-it-may-violate-the-un-convention#.doESaaWJN). And we know that the most common danger to fetuses is domestic violence, which is nowhere addressed in any of these "fetus saving" laws.

We know that world-wide, when abortion is illegal, the abortion procedures continue, and that complications from unsafe abortions increase (https://www.guttmacher.org/fact-sheet/induced-abortion-worldwide). As those who understand that a sense of agency is critical for psychological well-being, we are alarmed that these bills rob women of agency and leave them at risk for serious harm. With absolutely no stipulation for child or maternal health care, these bills rob women of agency and leave them with sole responsibility. As those who are charged with caring for the emotional well-being of others, we take back that pro-life agenda: WE are pro-life.

We wonder how many of the legislators who voted for these bills have actually spoken with a survivor of rape. We wonder how many have actually spoken with a child who was molested and became pregnant as a result. We wonder how many have sat beside a woman as she goes through the pain of a miscarriage. We wonder how many have actually listened to a woman make a healthy decision about motherhood. We wonder how many have ever truly heard the stories of girls and women.

The bills signed into law in Ohio, Georgia, and Alabama have set in motion a host of other states’ efforts to put forth similar bills. To legislators in those states who are considering signing these bills, we remind you that it is your responsibility to consult with mental health professionals. We remind you that it is your responsibility to read the actual research many of us have done in this area. We remind you that it is your responsibility to study the impact these bills will have not only on the most vulnerable, but on the health of your state as a whole. It is not enough to consider abortion from only within the womb.

To the representatives who hold the position that only once a woman’s or a girl’s body has been brutalized does she deserve the right to make a decision, we suggest that you ask yourself why this is the prerequisite. To the politicians who have already voted down a proposed amendment that would allow abortion in cases of rape and incest, we implore that you actually speak with a pregnant girl and ask her what it is like to be forced to carry the fetus of her attacker. To the legislators who have already agreed that a woman is guilty of murder for leaving Georgia for a safe abortion, it makes sense that you should be the ones to personally inform her that it is no longer
only her reproductive system over which she has no rights, but her entire body. To the legislators who have already decided that women and doctors deserve to be put to death for facilitating a decision that is a human right, it only seems fair that you are the ones who inject them. If girls and women are being forced to give up rights, then you should be forced to give up the option to hide behind a piece of paper without facing the very people whose lives you are deciding.

If legislators are unwilling to listen directly to girls and women before deciding what happens to their bodies, then they must, at the very least, listen to those of us who do.

Authors:

Dana L. Sinopoli, PsyD  
Clinical Psychologist, Private Practice, Philadelphia, PA  
Psychoanalytic Candidate  
The Institute for Relational Psychoanalysis of Philadelphia  
The Coalition for an Ethical Psychology

Nancy Burke, PhD  
Associate Clinical Professor  
Feinberg School of Medicine of Northwestern University  
Co-chair, Psychotherapy Action Network  
Immediate Past-President and Faculty  
Chicago Center for Psychoanalysis  
Vice-President, ISPS-US  
Secretary, Expanded Mental Health Services of Chicago NFP

Katie Gentile, PhD  
Professor, Gender Studies  
Chair, Department of Interdisciplinary Studies  
John Jay College of Criminal Justice, CUNY

Jane A. Hassinger, LCSW, DCSW Psychoanalyst  
Research Investigator, University of Michigan School of Medicine  
President, Section IX (Psychoanalysis for Social Responsibility)  
Division 39, Society for Psychoanalysis and Psychoanalytic Psychology, APA

Mary Pelton Cooper, RN, PsyD  
Professor, Northern Michigan University, Retired  
President, Psychologists for Social Responsibility

This letter has been endorsed by Psychologists for Social Responsibility