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Understanding the Truth Will Set Us Free

- ❖ **Unpacking Our Baggage: Understanding the Wounds of Those Born Since 1960**
- ❖ **Gen Y Summary**
- ❖ **Overall Description of Traits**
- ❖ **Strategies to Promote Healing**
- ❖ **“I am not a Mechanism” by D. H. Lawrence**

**UNPACKING OUR BAGGAGE:
UNDERSTANDING THE WOUNDS OF THOSE BORN SINCE 1960**

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*I am not a Mechanism, an assembly of various sections.
And it is not because the mechanism is working wrongly, that I am ill.
I am ill because of wounds to the soul, to the deep emotional self
And the wound to the soul takes a long, long time, only time can help
And patience, and certain difficult repentance
Long, difficult repentance, realization of life's mistake, and the freeing of oneself
From the endless repetition of the mistake
Which mankind at large has chosen to sanctify.*

D. H. Lawrence, HEALING

Initial research based on the book **13thGen: Abort, Retry, Ignore, Fail** by Howe and Strauss.
Major outline points based on this book:

- Parameters of Gen X or 13th Gen: Those born 1961-1981
- Parameters of Gen Y or the Millennial Generation: those born 1982-2002

Many sociological changes occurred during this time that have had psychological fall out.

"In the past there were always some elders who knew more than children in terms of their experience of having grown up within a cultural system. Today there are none. It is not only that parents are no longer guides, but there are no guides, whether one seeks them in one's own country or abroad. There are no elders who know what those who have been reared within the last twenty years know about the world in which they were born." Margaret Mead, 1969

Advent of the Birth Control Pill 1960

- * Ability to effectively control reproduction for the first time
- * Mind set change from welcome children to wanted children
- * Wantedness brings an agenda with expectation of perfect children
- * *"In the age of choice, the wanted fetus as potentially perfect child and as object of affection has higher value than earlier times."*

"Children are expected to provide a return for all their care, attention and money lavished on them...They also expect their children to live lives that reflect their parents' endeavors to provide a superior upbringing. Children have become extensions of the parents' selves, demonstrations of the parents' genetic potential, economic expenditures, emotional self-sacrifice, and childbearing ability."
Lying-In: A History of Childbirth in America (Page 238)

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- Welcome children, usually in larger families have less demand on them to fulfill parental dreams.

“But the spiritual burden we pass on to the child may be the most difficult to bear. We do expect them to fulfill an incompleteness in ourselves, in our world. Our children are our vehicle for the realization of unfulfilled human dreams; our class aspirations, our visions of social justice and world peace, of a better life on earth.”

Teenage Wasteland: Suburbia’s Dead End Kids by Donna Gaines

- Opened the door to discuss sex and sexuality as never before
 - The “oops” phenomena—children now know the circumstances of their conceptions and this becomes their identity.
 - This can be an existential wound. “I am a mistake.”
 - Message that love is a limited commodity. Children ask for siblings are told that they are loved SO much that parents could not possibly love another child. Love is limited as a commodity. Children are confused by the message. If they are such a good thing, why would the parents not want more of them. They observe that there are two cars and three tv’s and 3 computers. In those cases more is better.
- Physical impact of the chemistry of the Pill
 - Women on the Pill choose a mate differently based on pheromones, scent molecules produced by all human beings. The woman on the Pill chooses someone more like her father or her brother, in regards to immunology because her body is in an induced state of pseudo-pregnancy and so she is seeking a protector. The woman not using chemical contraceptives will chose a mate by scent who is an immunological fit for her. This may improve fertility. (Work of Martha McClintock at the University of Chicago and Wedekind in Switzerland)

Abortion—Legalized in 1973 in the U.S.

Statistic: 43% of women in the U.S. will have at least one abortion by age 45. (Alan Guttmacher Institute) A nearly equal number of men will be impacted.

- The aftermath of abortion caused by traumatic grief can arise at any time in a woman’s life, should her life circumstances change and thus change the meaning of the abortion experience. Dysfunctional coping mechanisms may surface that can impact the life in the family, such as eating disorders, chemical dependency.
 - Some women will have problems dealing well with subsequent children becoming overly protective but emotionally distant.
 - Men who have been impacted by abortion may exhibit similar behaviors
 - Kids who learn about a parent’s abortion may develop survivor syndrome, just like the kid who lost a sibling to cancer or accidental death.

“But the contradictions faced by Scott’s generation are even more overwhelming—for example, the issue of reproductive rights versus the right of the unborn. The baby bust was the last generation conceived before abortion became legal. In effect, Scott and his peers grew up understanding that one generation now had the legitimate right to annihilate another, up-front.”

Teenage Wasteland: Suburbia’s Dead End Kids by Donna Gaines

Zero Population Growth Movement (ZPG) (Now called “Population Connection”)

- Parenthood discouraged as children are a pollution problem. For many years, articles appeared saying it cost \$1.5 million to raise a child. This was in the U.S. and Canadian media.
- The cover of U. S. News and World report had an infant with a bar code on its forehead. The image as a child as ultimate possession.

Evil Child Movies:

- New phenomena beginning in 1950, with *The Bad Seed* from Canada, with 20 more such as *Rosemary's Baby*, **The Omen** and *The Exorcist*.
- First time in history of literature that children were portrayed as evil incarnate
- These movies were viewed by this generation. They still talk about how frightening these movies were to see.

The Germans say we have become an unfriendly society.

Mobility

- Average American moves 11 times in a life time (U.S. Postal Statistic).
- Thirty-one percent of 8th grade class of 1988 changed schools two or more times after entering first grade and before the middle of eighth grade.
- In previous times individuals moved four or five times, usually within the community
- Stability of location made for extended family and community connections to attachment for people.
- Living in community with other attachment figures mitigated some of the damage done by divorce, lost parents or major family dysfunction. Others could step into the child's life.
- Young families make conscious choice not to set roots because they know they will move and it is too painful, but keeps them from developing a meaningful support system.
- They are physically separated from their nuclear family system. Kids do not know aunts, uncles, cousins or even grandparents well.

Divorce

- 1 in 2 will live in a single parent family at some point in childhood.
- 1 in 4 lives with only one parent
- 1 in 25 lives with neither parent
- 7 out of 10 are living in a non-traditional family
- 23.3% living with biological mother
- 4.4% living with biological father
- 1% in a foster family
- 3.7% living with non-relatives
- 6.3% living with grandparents
- 30% living in step families
- Children of divorce are 7 times more likely to suffer from depression as an adult.
- U.S is world leader in fatherless families
- 40% of all current marriages are second or third marriages
- 75% of children/adolescents in chemical dependency hospitals are from single parent households

- More than 50% of youths incarcerated for criminal acts lived in one-parent families when they were children.
- 63% of suicides are individuals from single parent families.
- 75% of teen age pregnancies are adolescents from single parent homes.
(Statistics from Rainbows at www.rainbows.org)

Specific Risk Factors

- Females
 - Greatest predictor of adolescent sexual activity are emotionally absent fathers
 - Females in family with step-father seem to have accelerated pubescent development
- Males
 - Being raised by single moms, without strong male mentor presence, at risk for becoming hyper-masculinized while making transition to adulthood—can lead to sexual activity to “prove” manhood with girls looking for male approval and attention. Likely to abandon pregnant partner.
 - Can also result in pursuit of risky and violent behaviors.

Joint Custody

- Outcome for child is that he has two houses, but no home. They do not use home language.
- Feels emotionally homeless and displaced
- Must work extra hard to maintain relationships with step-parents and siblings. May encounter outright hostility in these others.

Judith Wallerstein asks a child, in joint custody, what advice he would give to other kids like him. He replies, *“He’ll be tired because you have to keep telling people where you are and you have so much to remember, where you are going and where your favorite stuff is. And it’s hard because, like I have friends at my school but they can’t come to my dad’s house. And there are some kids I play with at my dad’s but I only see them when I am there. And a lot of the time they don’t remember that I am going to be there and they have made plans to play with someone else. So I don’t have anyone to play with when I go there. And when I’m at my mom’s the kids have made plans I don’t know about.”* (**The Unexpected Legacy of Divorce** by Judith Wallerstein, Julia M. Lewis and Sandra Blakeslee; p. 210)

Long term outcome for children of divorce

- They keep identity of child of divorce throughout their lives.
- Less likely to have children and to marry
- Health related issues, including psychiatric hospitalizations, suicide attempts, ulcers and other stress related issues.
- 38% of adult children of divorce have children; 61% of adult children with intact families
- May have significantly reduced access to financial resources.

The Unexpected Legacy of Divorce by Judith Wallerstein, Julia M. Lewis and Sandra Blakeslee

Other outcomes

- Children became “parentified”—needed to take care of parents.
- Children’s and adolescent literature changed to talk about divorce

- Children are left to fend for their own emotional needs. Parents consumed with their own pain and children are assumed to be emotionally resilient.
- Adolescence begins early in divorced families and is prolonged, extending into early adulthood.
- Often crippled in adulthood when they are looking for a marriage partner. They bemoan that no one taught them how a stable relationship works or what to expect in a partner.
- Do not experience as much free play and have more difficulty in social settings.

Mother's Working

58% of mothers return to work within the first year after their child's birth.

- Separation of mother and child during infancy and early childhood can create attachment problems, feelings of abandonment.
- Mothers have always worked but in another time, children were cared for by attachment figures such as an aunt, grandmother, older sibling or neighbor.
- As mobility rose, others were needed for childcare and it became an industry with a depersonalized name "Daycare provider"—no longer babysitter.

Day Care Dilemma

- Finding excellent care: 1995 study from the University of Colorado found only 8% of centers serving infants and toddlers offer high quality care; in 40% of the centers, the care was so bad as to endanger young children's psychological and cognitive development.
- Frequent changes of day care setting creates stress and loss for the child.
- Loss of sense of history from day care experiences, unlike shared history, when an attachment figure is providing care. Parents should take pictures and keep an album documenting their child's history.
- Question of language development differential between bonded care provider and hired caregiver who does not have adequate time for interactive language.
- Kibbutz research that may carry over indicates that the child may become peer driven; doesn't develop a moral conscience or moral introject (voice that becomes our conscience); has high threshold for stimulation because they may need to be able to shut out too much stimulation to self regulate body modes.
- May not get adequate stimulation of touch, movement and breastfeeding in infancy (Somato-Sensory Affectional Deprivation research done by James Prescott of NIH).
- Prohibited from exploring world—can not freely bike ride or roam neighborhood.
- Limited in interactions with other children in day care. Often can not see these children outside of daycare setting.
- Demise of Free Play—advent of play dates and teaching friendship skills in schools.
- Difficulty in learning negotiation skills due to constant adult supervision of all activities, in daycare, school and sports activities.
- Children no longer see other families to observe randomly.
- Children with most transitions and many losses are the most harmed.

Profound Loss Issues

These are caused by changes of Daycare providers, break up of marriages and subsequent relationships, frequent changes of school and neighborhood.

- Children grieve differently. They protest, despair and detach.
- Young adults have learned that relationships are not trustworthy. The people you come to love just disappear one day. This makes them afraid of committed relationships. They will state that they do not trust people or relationships.
- Losses incurred by death can have significant impact. However, when someone (an attachment figure such as a father or grandmother) dies they remain a part of the family system. Daughters of dead fathers are less likely to become involved in premature sexual activity and are in fact, more socially regressive—less likely to date early.

Visual/Audio Media Exposure

- If a certain part of the brain is over stimulated while young, another will not develop as well. **Endangered Minds: Why Children Don't Think and What We Can Do About It** by Jane M. Healy
- Computers, video games used by very young children mentally over-stimulate them and desensitize them to the reality of violence.
- Media research has proven that viewing violent images on TV and in games, makes individuals more prone to violent behavior.
- TV brings violence and death into the home. “If it bleeds, it leads” on the evening news. Images, such as those from 9/11 and the new Gulf War are repeated time and again.
- TV has made us a global village. News of kidnappings far away make everyone fearful of what may happen near home. The incidence of kidnapping has not risen, but our impression is that it has. This increases hyper-vigilance in parents and caregivers.
- TV programs for small children use very simplistic language. To develop complex language ability, one must hear complex language while a small child. (Reference Sesame Street and TeleTubbies vs. Mr. Rogers and Captain Kangaroo).
- A Preschooler is exposed to 10,000 violent episodes a year.
- By age 18, a typical American child will have seen at least two hundred thousand dramatized acts of violence and forty thousand screen murders.

Stress Inducing Life Experiences

Harried lives of parents and kids create stress symptoms in both parties.

- On going stress chemistry in small children coupled with other stressful experiences such as Neonatal Intensive Care Units or abuse may cause a “trauma Brain” to develop—a brain that is physically different and prone to extreme stress reactions without the proper biochemical shut down mechanisms.
 - **The Over Scheduled Child: Avoiding the Hyper-Parenting Trap**
By Alvin Rosenfeld M.D., Nicole Wise, Robert Coles
 - **The Hurried Child: Growing Up Too Fast Too Soon** (3rd Edition)
By David Elkind, Ph.D.
 - **Children Without Childhood** By Marie Winn

Stress Inducing Factors

- Neonatal Intensive Care Units—400,00 babies per year since early 1970's
- Mobility and school change
- Divorce, loss of home, introduction of non-related step-siblings and parents

- Media presence in home giving a message of a dangerous world
- Sexual, emotional, verbal abuse—3million allegations reported each year.
- 1 of 3 girls and 1 of 7 boys are sexually abused by the time they reach age 18
- Full time day care from infancy (20 hours or more per week, especially with non-related, non-invested caregivers).
- 23 million Americans suffer from some sort of anxiety-based disorder.
- Increasingly harried lifestyles
- 1.9 million children have lost one or both parents by age 18.

“A trauma need not be severe if conditions causing it are repeated often enough or continue over a period of time. Repeated mild traumatic events are, due to sensitization, just as harmful as severe traumatic events. Also, what constitutes a traumatic event is often, dependent on the age of the person. Separation from a primary caretaker, according to Perry, et.al. (1995) is traumatic to the infant, yet only minimally threatening to the adolescent.”

“Short and Long Term Effects on Infant and Toddlers in Full Time Daycare Centers” by Henry Brandjiten, M.A. and Thomas Verny, M.D., D.Psych., FRCP; Journal of Pre and Peri Natal Psychology and Health. Summer 2001.

- Stress in early childhood causes alternative brain formation
- Impacts in hippocampus, making it smaller. This part of brain continues forming after birth.
- Other brain structures may be impacted such as the amygdale, with possible lesions in the pre-frontal cortex. People with these lesions that have developed in early life have defective social and moral reasoning.
 - *“Animals or humans with lesions to the prefrontal cortex exhibit poor attention regulation, disorganized and impulsive behavior, and hyperactivity.”* (Arnsten)
- May change the way the brain processes stress hormones, making it hypersensitive to stress hormones, but without a proper shutdown mechanism.
- This make take a toll on the body predisposing it to Type II Diabetes, obesity, hypertension, depression, anxiety, aggression, impulsiveness, delinquency, hyperactivity, substance abuse, and many other psychiatric problems as well as increased suicidal risk.
-

Article: “Child Abuse and the Brain” by Martin Teicher, Scientific American, March 2002

“Short and Long Term Effects on Infant and Toddlers in Full Time Daycare Centers” by Henry Brandjiten, M.A. and Thomas Verny, M.D., D.Psych., FRCP; Journal of Pre and Peri Natal Psychology and Health. Summer 2001.

Research writing of Alan Schore, PhD.

Shift in Reproductive View

- For Gen X, the ability to limit reproduction through the Pill and abortion was center point.
- For Gen Y, the culture has become obsessed with reproductive technology because of increased infertility, and delayed childbearing.
 - IVF
 - Egg and sperm donors with surrogate mothers
 - Coed can now make \$30,000 for egg donation
 - Fetal reduction

- DNA testing now allows for determination of who the father is
- “Baby Snowflake Adoptions”—frozen embryos that are no longer needed or wanted implanted into other people
- Frozen embryos—one obsessed with heat and the tropics, the other with cold, ice and snow. Long term implications of reproductive technology on the individual are unknown.
- Births to older women will mean a larger percentage of these children will have a parent die before they reach adulthood.

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Gen Y Summary

- Survivors
- Sort of sheltered
- Special
- Achieving
- Pressured
- Child focused
- More dichotomy than Gen Xers
- Pain conscious and fearful of things like kidnapping and random world events
- Terrified
- Sense of shortened future as a result of September 11.
- More traumatized and emotionally fragile—believe the world is a dangerous place and this will be exacerbated by the war in Iraq.
- Compliant
- Insecurely attached
- Unattached
- Compulsive self-reliance
- Compulsive care-giving
- Distrustful of relationships
- May eventually get angry when it is safe to do so
- May have questions about reproductive technology, using DNA testing to determine who their father is, may be an In Vitro Fertilization child, part of a conceived sibling group, some who died in fetal reduction, “My Two Mommies” phenomena
- Many stress related diseases already present—high blood pressure, Type II Diabetes, high cholesterol, increase in asthma
- May be wired for stress do to early life experiences such as neonatal intensive care units and full time day care
- Some will be homeschooled children. These children seem to be more secure, less fearful, more sheltered, more classically educated, more self-reliant. I remains to be seen how they will transition to the work place and the college scene. It is to early to generalize about this. Their family experience is secure. They are more hopeful.

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Overall Description of Traits

- ❖ Untouched
- ❖ Risk takers
- ❖ Searching for attachment/connection
- ❖ May have existential wounds
- ❖ Sex as commodity
- ❖ May be emotionally immature well into their twenties—didn't have their emotional needs met early on and may regress even more in a safe relationship before gaining ground.
- ❖ Disconnected from feelings
- ❖ Many ungrieved losses from broken family systems, day care and family moves.
- ❖ Apparent affluence but would trade “stuff” for parental time and attention
- ❖ Many will identify as parentally love deprived
- ❖ Child as commodity
- ❖ Very fearful
- ❖ Survivors
- ❖ Amoral
- ❖ Unskilled, unschooled unwanted
- ❖ Spiritually hungry
- ❖ Cynical/skeptical/distrustful
- ❖ Will restrengthen family
- ❖ Nurture children
- ❖ Politically more conservative
- ❖ Therapy junkies
- ❖ Inability to care for oneself
- ❖ Lack domestic skills
- ❖ Form clans, surrogate families of peers
- ❖ Haven't had God moments-don't have a faith language; crave the mystery of faith
- ❖ Isolated with cell phones and the internet
- ❖ Need day planners
- ❖ Grew up in a culture of divorce
- ❖ Didn't learn values
- ❖ Scared to be in relationships that are truly intimate
- ❖ Drugged generation—Prozac, Ritalin, drugs to cope
- ❖ Don't trust institutions
- ❖ Who do we go to for the truth?
- ❖ Too busy to ask questions we need answered.
- ❖ Didn't learn work ethic at home—don't know what parents do and work is outside the home.
- ❖ Unable to complete tasks
- ❖ Don't know silence—would give up food before radio
- ❖ Live in a virtual world of the Internet where identities are suspect and information unlimited

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STRATEGIES TO PROMOTE HEALING

Speak the truth to them.

Engage them in real conversation whenever a opportunity arises and ask them questions about their lives and dreams.

Listen to them.

Reach out in mentoring and friendship settings to provide modeling behavior and safe havens for them to emotionally regress while they regroup.

Offer to hug them with permission and appropriately.

Recognize the loss issues and be willing to talk about them, when appropriate.

Help them in their search for a faith experience.

Give them alternative families that they can attach to.

Be willing to talk to them about problems and challenges you've had so they can see they are not alone in what they have faced.

Grandparents have a special obligation to connect with their grandchildren. They may be able to provide calm, unconditional love. Their physical presence in the lives of grandchildren is critical.

Give them space and the means to heal the wounds. Help them to understand by naming the wounds that might be present when appropriate.

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I am not a mechanism

By

DH Lawrence

I am not a mechanism, an assembly of various sections.
And it is not because the mechanism is working wrongly,
that I am ill.

I am ill because of wounds to the soul, to the deep emotional
self

and the wounds to the soul take a long, long time, only
time can help

and patience, and a certain difficult repentance

long, difficult repentance, realization of life's mistake, and
the freeing oneself

from the endless repetition of the mistake

which mankind at large has chosen to sanctify.

Understanding the Truth Will Set Us Free: Teens and Young Adults

Section II

- ❖ **Teens, Young Adults and Abortion-Summary of Research Articles**
- ❖ **Brain Development in Adolescents and Young Adults**
- ❖ **Treatment Suggestions for Teens and Young Adults**
- ❖ **Reaching the Wounded, Helping Them Heal: Reclaiming Womanhood and Sexual Integrity**

Teens, Young Adults and Abortion Summary of Research Articles

Prepared by Vicki Thorn

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Principles of moral reasoning were infrequently used as a basis for decision-making among adolescents and young adults. (Foster, Spinthall, *Adolescence*: 1992)

The level of reasoning among adolescents and young adults concerning abortion was lower than their cognitive reasoning in general. (Foster, Spinthall, *Adolescence*: 1992)

Teens who experience one prior abortion are approximately four times more likely to terminate a current pregnancy compared to a teen with no abortion history. Married adolescents were more likely to carry to term than unmarried. (Joyce, *American Journal of Public Health*, 1988)

Women in patient led post-abortion support group, who had poorly assimilated their abortion and who had abortions as adolescents, were more likely to report parental marital difficulties, attempt suicide, had severe nightmares, and exhibit immature coping defenses, such as retreating into sexual activity or drug and alcohol abuse than women over 20 who had abortions.

A secret abortion, without disclosure or discussion, creates a psychological burden for the pregnant woman and a barrier to her future relationships with significant others. (Wallerstein, *Archives of General Psychiatry*: 1972) Young women often decide to keep abortion secret from family to keep family stress and to protect their membership in the family of origin. This may mean increased personal stress and alienation. (Rue, *International Review of Natural Family Planning*: 1985)

Women treating abortion as a moral issue were more likely to continue their pregnancies, while those treating abortion as a personal issue were more likely to obtain an abortion. (Smetana, *Journal of Applied Development*: 1981)

Adolescents are very conscious of anything that will set them apart from their peers. Teens will try to diminish physical, social or emotional factors that may set them apart from others. (Garber, *Adolescent Psychiatry*: 1985)

The adolescent, who is deciding on an abortion, having an abortion, or in a post-abortion period, "needs a trusted ally who can understand her motivation for pregnancy and abortion, explore her ambivalence and consider alternative solutions. Ambivalence is universal." (Nadelson, *Pediatrics*: 1974)

University of Minnesota study found that teenage a girl is 10 times more likely to attempt suicide if she has had an abortion in the last 6 months, than a comparable girl with no abortion history. (Garfinkel) In another study, over 35 months, 4000 women called a Suicide Anonymous group in Ohio. Of that group, 1800 had had abortions, 1400 of that subgroup were between the ages of 15 to 24, the age group with the fastest growing suicide rate in the U.S. (Uchtman) A 1987 study of women with post-abortion trauma, found 60% with suicidal ideation, 28% who had attempted and 18% who had attempted more than once. (Reardon)

Conflict with one's mother is a risk factor for continuing psychological and social impairment after abortion. 50% in one study had poor relations with parents that were marked by overt or covert hostility between mother and daughter. (Perez-Reyes, *Arch Gen Psychiatry*, 1973)

Anniversary reactions may be very traumatic and may include depression, sadness, or crying, abdominal cramping motivated by incomplete or abnormal grieving over the loss of the child. (Tischler, *Pediatrics*: 1981)**Note—This may be driven by hormonal shifts and interactions caused by the presence of cells from the aborted infant in the mother’s medulla and body. (Report of Vatican Congress, 2000)

In a small cohort of 22 from a group of 114 women, ages 14-22

11 were interviewed 5 to 7 months post-abortion:

- 11 were sexually active with contraception
- 7 had moderate depressive episodes
- New physical complaints for which medical attention had not been sought
 - Difficulty concentrating in school
 - Withdrawal from previous social contacts
 - Lowered self-esteem explicitly related to the pregnancy and abortion experience
 - Newly begun pattern of promiscuous relationships with men
 - Regression to more infantile modes of relationships with parents

At 14 months, 9 of the 22 were seen

- None had improved
- Several were sexually active without contraception

*Symptoms were particularly noticeable in the 14-17 age group. Wallerstein, the author, warned that pregnancy and abortion in these groups is “considerably heightened risk and a point of potential major maturational skewing.” (Archives of General Psychiatry, 1972)

Teens, who abort, are nearly three times more likely to be admitted to mental health hospitals than women in general. (Somers, PhD. Dissertation: 1979)

Repeat pregnancy cycle happens. The incidence of rapid repeat pregnancy is between 17% and 42% after one year and 29% to 75% after two years. These pregnancies may also be aborted. If a teen had one abortion, they were four times more likely to abort the current pregnancy. Another study found that 38% had undergone a previous abortion and 18% had undergone two abortions in the same year. Contraceptive use becomes spotty and may cease completely. The desire for a replacement baby may be conscious or unconscious, but the drive is incredibly strong.

Center for Disease Control reported that 30% of teen abortion occur at or after 13 weeks, compared to 12% over all. These girls are more ambivalent about abortion, in denial about the pregnancy, more bonded to the baby, have religious or moral objections to abortion or being pressured to abort by someone. There is a greater risk of physical complications in this cohort, including intrauterine adhesions, higher rates of endometritis, Pelvic Inflammatory Disease, cervical incompetence, subsequent miscarriages and ectopic pregnancies, uterine rupture and death. In addition, the type of abortion used may predispose her to low birth weight babies and various developmental and health issues for subsequent babies. This may exacerbate aftermath as well since she was more ambivalent and carried the pregnancy longer, often identifying with the baby.

Brain Development in Adolescents and Young Adults

From the book : THE PRIMAL TEEN by Barbara Strauch

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The majority of this research has been reported since 1996 and turns much of our old understanding of brain development upside down.

The brain restructures itself during adolescence, beginning about the age 11 and possibly not concluding until about age 24.

Growth spurts happen at age 4, 8, and 11 weeks. Again at 4, 8, and 12 months. And, finally, at 2,4,7,11,15,19 years. From 11 on, the gray matter of the brain begins growing again and effectively undoes what had been before. This gray matter appears to prune at age 15 and again at 19, but with continued change and maturation until the mid-20's in some cases. This gray matter is the frontal lobe, located behind the forehead. It is described as the brain's policeman, helping us to plan ahead, resist impulses. Teens and young adults often have trouble making decisions because of this.

One of the primary researchers at NIH, Jay Giedd says, "They have the passion and the strength but no brakes and they may not get brakes until they are 25."

During this time the brain is very fragile and susceptible to damage from drugs, chemicals and alcohol. A person who starts smoking during the teen years will develop four times the nicotine receptors that an adult who started smoking would.

Brain processes information differently. We as humans are hard wired to be able to read faces. There is a drop of 20% in speed of identifying emotions during these years, and they frequently get the emotion wrong. They misread facial expressions, for example, reading fear as anger. They remain slow until returning to normal at about 18.

An adult, shown the face of a man in fear, will process this information in the frontal cortex of that brain; but teens, it is the amygdale that processes what it sees. This is the center of emotion where instinctual reactions are processed. This is where fear, fight or flight originates. Brains are primed for fear and alarm. This part of the brain is the emotional center of the brain and may account for why teens are so volatile.

Teens may not be able to see the consequences of actions. Another piece of research indicates that those who were traumatized young or subject to chronic stress during their early years may actually have a lesion in the part of the brain where moral decision making is lodged. (Brandtjen, Verney)

Girls, who were romantically involved at 12 or 13, are more likely to be depressed.

There seems to be a dopamine imbalance in the brain during these years, with it peaking in the prefrontal cortex during adolescence, then it declines before the stable adult level is reached. Stress increases dopamine in this part of the brain and disturbs balance. It appears that teens may seek stimulation (thrills) to try to rebalance the brain. Addictive drugs over-stimulate these receptors. High levels of stress reduce dopamine receptors. Other parts of the brain are also changing, including the cerebellum, which may be the last structure to develop. The hippocampus, which sorts new memories, changes. Mylenation continues during these years as well. The part of the brain circuit that links

quick reactions to historic contextual thought connects. This linkage makes it possible for gut reactions to become intelligent responses. Girls make these connections faster than boys do.

The brain begins to secrete melatonin later. Teens sleep cycles become disturbed. Teens need 9 hours of sleep per night and so many are sleep deprived. Sleep deprivation raises their stress hormones. This leads to emotional volatility.

Many young people we see will have been prescribed adult medications to treat anxiety or depression. Researchers are raising serious questions about the long term outcomes of these medications. In Britain, because of the rash of teen suicides committed by people on adult medications, most are now banned for use with teens.

Additional Teen/Young Adult Observations

Most likely, many of young adult/teens that you deal with will be suffering from chronic stress, brought on by early life circumstances, pace of family living and college expectations. They are likely to be operating out of a self-preservation mode.

They will assess you quickly to see if you are trustworthy and authentic.

They look very competent, but may be emotionally immature. She may, in fact, regress even more if she trusts you. She will move forward with this regression.

They may appear avidly pro-abortion and argumentative. Just listen to them and gently respond with something like “You must know someone who has been deeply touched by an abortion experience for you to feel so strongly.” And let it be.

Sometimes they are very resistant to treatment because the pain is all that they have left because they lost the pregnancy in the abortion and usually the relationship with the boyfriend as well.

She may simply keep repeating the story to you. Eventually she will stop this, but until then, listen, listen, listen.

Urge her to get appropriate follow up care. Any health issues should be taken to a medical professional. If she used the abortion pill RU-486 and is having discomfort, tell her Tylenol is not the analgesic of choice because it will make her discomfort worse for some reason. Make sure she follows all the doctor’s instructions carefully to complete this procedure. Once begun, she must take all pills and return for a check up to make certain that the fetus has passed, because she is at risk of a profound infection, if she does not have proper medical care. Any pain, fever, unusual bleeding should be immediately attended to.

Find out exactly what is bothering her. It may be the abortion procedure was traumatic, or that her boyfriend keeps telling her to get over it, or she is worried that her figure will not have returned in time for an important event. Let go of you pre-conceived notions of what she “should” be doing and meet her where she is at.

The reality of the loss of her baby may not have become real for her yet.

Remember, she is in shock and often numb, even if she is crying a great deal.

She may be ambivalent and say that she is not certain that she would not have had an abortion again. She is vulnerable to that at this time. Do not argue with her. Nothing has changed in her life at this moment.

Girls may isolate themselves in pregnancy, and during the abortion, and then immediately afterward begin telling their peers. This is the way to seek social absolution. Know they will also distance from the friends who knew about it, because their presence reminds her of it.

She may present a “tough” exterior with lots of swagger.

Girls ask to see you and cancel sometimes. They are very touchy, however, if you have to cancel with them. They may have serious attachment issues from broken families and extended time in daycare when very young. Anything can feel like rejection to them.

If they perceive the abortion to be someone else’s decision, you may observe:

- Severe depression
- Withdrawal from peers
- Denial of the reality of the pregnancy and abortion
- Acting out, anti-social behaviors and aggression
- Development of school problems
- Impulse to run away
- Suicide attempts, suicidal ideation, and extreme risk taking that could result in accidental death
- Identification with baby in a powerful fashion
- Rage toward parents, partner, doctor or hospital
- Profound alienation from mother or parents responsible for abortion
- Severe anniversary reactions

Considerations with males

- The male who tried to stop the abortion is usually an emotionally healthy male. He identifies as the father of the baby and wants to care for the child and mother.
- If the abortion goes ahead, he will exhibit rage, grief and male impotence issues.
- He will seemingly stalk the woman who had the abortion with many calls and emails. He wants to figure out what happened. You need to help him back off his behavior.
- His grief will be profound and the relationship with the girl will usually end.
- He will eventually try to reimpregnate someone else.
- He may be profoundly depressed and suicidal. Depression may be overwhelming. Working out may help but he may need to see a doctor. He may be tempted to self medicate with alcohol and drugs. Listen for suicidal ideation. Follow your agency protocol, but above all, take him seriously.
- Acknowledge that he is a father. Help him sort out the issues.
- Recommend that he undertake vigorous physical activity to get the rage out of his system—chopping wood, working out.
- Talk to him about grief and how it manifests itself. There is a helpful little book called “Grief Therapy for Men” by Linus Mundy from Abbey Press. It has nothing to do with abortion, but will help with his grief.
- Let him talk about his feelings of helplessness. (If you happen to see him before the abortion happens, encourage him to speak the truth in his heart to his partner. He may not change her mind, but he will heal better).

- See if he can find support within his family or friends.
- Encourage him to memorialize in some way, if he's ready to do so.
- Know that if another pregnancy happens, he can become emotionally volatile during it and possibly act out.
- From a faith prospective, it can help to remind him that God's Son died, too.

Males who support the abortion or do not seem to care will not need much help at this point in time. Sometimes they seem quite arrogant. They get annoyed with their girlfriend if she needs help, and this can undercut the relationship.

Treatment Suggestions for Teens/Young Adults

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Environment

- First meeting might be in a neutral territory of a cafeteria or some other spot.
- Be aware of your office ambiance.
 - Turn off florescent lights.
 - Colors of blue, green or violet are comforting
 - Aroma of candle or some other scent producing object of lavender or vanilla
 - Very low music, preferably Baroque or other soothing sounds—no percussion, strings are better. No words or songs that would have any association for this generation.
 - Arrange chairs so you are not between her and the door. Chairs with a coffee table between might be nice.
 - Have a box of Kleenex in easy reach of her chair and a little waste container would be nice. Let her cry. Don't touch her to comfort her.
- Greet her with warmth. Shake her hand. Take her coat. Use her name. Remember she is hurting and terrified. Your gentleness is the greatest gift you will give her. Be conscious of your body language to keep it warm and welcoming.
- If she is prior to the due date, she is in shock and you need to be directive in self-care issues for her. This is a bereavement model of care.
- If appropriate, you might ask if she would like a big hug in closing. Males should not offer hugs in the current social climate.
- Offer her something to drink with sugar in it (No diet drinks!) and ideally, some hot chocolate chip cookies or chocolate kisses. (Two kisses are worth 45 minutes of brain serotonin.) This will help raise her blood sugar and give her good brain chemistry while you are together.
- Begin by asking how you can be of help, or after the first time, "Tell me what's going on."
- Listen to her and reflect back what you are hearing her say. This will help you sort out what she is bringing to you.
- If she has recently aborted, follow the protocol. (separate handout)
- Frequently assure her that what she is experiencing is normal. Try to get her invested in self care.

Mind Set

The girl/woman who has had an abortion believes that you are the expert and anything you say she needs to do. She is very magically thinking at this moment. The pain is so intense she will do anything to feel better. Many of these girls are co-dependent pleasers. They will try to please whomever they are speaking with. Explain that it is her journey. You are her companion, but she is in charge of her healing. Tell her you will suggest things that might help, but she does not have to do anything she is uncomfortable with. Tell her that she has the resources within her to recover, and encourage her to honor what her heart tells her. She needs to be reminded repeatedly that healing takes time. Explain why it is important that she take good physical care of herself so

her body can heal. Once her body feels better, she will be able to tackle the emotional issues. Reflect back to her that she is getting better whenever you can, and tell her specifically what you see as improvement.

She may also carry a number of loss issues that have caused her to detach from human relationships. She is likely to take her measure of you quickly to see if you are who you say you are and if you are trustworthy. She may be very cynical about trusting adults and so it may take a little while for her to open up. Try not to cancel appointments.

She also believes that there is something inherently wrong with her, so if she gets stuck or something does not work, she will blame herself without telling you. Assure her that everyone heals at a different pace, but her pace is best for her. Encourage her to take good care of herself. She also believes that she is not worthy of care and deserves to be punished. (Inquire about her relationship with her current boyfriend at some point to make sure that it is not abusive. Women often move into such relationships after abortions.) Pay attention to self-defeating or destructive behaviors and gently address those.

Be sure to know your resources to make referrals to doctors, psychiatrists, eating disorder groups and suicide prevention programs.

Healing Tools

Journaling

New research indicates that journaling can effectively help a person deal with trauma, but it must be focused journaling that includes emotion and cognitions. Journaling only emotion makes people worse.

“Keeping a journal of one’s feelings about a traumatic experience, as well as the effort to mentally process that experience, as well as the effort to mentally process that experience, can help people to effectively work through it.” Philip M. Ulrich and Susan K. Lutgendorf, Ph.D. of the University of Iowa say, Engagement of both thoughts and emotions while journaling about a stressful or traumatic experience can raise awareness of the benefits of the event. They continue, *“In contrast, focusing solely on the emotional aspects of the traumas may not produce a greater understanding of traumatic events.”* (This study included 122 college students who wrote in their journals at least twice a week for four weeks.) The cohort that wrote about their emotions and cognition became more aware of the benefits following the traumatic event, such as improved relationships, greater personal strength, spiritual development and a greater appreciation for life. *“A body of research has shown that awareness of the benefits of adverse events and circumstances is an important predictor of successful adjustment...Similarly, in a bereaved sample, persons who engaged in deliberate, effortful thinking about the death were more likely to experience meaningful shifts in values, priorities or perspectives in response to death.”* (Journaling about Stressful Events: Effects of Cognitive Processing and Emotional Expression, *Journal of the Society of Behavioral Medicine*: 2002).

The specific instruction given was, “We would like you to keep a journal of your deepest thoughts and feelings about this topic over the next month. We are particularly interested in understanding how you have tried to make sense of this situation and what you are tell yourself about it to help you deal with it. If the situation you are describing does not yet make sense to you, or it is difficult to deal with, describe how you are trying to understand it, make sense of it, and deal with it and how your feelings may change about

it.” The researcher also indicated that in speaking with the person it is helpful to assure them that they will find some way to cope; that there is something inside of themselves that will allow them to get through this event. This seems to trigger personal resilience.

Fact, Feeling, Father’s Heart, Faith Journaling Activity

For the girl with a faith base, this might be another sort of journaling activity that can help to clear her head and heart. This is courtesy of *Joy for Mourning, Inc. P.O.Box 4626, Panorama City, CA 91412*. This can be used to talk about some life experiences like parental relationships or previous losses.

First, she would record the facts of a specific memory or group of memories. Just a few sentences will do. Secondly, she will record the feelings that went with it in the second paragraph. Again, just a few sentences. Thirdly, she would write a letter to herself from God’s Heart. (This will feel strange, but just tell her to put pencil to paper and write what comes.) This experience can be very profound for her. Many times, she will not have had an experience of anyone loving her unconditionally. Finally, invite her to use Scripture to find a passage that coincides with what she has written. Have a Bible handy that has a list of topics in the back. She need only find one, and then she can also personalize it for herself. “God will protect me from harm.”

Telephone Counseling

In research reported in the *Journal of the American Medical Association* on August 25, 2004, researchers in Seattle reported that therapy by telephone increased the recovery rates for patients who were receiving antidepressants. (They were not clear whether all patients can be helped this way. These patients were motivated enough to seek drug treatment.) Dr. Simon said, “This represents an important change in the way we approach treatment.” He continued, “not only using the phone, but by being persistent, proactive, reaching out to people and finding them where they are. Depression is defined by discouragement; very often they’re not going to come to you.”

The Seattle study used cognitive behavioral therapy delivered over the phone.

By study’s end, 80% of those who received phone therapy said their depression was “much improved”. Only 55% of those who received the usual care said they were better. Interestingly, 66% of those who received encouragement, but not explicit therapy, said they were “much improved”.

Researchers were unclear on what part of the phone therapy made it effective or whether, perhaps, the increased attention made the patients feel better. Regardless, their observation is that this may change the mode of therapy for those who are overwhelmed, isolated, single parents or hard to reach in person care. This also has ramifications for those patients concerned about privacy issues.

My own experience of providing care by telephone to many women would support this finding. The telephone allows those without transport to access care of another human being. It can be a lifeline while they are gathering their resources to pursue further help.

Book Resource

The Book, *No One Told Me I Could Cry*, by Connie Nykiel can be used with her reading it and discussing it with you. (Available from www.lifecyclebooks.com). Make these

available in your outer office with a note that says, “For Your Friends. Keep it in circulation.”

Art

Art can also be used to help her get at the issues that are plaguing her. Suggesting that she take 3 minutes to draw an image of her loss, or what is troubling her at the moment, can access a very accurate, though symbolic rendering. Many of those we deal with are emotionally less mature than their gestational age. Higher level cognitive processing may be difficult because of incomplete brain development. When we draw, we often are able to explain our truth better than if we try to find the words to do it. Another meaningful art experience can be asking the person to make a collage of whatever it is you are talking about. Teens and young adults often like these forms of expression because they come from a very visually oriented culture. (All you need is a collection of magazines, *Women’s Day* and *Family Circle* are particularly good as well as religious magazines like, *Christian Woman*, *Charisma*, *Faith and Family*, and some blank paper, scissors and glue sticks.) One starting point is to have her draw her heart or a self portrait. This may be more than a 3 minute exercise and can be done in pencil, markers or crayons. This can begin a dialogue about the pain in her life, and may well unearth pain in addition to the abortion.

Letter Writing

This is different from journaling. Letter writing can help process the anger, rage and hurt effectively, moving her toward a place of forgiveness. This is pouring out the pain and hurt inside and directing it toward the person who harmed you. These letters are NEVER to be sent. (I tell the women that their heart is closer to their arm than their head, and so when they write, they are accessing what is in their heart.) Explain that grammar does not matter and that cuss words are ok. Women do not feel entitled to their anger so assure them that anger is just an emotion. However, when we keep anger buried inside of us, it can make us emotionally, spiritually and physically ill. It is like a sliver. If it is not removed, it can cause blood poisoning.

Once these are written, invite her to reread them a couple of times. Again, invite her to think about this anger, and how she would symbolically like to get rid of it once she has written it out—burn it, bury it, throw it in the lake, flush it. If she is working from a faith experience, invite her to pray for the grace to forgive. This process can bring “aha! Moments” as well as help detoxify her. *If* she wants to share them with you, she must read them aloud to you. You will not take them from her and read them. These are just for her, and that knowledge will allow her to be freer in her expression.

You will do some teaching about forgiveness. Acquaint yourself with the forgiveness literature that is coming out. The Forgiveness Institute at the University of Wisconsin is a great resource. (www.forgiveness-institute.org) Forgiveness is key in healing old wounds.

These books are helpful in understanding the process of forgiveness:

- Forgiveness is a Choice: A Step-By-Step Process for Resolving Anger and Restoring Hope, by Robert D. Enright (Apa Lifetools)
- Forgive and Forget: Healing the Wounds We Don’t Deserve, by Lewis Smeddes
- Forgiving the Unforgivable, by Beverly Flanigan

Ritual

As she approaches her due date you may have a conversation with her about the need to mark the fact that she has finished this part of the experience in some symbolic way. This could be letting a balloon go, or leaving a flower somewhere.

She may want to engage in some other symbolic ritual as well, perhaps buying something to memorialize her baby, if she is at the stage where she recognized the baby as uniquely hers.

Support System

It is a good to try and help her assess the resources she has within her circle of support. Is there anyone in her family whom she can talk to? How about her friendship circle? Is there someone who can go for walks with her or work out? Is there someone she can ask to monitor her drinking behavior at parties? Where is the father of the baby in all of this? Also ask her if she can recognize her own strengths and resources. We help her when she becomes empowered and no longer a victim.

Information and Assessment

It is important to remember that there is a high likelihood of a repeat pregnancy. This needs to be addressed in terms of recognizing that women often talk about wanting to replace the pregnancy. It is important that she understand that this will not be the same baby. There is magical thinking that often happens here and it is fueled by some New Age writings. If she is willing to probe her current relationship, ask questions to help her get in touch with the hopes and dreams she has for her life. How would another pregnancy impact her dreams? Does she want to go there again? Is this guy the one she really wants to spend the rest of her life with? Provide her with accurate information about sexual activity, contraception, STD's and pregnancy, that will hopefully tap into her drive for self-preservation. It is our goal to empower her to make healthy life choices that do not put her at risk of a subsequent pregnancy or related health issue.

Faith Questions

It is important to ascertain what the woman's faith tradition is. Is she currently active in a church or was she raised in one? What is her perception of God? Women believe that abortion is the unforgiveable sin in the depths of their hearts. If she has not had an experience of unconditional love in her life, her image of God may be frightening and judgmental. You can assess this by asking her to draw a picture of God as she thinks of him and perhaps put herself in the picture with God. This opens the door for discussion and if she can draw it, you will know a great deal.

If she is a Catholic, the Sacrament of Reconciliation will be important for her healing. Be aware however, that because she says she is Catholic, she may not have much experience and may not, in fact, have any experience of the Sacraments. She may be culturally Catholic, but not catechized. Campus ministers working with these women need to keep this in mind. If you are running an RCIA program, please know that there are often people with abortion losses that need information on how to address this issue. Adult retreats may not be appropriate for her.

If she is Protestant, respect the theological framework she is coming from. If she has faith questions, answer them honestly. Say "I am a Methodist and this is what I believe." But be aware that it might be good to refer her to a clergy person from her tradition to help her wrestle with the faith issues that are presenting themselves. There are numerous Bible

study support groups, but again, they may not be appropriate for her yet. These are targeted to adult women.

If she is Jewish, know that if she is Conservative or Reform, she will have trouble getting support within her community. The longer you live the more you value you have, so abortion is not seen as something to be grieved. If she is from an Orthodox background, her rabbi may be more supportive. To get help for these women turn to the Orthodox or Hasidic rabbi for help.

It is not our place to be evangelizing her at this moment, but rather to be respectful of the fact that she needs to return to the place her values were formed to resolve this loss. Her faith will unfold in her time and in God's time.

If she is areligious, agnostic or atheistic, by her description, accept her where she is. Answer any faith questions she has and remember a crisis of faith is normal at this age and stage of development. She may be trying on roles or wrestling with what she believes. That's ok.

Resources

It is often the case that once she passes her due date she will simply drop out for a while. This is normal. It is not unlike the experience of a woman who has been raped, who will reach a point where for a while she just needs to put this behind her and reclaim a normal life for a while. When she is ready for work on the issue again, she will resurface. In our working with her, we want to make sure that she knows that there are programs available to her for further help. You can provide her with the national referral number of 1-800-5WE-CARE and the website of www.noparh.org as a means of getting more help, or if she is from your area, provide her with a local contact number for follow up care.

Stress Management

In dealing with teens and young adults we need to realize that they are incredibly stressed. Anything we can do in any circumstances to help them lower the stress is advantageous. For anyone depressed, if we can procure massage for that person three times a week, we will lower depression and cortisol and release calmer blood chemistry.(A massage school may be willing to work with a college campus. Their students need "hands on" hours.) Chair massage is effective for teens and young adults. This would be critical if dealing with a pregnant girl who is trying to decide the course of her pregnancy. (See the book Touch Therapy by Tiffany Fields for research findings.)

Deep breathing is helpful. Encourage her to practice taking deep slow breaths from her belly. Doing this several times a day will help. You may want to teach some progressive body relaxation techniques. Get her a CD of Baroque music and invite her to listen to it for 20 minutes a day, while sitting quietly and relaxing. (Some Baroque composers include Bach, Handel, Pachebel, Purcell, and Vivaldi. There is also a specific CD from the Mozart Effect for relaxation and healing.) Suggest that she get some scented candles with the scent of vanilla or lavender. All these will help her calm.

Love

The most important thing you do for her is love her enough so she can love herself! Your patience and care will mirror for her how to treat herself with dignity. Each journey is different, but if we can keep her safe and help her to gather her own resources, she will make it to safety.

REACHING THE WOUNDED, HELPING THEM HEAL: RECLAIMING WOMANHOOD, AND SEXUAL INTEGRITY

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Teen Pregnancy Statistics

- * Approximately one million teens between the ages of 15 and 19 become pregnant each year; of those pregnancies 500,000 give birth.
- * One in five African American teens and one in six Latina teens become pregnant each year.
- * Before age 20, about 40% of American teenage girls become pregnant.
- * According to 1997 data, about half of all high school students have had sexual intercourse at least once; 48% of females and 49% of males.
- * About half of all first pregnancies occurred within the first six months after first intercourse, and 20% within the first month.
- * Research shows that the sexual behaviors of mothers when they were young may be similar to their child's behaviors. For example, early sexual experience of an adolescent's mother is associated with an early age of first intercourse with the child.
- * Of the children who began dating at age 12, 91% were sexually active at 18. Of those who waited until 13, 56%, and those who waited until 16, 20%.
- * Teens from a family where mother or another sibling had an adolescent pregnancy increases teen's risk for an adolescent pregnancy.
- * Sexual abuse among adolescent females is strongly related to teenage pregnancy. These girls are more likely to report intercourse before age 15, not using contraception at last intercourse and having more than one sexual partner.
- * Data from Campaign For Our Children Resource Center web site:
www.cfoc.org.

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Project Rachel Training

- ❖ **Protocol for Dealing with Newly Aborted Women**
- ❖ **Manifestations of Abortion's Aftermath in Women**
- ❖ **Impact of Abortion on Others**
- ❖ **Component Parts**
- ❖ **Scripture Suggestions**
- ❖ **Resources for Poor Diagnosis**
- ❖ **Resources for Post Abortion Men**
- ❖ **Mailing List Form**

PROTOCOL FOR DEALING WITH NEWLY ABORTED WOMEN

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In the early years of post-abortion healing, the women who came for help were usually 5 to 10 years past the abortion experience and were almost always older than age 25. They were long past the lived experience of abortion. Their bodies had healed and their spirits moved past shock.

In the year 2000, a dramatic shift happened and some women began to seek help immediately after the abortion procedure. The women were very close to the time of the abortion, sometimes only a couple of days had passed and in all cases, they were coming before the anticipated birth date of the baby.

It was clear that these women were in physical shock from the abortion and totally overwhelmed by what had happened to them. They appeared to be very emotionally fragile. Research in Finland compared women who had had a pregnancy end within the previous year, either by miscarriage, live birth or abortion with a control group of non-pregnant women. The researchers discovered that the women who had had abortions were three times as likely to commit suicide as the control group in that first year. This was a measure of successfully completed suicides. This would seem to indicate that the woman who has had an abortion is at particular risk for suicide in the first year after her abortion. In another research study conducted by Garfinkel, they discovered that in the 6 months after an abortion, a teenager is 10 times as likely to attempt suicide. I believe we must be very aware of this suicidal potential when dealing with the newly aborted women.

Additionally, the woman who has had an abortion is in physiological shock. Pregnancy is the most complex biochemical experience a woman undergoes. The only other experience that comes close to it is cancer. It will take time for her hormones to settle back into a non -pregnant state. Canadian doctors tell women it may take until the anticipated birth date for her hormones to return to normal. It is my experience that women often describe physical symptoms at the time of the due date of the baby. These can include abdominal pain and cramping, back pain, tender breasts and a very heavy menstrual period.

Research that has recently been reported indicates that women carry cells from every child they ever conceive the rest of their lives. These cells have been found even 40 years later, so it appears that they are replacing themselves in the woman's body and brain. This phenomena is called "human microchimerism". The presence of these cells might explain why women never forget the children that they lose to miscarriage, abortion or still birth. The cell transfer seems to begin early in the pregnancy and then another transfer of additional cells occurs when the pregnancy ends, through miscarriage, abortion, surgical delivery or vaginal delivery. These cells may in fact account for hormonal instability after an abortion and the presence of the physical symptoms. The brain is the most powerful organ in the body and the pregnancy clearly set off changes that may not end with the abortion. (See research of Diana Bianchi, MD and J. Lee Nelson, M.D.)

Abortion and miscarriage may have different impact on the body. Miscarriage is a normally occurring event, usually caused by some abnormality in the fetus. The body triggers the event and shuts down the pregnancy.

Abortion involves the ending of a pregnancy in an unnatural manner, through surgical or chemical interference. The brain may not experience the normal hormonal feedback that would indicate the usual biological end of a pregnancy.

No one seems to know why we hear from women so close to their abortion experience but here are a couple of possibilities. When a woman is frightened by an unplanned pregnancy, the stress hormones in her body climb. The more pressure that is exerted upon her to have an abortion, by her boyfriend, her parents, her friends or social situation or her physician, the more her body moved into a self-preservation mode. Self-preservation and species preservation are both drives in the human, but self-preservation always wins if the threat is great. The part of the brain dealing with threat and fear is different from the part of the brain that makes reasoned decisions. The more frightened the woman becomes the more likely she is to make an abortion decision because it removes the perceived threat to her well being. Once the threat is diminished by having the abortion, the hormones of stress recede and the rational part of her brain is again functioning. As the stress hormones decrease, the hormones that have to do with bonding and connection may increase, and she is suddenly seeing and experiencing the abortion in a very different way.

Secondly, the impact of instant information from the internet may play a part. It is possible that in the past women did suffer soon after the abortion, but she had no way to find help or to validate what she was feeling. Now with internet access she can quickly find other women who felt the same way and find an agency to help her.

Research on brain development in adolescents may also help us to understand why she was so often 25 or older when she sought help. The brain appears to continue developing from age 11 to age 25. The rational, decision-making part of the brain is growing rapidly during this time and then pruning itself. At ages 15 and 19, there are significant changes occurring, leading to a more adult functioning brain. It is not until about age 25 that the corpus callosum, or the bridge between the right brain and the left brain matures. This may have to do with the ability to integrate information that is stored in each half of the brain and that perhaps is why women would come seeking help, because they now had the capacity to process the event on a deep level.

Dr. Henry Venter, a South African psychologist who founded the Desmond Institute in Fresno, California suggests caution when helping these women. If we push too hard for her to quickly engage in the whole process of healing, before she is emotionally able and capable, she may move to a stage he calls “pseudo-recovery.” She looked to us as the experts and did what we told her. The problem was that she was trying to explore the meaning of the loss and she was not yet ready to process the loss. I believe we need to keep in mind that she needs to complete the timeline of the pregnancy before she is ready to walk through the entire process of healing. In this early stage, she is very fragile and feels that there is something inherently wrong with her. If she moves too quickly at our urging, when the pain returns as it will, she will feel that it wasn't possible for her to heal and she will be stuck in destructive means of coping with her pain. I believe she needs to complete the time of the pregnancy to put closure on the whole experience. Just as we know it takes time to process any other kind of grief, like the death of a spouse, this too needs time. The death of a child is a profound loss issue. If we push her to complete the process too fast, we do not honor her need to process this loss in her own time.

First of all, I think we need to be careful not to force her to a place she is not ready for. She needs some distance from the experience to be able to make sense of it. The blunt reality of what she has done may be too much for her to deal with at the moment. It is possible that we could inadvertently lead her to a place of more despair if

we are too quick with our responses and assume that because she has called, she is ready to engage in the healing process.

Because of the reality of suicidal risk, we need to address issues that can aggravate the suicidal impulses.

We must be careful even as we speak to her and take our cues from what she says about her experience. Whatever it is that she is bringing to us is what we must deal with. We must not be in hurry, to begin speaking of the baby, or the other normal things we speak of with women who are years past the experience. I suggest we take our cue from her concerning where she is in relationship to God at that moment as well. If our language is more than she can bear she will withdraw from healing. It is important that we keep the door open for her. If we are unsure of what she is looking for, ask her "what is it that you need right now or how can I be of help? What would be helpful to you?"

It is my belief that the abortion does not end until after the due date. Women who have had abortions have this date fixed in their mind and heart. Therefore, I do not believe she is ready to undertake the healing process as we think of it until she has passed her due date. To move her too fast is like having a funeral before someone has died. Now, clearly, when she comes to us soon after her abortion she is looking for comfort. But we must first move with her past the shock of the surgical procedure and the shock to her identity that she has endured. I believe our model needs to be that of bereavement and shock. It is like a woman whose husband has died unexpectedly. When such a death happens, we as family and community intervene. We come to the home, bringing food, inquiring whether the widow is eating properly, sleeping and we often offer reminders of things to do

I have observed that when women prior to due date engage in the healing process, many do not seem to finish their work. They are in a magical thinking process and they are relying on the caregiver to make it better. When they go through the motions and they don't feel better, they internalize this to mean something is wrong with them. In fact, they are not emotionally available to do the work at that moment and will go through the motions to please us. She is also desperate for the pain to go away, so again, she will do whatever we tell her. I believe we have a moral obligation to be careful here. We need to be sensitive to her readiness and timetable. We must neither rush her nor impose our expectations upon her. If she is not ready and we force her, she will simply leave believing that real healing is not possible.

The first step is that she somehow makes contact with us. We need to listen carefully and see what it is that she needs. Often she is so overwhelmed that she can't articulate what she needs, but she will tell you some of what is going on. She will probably ask you some questions, spoken or unspoken. Often these concerns seem a little confused to us. If we can use reflective listening techniques to mirror back to her what she seems to be saying, she may be able to clarify her needs further. Remember, if we do nothing but hear her concerns in a gentle manner, we have done a great deal to help her. She knows there are people who can hear her and not judge her.

She may ask you if some physical symptom is normal. If she asks this sort of question, you need to suggest that she go to a doctor or a clinic for a check up. Most women do not return to the clinic for their follow up check up. I trust if she is asking that question there is something that does not feel "right" to her. It is not up to us to answer those questions but to convince her to be seen by a physician. You may refer her to a physician if you know of one or refer her to a clinic where she can receive follow up care. It is possible that there is some damage or a complication, Infections are very common. Any kind of heavy bleeding, fever or extreme pain is a medical emergency.

She often shares that she is very sad and confused by what she is feeling. After listening to her I talk with her about the fact that abortion is an invasive surgical procedure. Early in the conversation I acknowledge that abortion is always a life-changing event. I talk about the chemical complexity of pregnancy. I explain to her that abortion leaves the body in a confused state. Many women have shared with me that once they passed the anticipated due date, their body suddenly felt better. They describe this as a hormonal shift. I share this information with her. While some medical professionals will say the hormones settle quickly, I believe the lived truth women have shared with me. It is true that the brain is the most **powerful organ in the body** and I believe the brain was set for nine months of pregnancy. If it is her experience, we have prepared her for it and given her a marker to look forward to. If, in fact, we are getting a placebo effect, that is she feels better at that point because we suggested she would, that is all right too. Our basic rule must be to do no harm. (Canadian women have told me that doctors there tell them that their hormones will remain unsettled until anticipated due date.)

I will explain her body needs to heal and this has been a shock to her body and to her spirit. It will take time for her body to mend and I urge her to try to **be gentle with herself** while this is happening. I listen carefully to determine if there is any particular issue troubling her. I make a point of giving her some very specific suggestions of how to care for herself. I might say "may I make a few suggestions that might help you to feel better?"

First, I ask if she is eating. I ask if she is eating unusual amounts of sweet food or drinking a lot of sweet beverages. I explain that at this time sweet food is not a good thing to be eating because she may be setting up a chemical reaction in her body that is not good for her. I explain when we eat sweets our body feels better for a little while but then when the sweets wear off, our blood sugar drops lower and we eat more sugar to feel better again. The difficulty is each time our blood sugar swings it drops lower and we feel worse and worse. (In fact, it is possible. that if her blood sugar drops too low, she will become suicidal. This is called hypoglycemia.)

I recommend to her that she needs to be eating balanced meals and nutritious snacks. I define a well balanced meal as one containing protein, such as meat, fish, or poultry, the size of the palm of her hand as well as vegetables. I suggest that if she doesn't have much of an appetite, snacks such as cheese, nuts, and cold meat are good for her. The goal here is to get her to eat foods that balance her blood sugar and are nutritionally sound. It is also our goal to help her set up a healthy eating pattern. It is my belief at this point following an abortion, an eating disorder can take hold. She may stop eating or begin over-eating and vomiting. Women may also self medicate with carbohydrates because it does give them temporary sensations of feeling better. It is true that we probably can't prevent her from eating the sweets but by eating protein and fat, it evens out the blood sugar swings in her body so she feels better. Blood sugar swings can cause feelings of depression, the urge to weep, being overwhelmed, shakiness, headaches, and general feelings of being unsettled. These are real experiences and sometimes when you describe them, they recognize the feeling. In any case, she needs to be eating well to feel better. She also needs to do this so her body can repair itself. Protein is necessary to repair body tissue.

I ask if she is sleeping. Usually the answer is "not well." I suggest she try taking 20 minute naps to off set the effect of severe sleep deprivation. Sleep deprivation makes you feel worse, and in fact, can lead to suicidal ideation. There is much research now on the benefit of 20 minute "power" naps. These naps will help her feel more refreshed and should not be too frightening as she will not sleep deeply enough to move into dreams and nightmares. (Eventually, she will sleep deeply and will report nightmares to you again.)

I ask if she is getting any exercise. Often she replies that she is not able to exercise... I suggest that it would be

good for her to get even a little exercise. A little exercise is better than none. A walk in the daylight can help her to counter depression. The more vigorous the exercise, the greater the benefit. Sometimes I ask if there is a friend or family member who can walk with her. . Exercise triggers our naturally occurring endorphins, and that also makes us feel better. If she reports to you that she is exercising and sometimes with vigor, applaud the behavior and encourage her to continue.

These three instructions are designed to make sure we are eliminating any other potential causes of suicidal urges.

I also ask if she is doing an unusual amount of drinking or drugs. If she responds that she is, I try to gently suggest that while these seem to alleviate her pain for a while, they are in fact aggravating it. I recently spoke with a woman who had been drinking heavily for the last 12 nights. I asked if she has a friend who could help her monitor her behavior and make sure that she is safe.

I also listen carefully to determine if there are other issues overwhelming her at the moment. One young woman had an exam the next day and was terrified that she couldn't possibly study and get the perfect score that her parents expected. I told her that given what was happening in her life at the moment, all she had to do was pass the exam. That shift in perspective moved the roadblock. When issues like this arise, see if you can reframe the problem she is presenting in to a manageable challenge. Perhaps you can break down the task into steps or help her lower her expectations so she can accomplish what needs to be done.

I also talk to her about taking life one moment at a time. I explain with time the pain will lessen. Grief takes time. Experts say it takes at least a year, maybe two to work through grief. I assure her that many women have gone before her in this place and they have experienced healing. I explain healing is a process and the grief is a journey. I explain that, despite the fact she is in so much pain right now, in the long run this will turn out to have been a blessing because it will allow her to heal more quickly than the women we have talked to who have put it aside for 5, 10 or 50 years. I often say to her that while she feels she is in a black cave, she is really in a tunnel and once she is able to take a step or two forward, she will see there is light at the end of the tunnel.

I suggest she purchase a note book and begin writing about the abortion experience, what she is learning from it or how she is coping and any nightmares that she may have. If she is artistically inclined, she can draw or paint. This is parallel to trauma debriefing. She may be too fragile to speak to someone about the experience, but if she gets it out on paper, she may be able to spend less time ruminating about it, and thus free some of her emotional resources for other things.

"Keeping a journal of one's feelings about a traumatic experience, as well as the effort to mentally process that experience, can help people effectively work through it." Philip M. Ulrich and Susan K. Lutgendorf, Ph.D. of the University of Iowa say "Engagement of both thoughts and emotions while journaling about a stressful or traumatic experience can raise awareness of the benefits of the event. They continue "In contrast, focusing solely on the emotional aspects of the traumas may not produce a greater understanding of traumatic events." (This study included 122 college students who wrote in their journals at least twice a week for four weeks.) The cohort that wrote about their emotions and cognition became more aware of benefits following the traumatic event, such as improved relationships, greater personal strength, spiritual development and a greater appreciation for life. "A body of research has shown that awareness of the benefits of adverse events and circumstances is an important predictor of successful adjustment... Similarly, in a bereaved sample, persons who engage in deliberate, effortful thinking about the death were more likely to experience meaningful shifts in

values, priorities or perspectives in response to the death." (Journaling about Stressful Events: Effects of Cognitive Processing and Emotional Expression, *Journal of the Society of Behavioral Medicine*: 2002)

The specific instruction given was "We would like you to keep a journal of your deepest thoughts and feelings about this topic over the next month. We are particularly interested in understanding how you have tried to make sense of this situation and what you tell yourself about it to help you deal with it. If the situation you are describing does not yet make sense to you, or it is difficult to deal with, describe how you are trying to understand it, make sense of it, and deal with it and how your feelings may change about it." The researcher also indicated that in speaking with the person it is helpful to assure them that they will find some way to cope; that there is something inside of themselves that will allow them to get through this event. This seems to trigger personal resilience.

It may seem that she needs a referral to a counselor at this point. Attempt to make the referral. However, she may not want personal contact with anyone at this point. so it is important we provide her with whatever guidance we can. If you have been gentle and spoken the truth, I believe she will come back when she is emotionally strong enough to heal. It is crucial at the end of that first contact to assure her she can call again and you will be happy to talk to her. If it happens I will be out of the office for a period of time. I always make a point of telling her, in case she does try to call.

On the other hand, she may have come to trust you and want to stay in phone contact with you. You will have to observe how needy she is. If she calls constantly and stays on the phone for long periods of time, you may have to put some limits on her. For example, make an appointment time on three days a weeks with the agreement that you will talk for five or ten minutes. It is OK to explain to her that you have other clients to deal with and so it might be hard for her to get through to you. This plan makes sure that you can connect. You can also simply tell her that you won't be available on certain days.

Some caregivers want to have personal contact with her. At this stage she may not want this. Research indicates that telephone counseling with depressed people who are motivated to seek help can be very effective. She made the initial call so we know she is motivated to seek help. The anonymity of phone contact can be a blessing to her.

When you speak to her, ask how you can be of help today. Let her take the lead in talking about what is bothering her. Ask is she is following your suggestions about eating, sleeping and exercising. Sometimes she will be eager to tell you what she has done. Reflect back to her any improvements in her life style that you hear. "I'm glad to hear that you went for your check up." Ask about other things she has shared, for example "Are you able to take some twenty minute naps? Is that helping you to feel a little better?" "Are you getting out for walks?" "How is school going or how are classes going? Have you cut back on your drinking?" Many times she will want to talk about something that may not seem pertinent, like her relationship with her boyfriend or parents, her job, the place she is living. This is all really pertinent. The reality of the abortion may still be too much for her.

The young woman may simply keep repeating the story of the abortion to you. At this moment that is fine. Just listen and affirm her. If you hear that she is getting better in the conversations, be sure to reflect that back to her. When she is ready to move on to a different level, she will do so.

You need to be listening for suicidal ideation in your contact. If she says things like "I just wish I could go to

sleep and not wake up" or "I want to be with my baby" you need to ask her if she is thinking about hurting herself. You want to ask her if she has thought about how she might harm herself. If she is actively suicidal you need to move to the suicide protocol of your agency. At this point confidentiality does not apply and your moral obligation is to try to get her help. This may mean calling the authorities.

You may also hear her talk about wanting another baby right away. It is important to talk about that desire with her. It is a very strong drive. You need to help her to understand that the new baby she would conceive is not the same baby that she aborted. Sometimes women believe that this will be the same baby. It is important to help her assess if she is in a place where she could carry another pregnancy. Many times nothing has changed. She will, ironically, be predisposed to have another abortion after the first one. Obviously you can't keep her from getting pregnant, but by bringing this drive into her consciousness you may be able to help her make a good decision about another pregnancy.

As she approaches her due date, it is important to acknowledge that this will be an emotionally hard time for her. Offer to do something with her on or near the date she thinks her baby would have been born. This is an important day to mark. This can be meeting for breakfast or lunch and just being together. You might want to suggest that she does something symbolic that day. One suggestion involves buying balloons and writing a note to the baby, if she is in a place to acknowledge that her baby was lost. Attaching the note to a balloon can be a meaningful ritual of letting go of this part of the experience and moving on to the next. Be culturally sensitive to how her culture and religion grieve...

If you stay in contact with her, it is important to reflect back to her signs you observe that she is healing. She is too close to the experience to see the changes in herself and she will often say to you "I am so stuck. I just don't seem to be getting better." Any thing you have observed that would indicate she is moving forward will be helpful to her. "You are eating better. You have returned to work. You have stopped drinking so much..." The place she is in is filled with despair and we need to offer her hope whenever we can.

Be sure to tell her how she can get additional help when she is ready. This can be through you or another existing ministry. She just needs to know where the help is when she is ready to pursue healing.

Once she has passed her due date, we need to get a sense of how she is doing emotionally. Listen with your heart as well as your ears. Some women at that point are still too fragile to undertake the process of healing and need time. Some women at this point will stop contact for a while in order to try and regain a sense of control in her life. She will return for care when she has regathered her resources. Others are ready to move forward and enter into a process of healing. Many women enter a little period of retreat from the issue and return to a more normal life for awhile. She may not be talking to you. This is fine. She needs to regain a sense of well being, since she is often feeling physically better. She needs a chance to recharge her emotional and physical batteries. She may be really tired of dealing with this day in and day out and not that she feels better, she may simply walk away for a little while.

Each woman is unique in her journey. It is our gentleness and supportive love that will sustain her in hope and allow her to move forward, feeling safe to embark on the journey to healing. Any contact we have with her, no matter how brief, if it is loving, will empower her to move forward in God's time.

MANIFESTATIONS OF ABORTION'S AFTERMATH IN WOMEN

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These manifestations will be seen in women who have experienced one or more abortions. There may be a combination of some or all of these symptoms in the people whom you encounter. It is important to remember that there is a wide variance in the severity of the reaction. Some manifestations may be more common in some cultures than in others. Reactions will vary from mild grief or troubled confusion to profound reactions, that may include Post - Traumatic Stress Disorder. (The women most likely to develop the most severe reactions are those with many traumas, abortion being just one of them.) It is the people working in the field of bereavement who have written about the need to resolve abortion losses and recognize that this unacknowledged loss may surface during subsequent losses.

It is important to recognize that in some cultures abortion is a coerced choice. It is an impossible choice made because of political conditions, lack of economic resources, fear for other children or for one's family. In cultures where economic conditions or the political climate has been difficult you may encounter women who have had many abortions, sometimes so many that they really don't remember how many. When visiting Ukraine, physicians told me of women who had had 15 to 20 abortions. It is believed that the average women in Russia has had nine abortions. I raise this issue to sensitize you as the helper to be open to whatever she brings to you. You must do your best not to express shock when there have been many abortions.

In other societies, our churches and our families do not recognize abortion as a legitimate loss. In fact, the societal message says that this experience solves a problem and that it is a non-experience. An abortion somehow erases the face of pregnancy and the woman should be able to continue living her life as if nothing happened. At least with other surgical procedures, there is an acknowledgment of the need to recover and to process the experience.

It is important to recognize that different cultures have different beliefs about the impact of abortion on women and on the family. We need to be culturally very sensitive to the belief system of those that come to us for help. In some cultures, such as in Taiwan and Japan, there is a belief that abortion does have lasting spiritual consequences. Members of these cultures acknowledge that the spirit of the aborted child may haunt the family and so temples offer special ceremonies to appease these spirits. Some spirits are bothersome, some are benevolent and some are malevolent. These beliefs may also apply to miscarried children in some cases.

There is a scientific phenomena known as "human microchimerism". This means that women carry cells from the children they conceive the rest of their lives. These cells have been found even 37 years later and so we know they are reproducing themselves. It seems in some cases at least that these cells may act to help the mother's body repair itself. However, the important thing to know is that the cells remain in the body and brain of the mother and so, I believe, she can never forget the children that have been conceived, regardless of how the pregnancy ended—miscarriage, abortion or regular birth.

Many of the symptoms discussed are symptoms common to complicated mourning and to trauma reactions. When working with people it is important that we acknowledge that what they have experienced and are describing is normal. They sometimes feel very crazy because they do not see others as having the same experiences that they do. As they speak with you, they will carefully select which symptoms to share with you until you assure them that what they are experiencing is normal and symptoms of grief reactions. You can say "other women report that same experience" or "that is a normal grief reaction."

In the beginning, we rarely saw women who were younger than 25, and less than 5 to 10 years past her abortion, when we met her in a pastoral or counseling setting. That has changed now and it is not uncommon to meet a woman who is very

close to her abortion, perhaps within a few days of it happening. Additionally, if you encounter her in another pre natal loss (miscarriage, still birth or ectopic pregnancy), she may be much closer to the abortion loss. (See hand out: Protocol for the Newly Aborted Woman) The woman who has had an abortion will be very hesitant to mention that fact to you unless you have signaled her in some way that you are aware that this is a loss. This can be done during your first meeting session, by asking whether she has experienced any previous pregnancy losses, such as miscarriage, still birth, adoption, abortion, ectopic pregnancy. Name the losses for her when you ask the question. Never name abortion first when you ask this question. Sometimes women don't think of abortion as a reproductive loss. It was just a medical procedure that they endured. Mentioning it in this fashion helps her to understand why this experience may be troubling her.

Current Western brain research indicates that between the ages of 11 and 19 the logical part of the brain is rewiring itself and so decision making may be impaired. Additionally, the Corpus Callosum, the part of the brain that acts as a bridge between the right brain and the left brain does not finish developing until approximately age 25. This seems to correspond to the age that we used to first see women seeking help. It is possible that a young woman may have trouble completely processing the abortion loss prior to that age. A woman of any age may deal with the aftermath of abortion. Sometimes very old women carry such a loss and it does not surface until they are getting ready to die, when they can become very frightened and agitated.

If you are familiar with the manifestations of sexual abuse, you will recognize that many of the manifestations we see in women who have abortions are the same as those seen in sexual abuse victims. It is the experience of many therapists and pastoral care workers familiar with abortion loss, that many of the women also have an experience of sexual abuse. It is not that the abuse resulted in the abortion, but rather that the abuse destroyed her boundaries and gave her distorted messages about love and sex. She becomes involved in unhealthy relationships, is likely to become involved in premature sexual activity, to become pregnant and to have an abortion because of lack of support within her family system.

The manifestations of abortion's aftermath are:

Denial –many women will have spent many years without acknowledging the wounds the abortion left in their life. Many times there is what is called ‘trigger incident’. She sees or hears something that suddenly makes the connection in her mind between what she is experiencing and her abortion loss. It is then that she seeks help.

Low self-esteem Women report not feeling good about themselves. They speak of not being worthy of help or God's forgiveness.

Grief The loss of a pregnancy, wanted or not is a significant loss issue. The pregnancy can have symbolic meaning, for example, becoming a mother, which may be a deep desire in the woman's spirit. To lose that possibility can cause grief.

Truncated identity as a mother When the first pregnancy is aborted, the natural spiritual and psychological progression to motherhood is cut short. An abortion erases the visible evidence of motherhood and the end of the pregnancy short circuits the biological changes in her body and brain that prepare her for motherhood. After an abortion loss, woman often has a difficult time making the transition to motherhood when it does happen. This can impact how she bonds to her subsequent children and how she parents. In the healing process, this identity as mother again emerges.

Depression In a study of 1884 women who had had abortions 8 years earlier, 65% were determined to be a high risk for clinical depression. In research done by Dr. Hannah Soderburg with 854 women, 60% expressed emotional distress.

Guilt Women often hold themselves responsible for the decision, even if it was forced upon them by circumstances or other people.

A sense of alienation and isolation from herself, her family, friends and others . She distances herself from her family so she doesn't have to tell them about the abortion, especially if she fears they would disapprove. She isolates herself from

friends, even if they knew about and helped her because they remind her of the abortion and she just wants to forget. Family members often observe that the woman has changed and that she behaves differently around them, but they don't know why.

Shame Many women describe a feeling of shame after an abortion.

Anger Though anger is often buried deeply, this is not always the case. She may appear to be very angry and aggressive when speaking to you at first. She often carries deep anger toward the father of her child, especially if he forced the abortion, her parents if they forced her to have the abortion or were not supportive of her. She may be angry with the societal or economic circumstances that drove her to make the choice to have an abortion. Finally, there is deep abiding anger at her self for not having been stronger or for having made the abortion decision. Depression and anger are the flip sides of the same experience. However, she does not feel entitled to her anger, so you will need to work with her to give her permission to feel her anger. (Anger is an emotion that if unprocessed stays with us and eventually turns to bitterness.)

Trauma symptoms Many women will have experienced some type of trauma during the abortion procedure, from intense pain, verbal abuse by the medical personnel, seeing the fetal remains, being sexually molested during the abortion procedure. If a woman has experiences of other traumas such as molestation or rape, it may resurface during the abortion procedure.

Difficulty concentrating

Nightmares/Baby dreams - These may take the form of some menacing creature attacking children, or as women describe them, "dead dolls, dismembered babies or babies in distress that can't be reached, comforted or cared for. Some dreams may be more symbolic, representing something vulnerable being threatened by something frightening-- like a kitten being stalked by a lion or a shark."

Auditory hallucinations of a baby crying This is a common grief reaction, but it feels very unsettling. When someone we love dies, we often think we hear their voice just for a moment in the early stage of grief. People question how this could be when they never saw their infant, but it may be related to the cells that she carries in her brain and body from the aborted child.

Flashbacks of the abortion experience These are triggered by things in her environment that bring the abortion to mind, such as being near the site where the procedure was performed or perceiving a scent she identifies with the abortion experience. If the procedure was done by vacuum, the sound of a vacuum motor can trigger a flashback. Flashbacks are very distressing because she is physically and emotionally unprepared for them.

Sleep disorders- Women commonly describe not being able to sleep well. They describe horrific nightmares that make them afraid to sleep. If you want to advertise post abortion help, radio stations that are on the air all night are a good place.

Suicidal ideation In a study done in Ohio by a Suicide Anonymous Hotline, over a 36 month period of time, of the 4000 women who called 1800 had had previous abortions. Women will state that they do not deserve to live. Perhaps they will describe the risk taking activity they had engaged in or thoughts of ending their life through their risk taking. Many women will share having considered killing themselves at some time since the abortion.

In a study done in Scandinavia which looked at outcomes in women in the first year after the end of a pregnancy compared with a never pregnant control group, they concluded that women who had experienced abortion were three times more likely to commit suicide as the never pregnant group, and six times more likely as the group that gave birth. Birth appeared to give an element of protection against suicidal behavior even if post-partum depression was present.

Drug and alcohol abuse - Many women will share that they numbed their pain in this fashion. In a California study of

12,000 pregnant women, it was found that among those with two or more prior abortions, virtually all consumed alcohol up to three ounces per day during the entire time of their pregnancy. A Boston city hospital study found that among poor women enrolled for prenatal care, those who reported cocaine use were more than twice as likely to report two abortions, and were three times more likely to report three abortions compared to a non-cocaine using control group. Abortion often surfaces in support groups for those who chemically abuse substances.

Relationship problems 70% of romantic relationships end after an abortion. It is possible that the woman you see will not be with the father of the aborted child. Parents grieve in different fashions and may feel not understood by the partner. Sometimes there is a great deal of anger between them over the abortion. Communication often breaks down after an abortion experience. Their sexual relationship suffers because neither trusts the other partner. To have an abortion is the deepest form of rejection of the other person.

Sometimes the woman makes the abortion choice without telling her spouse because of economic or political reasons. She may withdraw afterwards, and the spouse maybe puzzled by a perceived change in his wife. He may never know what happened. This was a common pattern in Eastern Europe in the past.

Nuclear family - Quite often following the abortion she distances herself from her nuclear family. -

Friends -One common pattern following an abortion is to distance from one's closest friends. This pattern is followed regardless of whether the friends supported the abortion decision or opposed it.

Intimacy problems The woman shies away from intimate relationships with males and females because of a fear of having to reveal things about her self, including her abortion. She becomes increasingly alone and isolated.

Physical pain The woman may describe pain to you such as abdominal pain, menstrual pain, or back pain. This could be organic pain caused by a complication of the abortion procedure or it could be psychosomatic pain. Psychosomatic pain, while it has no organic cause does not hurt any less. One common manifestation of this type of pain occurs as an anniversary reaction when pain appears the time of year that the abortion procedure was done or when the child should have been born. Women report that this type of pain disappears after experiencing the healing process. Either way, she should be referred to a physician for an examination if there is a complaint of physical pain.

Psychically numb The woman exhibits a "flat affect". She is neither sad nor happy. She is just existing.

Hyperalert Anything having to do with babies, pregnancy or abortion sends her into a state of alarm and possible panic.

Difficulties in subsequent pregnancies. This can include high anxiety during the pregnancy, being fearful of another pregnancy loss, such as a miscarriage, still birth, or ectopic pregnancy. She may have incurred cervical damage (especially if she was an adolescent at the time of the abortion), uterine scarring or fallopian tube scarring caused by a low grade infection or an untreated sexually transmitted disease. Should any of these occur, she believes that she is being punished for her abortion. Unfortunately, she is at risk for any and all of these complications, especially if she has had two or more abortions. Recent research confirms that preterm deliveries may follow an abortion as well. In countries where abortion is illegal, she may suffer many life threatening complications, leaving her near death and if she recovers, she may be unable to ever conceive again.

Difficulties in Subsequent Labor and Delivery Includes labors that start and then fail to progress, resulting in Cesarean deliveries.

Inability to bond properly to subsequent children Women will describe great difficulty in breast feeding, bottle feeding, diaper changing - any activity requiring intimate contact with the baby. The bond that does develop is characterized by overly protective behavior and emotional distancing. You may observe a new mother holding a baby in an awkward way, often facing away from her or away from the midline of her body. This can be a marker for someone to intervene and help her. Mothers normally hold babies close to their heart if cuddling them or about 8 to 10 inches from their face if gazing in

their eyes.

Acute reaction may involve fascination with or obsession with pregnancy that may result in bizarre short term acting out behavior. Some women have kidnapped other women's babies. Others have held a pregnant woman hostage while threatening to hurt her and to take the baby as her own at about the time of her anticipated delivery date.

Avoidance behavior centered on children, pregnancy and abortion. She stays away when there is pregnant woman or new baby in the extended family system.

Eating disorders (anorexia or bulimia) She may stop eating properly or make herself throw up to punish herself, or she may over eat to gain weight and make herself unattractive to men.

Self mutilation This may take the form of hysterectomy or tubal ligation. If she has become infertile by surgery, recognize the total loss of her fertility in order to help her resolve her loss. If she is doing other mutilating behaviors, such as cutting her body or burning it, she may have a history of sexual abuse.

Sexual dysfunction or promiscuity Promiscuous behavior often follows an abortion. Many women become quite promiscuous after the abortion. There is an unconscious wish to replace the pregnancy. This may result in another pregnancy that will also be resolved by an abortion. The sexual dysfunction seems to come later, especially if she is married to the father of the aborted child.

Atonement Pregnancy She may become compelled to become pregnant again, often within one year following the abortion procedure.

Phantom pregnancy She may seek a pregnancy test quickly after an abortion to see if she is still pregnant or pregnant again. Sometimes she will panic with the onset of menses because she fears that it is the start of a miscarriage. There is also a medical condition that can occur where the symptoms of pregnancy are mimicked in her body, but there is no biological pregnancy.

Atonement marriage The marriage between partners in an abortion, follows the abortion, and is an attempt to save the relationship. These relationships, prior to resolution, are often characterized by severe communication difficulties. The abortion is never mentioned. Eventually, the partners may strike out at each other emotionally or physically when the pain of the abortion surfaces.

Marital difficulties Sexual difficulties, trust issues and communication difficulties may develop after an abortion.

Abusive relationships Women often become involved in abusive relationships following an abortion. In some cases, she is the abused party. In other cases, she is the abusive party.

Anniversary reactions These may take the form of grief, depression or physical symptoms, such as back or abdominal pain that occur around the date of the abortion or the projected due date for that pregnancy. These may reappear throughout the woman's life, even if she has resolved the loss. It is as though her body recalls the trauma of the abortion loss.

Over-compensation in a career Especially true for the woman who chose the abortion in order to finish college or complete her career goals. It is also true that many women work compulsively to keep the pain out of their awareness.

Spiritual wound For many women, this is her first experience of serious sin, as she describes it. She believes she has committed the 'unforgivable' sin (this crosses denominations) and so this is unforgivable in terms of her belief system. She fears God and believes that she will be punished, especially when it comes to future child bearing experiences. She believes herself unworthy of forgiveness and often drops out of religious practice. She may also become compulsively

involved in religious practice to prove to God her good intentions and to atone for her sins.

Pregnancy Loss Issues The woman is likely to experience additional pregnancy loss issues over time, such as ectopic pregnancy, miscarriage, stillbirth or infertility. In her belief system, this confirms God's punishment and wrath. When she is helped to address these subsequent losses, she may display overwhelming grief. However, she may not be able to name the source of this grief as she does not feel it is safe to share. When this is encountered, ask about previous pregnancy losses, naming them specifically. You will signal it is all right to talk about it.

Child abuse Women may have trouble dealing with frustration until this grief issue is resolved. The abuse may be emotional in terms of distancing or actual physical striking out. Some women become verbally abusive of the surviving child. Women share that their "perfect child" was the one they aborted, and now they are left with this one.

Increased bitterness toward men This manifests itself in terms of being able to really trust men in the future. This is often a hidden wound.

Women who have a psychiatric diagnosis of severe personality disorders or other mental health issues before the abortion *If these conditions existed before the abortion, the woman is predisposed to severe psychiatric aftermath. Women who have later term abortions have immediate and intense reactions. They need immediate care. They may have seen their child and this may cause trauma. Also, because they were pregnant longer, more bonding had happened. They are often profoundly angry, verging on rage. They are angry at God, their body, their doctor, this spouse, anyone and everyone. You are advised to simply listen to her in the beginning and try to help her and the family with the grief of having a pregnancy end in such a fashion. Later she will be able to sort through the issues. In these cases, it is usually the medical profession that puts pressure on her to end the pregnancy while instilling deep fear into her concerning the well being of the child.*

For additional research information, www.afterabortion.org

Detrimental Effects of Abortion: An annotated Bibliography with Commentary by Thomas Strahan (Two supplements are available on the above web site as well as the book itself.)

Also: www.deveber.org ***Women's Health after Abortion: the Medical and Psychological Evidence (Second edition)*** by Elizabeth Ring-Cassidy and Ian Gentles (Now available online at the web site.)

IMPACT OF ABORTION ON OTHERS
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FATHERS OF ABORTED CHILDREN

Biological Reality

There is some recent research from Canada that might shed some insight into why men do have feelings about abortion losses.

Anthropologists in primitive cultures have long recognized that in certain societies men experience symptoms of pregnancy with their wives. It is called “couvade”. Couvade has a long history and the word comes from the French verb *couver* which means “to hatch or to brood..” Estimates are the 20% to 80% of men may have this experience in western culture. It is possible that it would be set off by the perception of pheromones (scent molecules of affiliation that send messages about our reproductive status, cause women to cycle together, help us to identify our infants, and signal our immune system information to possible mates). Pheromones play a role in sexual attraction and it seems that males respond to the scent of a fertile woman by elevated testosterone and arousal, but that males also seem to be able to perceive a non-fertile female, which would include a pregnant woman. The bottom line is that something seems to signal her state to her partner and perhaps his body responds hormonally to the message.

Research has been done on the hormonal status of males whose partner is pregnant and the research outcomes are startling. As birth approaches, the father of the child undergoes measurable hormonal shifts, including decreased testosterone making him less aggressive and sexually interested, elevated estrogen making him more relational, elevated cortisol which seems to put him on alert that something important is happening, elevated vasopressin, a bonding hormone present during intercourse, but present now in large amounts—perhaps Mother Nature’s “sit, stay” imperative to help protect the mother and finally around the time of birth, the male gets prolactin which is the nursing hormone in women. It seems that the more prolactin is present, the father is very helpful and smiles a lot while being responsive to his infant. Research indicates that when the hormones readjust, his testosterone never goes as high as it was in his bachelor days. And interestingly, in primate research where the male monkey helps to care for the young, they get new brain cells in the part of the brain that has to do with decision-making and planning and the cells remain until the young become independent. We don’t know if something similar happens in people, but I would guess that it might.

Men are truly changed by pregnancy.

Reactions of Fathers

The reaction of fathers is mitigated by the role they play in the abortion. They fall into separate **categories**.

Fathers who are violently opposed to the procedure. These fathers respond quickly with rage, profound grief and a sense of male impotence. (Male impotence is not sexual but human. It is about the inability to protect one’s child and one’s

partner.) They are immediately impacted. They will become fixated on the mother of their child and trying to make sense of her decision. They did not foresee that she would choose an abortion. They will sometimes attempt to keep contact with her, sometime becoming obsessed with her. If you are dealing with one of these men immediately after the abortion, help him process his rage. These men are potentially dangerous and may strike out at someone, usually not the mother of his baby. (However there are cases of murder/suicide related to abortions. These often go unreported because no one knows about the abortion except the couple.) If he expresses rage, you must take it very seriously.

Fathers who are opposed but have not gone to extremes to prevent it. These fathers express great sadness and perhaps anger. This experience will haunt these two groups of fathers the rest of their lives. They often unconsciously become fixated on impregnating a woman again, sometimes, the one who had the abortion (if they remain together.)

Fathers who appear to be neutral on the issue. What ever the woman chooses they will support. These men usually do not manifest aftermath until later in life when they are ready to become fathers or have become fathers and suffer a subsequent pregnancy loss, like miscarriage. The strength of emotion takes them by surprise.

Fathers who force the abortion decision or threaten to withdraw support if abortion is not chosen. These men may not revisit the abortion loss unless a significant conversion experience happens in their lives and they become responsible. Often these men are narcissistic and continue in relationships that serve only their needs.

Fathers who are not told about the abortion until after it has occurred. These men may grieve immediately and also struggle with many other feelings because of having been left out of the decision. They may be very hurt and angry. They may begin to stalk the woman if she has rejected them in an attempt to find out why she had an abortion and never included them in the decision.

Fathers who are never certain an abortion has occurred, but who, when hearing the aftermath of abortion in women described, recognize the symptoms in a former partner. These men live with a perpetual question: "What if?, I wonder if?". There usually is no way to find out if an abortion had occurred as the partner is long removed from the relationship.

Men describe their aftermath as follows:

Rage

Impotence –feeling unable to protect the partner or the child

Grave concern for their partner and her well being,

Inability to communicate with their partner about her experience and theirs.

Chemical use and abuse (excessive alcohol or drug use)

Risk taking behaviors, such as driving fast cars or motorcycles, breaking horses, jumping out of airplanes, or other death defying activities.

Grieving and sadness

Obsessive thoughts of the lost child.

Spousal battering and abuse–may be man to woman or woman to man. There appears to be a predisposition for individuals with abortion histories to find partners with the same history. The dynamic that develops is as follows. She reminds him of the woman who aborted his child against his will and he reminds her of the guy who insisted that she have an abortion. On a subconscious level, this is the scenario of anger and striking out. If the partners have stayed together after an abortion and

treated the abortion as a nonevent, they too may strike out at each other. The abuse may be physical, verbal or psychological.

Stalking behavior if the relationship has ended.

Addictive behaviors that may include alcohol, drugs or sexual addiction coupled with pornography.

Some men seem to become overly nurturant fathers, assuming the role the mother normally plays with a child and are very overly protective.

Some men have great anxiety when a partner is pregnant again with obsessive fear that she might choose an abortion or that the child may be lost during the pregnancy or at birth.

Occasionally a man may act out in socially destructive ways, such as church fires, bombings, or murder/suicides

Nightmares of someone or something vulnerable being threatened and being unable to protect it.

Desire for another child and subsequent behavior to try to achieve that goal.

Suicidal ideation This occurs especially in the fathers who wanted the child. It may be acted out by young men who were unable to stop and abortion and feel helpless and hopeless. These may be very bright young men and no one knows why they chose to die by suicide but a couple of friends.

Inability to sort out the feelings they are experiencing. If they were involved in more than one abortion, they will resolve one, but deny the need to process the rest.

When men identify the issue that is troubling them it is the *loss of fatherhood*.

Vincent Rue, Ph.D. writes in an article **The Effects of Abortion on Men** that "men do grieve following abortion, but they are more likely to deny their grief or internalize their feelings of loss rather than openly express them. When men do express their grief, they try to do so in culturally prescribed "masculine" ways, i.e. anger, aggressiveness, control. Men typically grieve in a private way following an abortion. Because of this, men's requests for help may often go unrecognized and unheeded by those around them."

He continues "A guilt-ridden, tormented male does not easily love or accept love. His preoccupation with his partner, his denial of himself and his relentless feelings of post-abortion emptiness can nullify even the best of intentions. His guilt may prevent him from seeking compassion, support or affection. In turn, he "forgets' how to reciprocate these feelings."

Intervention: Listen to the male and affirm for him that he indeed a father. He may be raging and we need to help him process rage with physical exertion and helping to keep him out of situations where he could hurt someone involved in the abortion, including the woman. It is important to remember that he might himself have father issues, if his father abandoned him through death or divorce. He is grieving profoundly and we need to name that for him and explain to him how grief works. Men have a hard time being present to grief. They want to "fix" things, but there is nothing to fix. The relationship may be over, but he may keep trying to start it again. He will be inclined to reimpregnate someone else and we need to talk to him about not doing that. (Unfortunately, I have not found a successful way to do this. Men often will have several abortion losses because they keep looking for the right woman and the right relationship, only to fail repeatedly.) When speaking to men, keep in mind that there may be several abortion losses. He also will experience "human impotence". This is the inability to protect and you will need to talk about it. He may exhibit anger toward God in all of this. It can sometimes help to point out that God the Father also had His Son die and that He grieves with us. Invite him to

work on the spiritual issues in his life if he is willing. Seeking the consolation of the Sacrament of Reconciliation with a wise confessor can help resolve his spiritual issues. He too can have a Mass celebrated for his child and the healing of everyone who was hurt by that abortion. Wives have offered to spiritually adopt his aborted children and there can be great healing that comes with that as well.

GRANDPARENTS

The parents of the girl or the boy may struggle with the knowledge of an abortion and the loss of a grandchild. Grandparents can be involved in different ways as well. They may force the abortion, know nothing about it until afterwards, be opposed but supportive of the girl.

Manifestations:

Sadness

Anger at their child for getting pregnant or making the abortion decision; may be angry at the other partner or the other partner's parents

Worried about their child, want to fix their child.

Grieving for the loss of their child as they knew her/ him and for their lost grandchild.

Loss of a dream for their child's life.

"Where did we go wrong?" question. "Why did she get pregnant before marriage? Why didn't she tell us? "

Carrying the burden of guilt if they forced the decision or if they believe that they missed the cues to a pregnancy. The parents or grandmother may be angry with the daughter and also very concerned. This leads to ambivalent feelings.

Generational wound (Abortion may run in family systems with the mother, an aunt, a grandmother or someone else also having had an abortion. The daughter's abortion may trigger unresolved pain in the others about their own losses.)

**Occasionally you will encounter truly tragic circumstances where the daughter has committed suicide or they have witnessed their child's life take a tragic turn that they are unable to prevent (chemical dependency, severe psychotic reactions, eating disorders). These individuals need a great deal of support and help in coping with their pain.

Intervention: Listen to the story. It is almost always the grandmother who is troubled. Explain that mothers often need to process this before the daughter will. Invite her to consider her feelings. Suggest that she deal with her grief and anger now. Invite her to sort out her feelings. Suggest that she write a letter to the daughter that she will never give to her, and in fact, that she will destroy when she is ready. In this letter she expresses all the feelings of anger, disappointment, and sadness. She rereads the letter and then destroys it. Invite her to grieve for the grandchild and write a letter saying all the things her grandmother's heart now longs to say. She can perhaps bury this somewhere near a relative's grave. Encourage her to make or purchase something as a memorial for this lost child. No one has to know about this except her. Suggest that she speak to a priest about this. If she is responsible for forcing her daughter to have an abortion, she will need to seek the Sacrament of Confession herself. Suggest that she have a Mass said for the intention of her grandchild, the parents of that child and for the healing of the family system. When her daughter is ready to heal, she will now be able to be present to her daughter because she has already dealt with her own issues and feelings.

Grandfathers who are prolife may devote huge energy to the prolife movement trying to stop abortion. The Grandfathers who forced the abortion on their daughter because it was an embarrassment to him, may never come to terms with the loss. They are often narcissistic men who are used to exerting power over others to get them to conform to his wishes.

ABORTION SURVIVORS

Individuals who have survived abortion attempts on their lives (failed abortions) will struggle with existential questions during their lives. A small study indicated that those who had had abortion attempts made on their lives, may repeatedly attempt suicide at the same time of year that the original abortion attempt was made.

Some individuals may have lost twins in the failed abortion procedure. They will grieve deeply and bear deep psychological wounds from this loss of a twin and the attempt on their own life. These children carry cells from their twins because of intra-uterine cell transfer.

Those whose mothers made abortion plans, but did not go through with the plan may suffer with a sense of "not belonging in the world". The early plan interfered with the normal progress of prenatal bonding.

Some individuals will have lost several siblings to abortion. When given permission, they will grieve deeply for the lost siblings. This usually occurs in adult life. Those who have lost older brothers and sisters may carry cells of those siblings in their bodies and so are very aware of them. (This is called sibling microchimerism.) Sometimes years later they report always feeling like someone was missing in the family and habitually counting their siblings while growing up.

Those who lost siblings and had abortion plans made for them seem likely to choose abortion themselves.

Intervention: These are deep existential wounds that require exploring. There may be rage toward the mother who tried to abort them, defense of her right to choose abortion for them, survivor guilt that a twin or sibling was lost and they weren't. Invite them to write a letter to the lost child. They often have a clear sense of who this person is and invite them to grieve. Invite them to think about the sex of the sibling and invite them to name that child. Suggest that they have a Mass said for the healing of the family system. Suggest that they ask the siblings to pray for them as intercessors as well as the other family members. They may find it healing to make or buy an item that can serve as a memorial for the lost sibling.

OTHER SIBLINGS

Surviving children in a family may exhibit survivor syndrome like shown in children who lose a sibling to cancer or an accident of some kind. If this child follows is younger than the aborted child, he/she actually carries cells from the aborted sibling that are passed during pregnancy. This is called "sibling microchimerism". This may explain how it is that this child knows there are missing siblings.

They may struggle with being "replacement children" or "chosen children". These children often have great expectations placed upon them for achievement that are almost impossible to achieve. These children may be objectified by the parent to become "the replacement" and not a unique child in their own right. The parent often looks at them with the question "what might have been?" in their eyes. Sometimes a wounded parent in a fit of rage will say something like "I should have aborted you instead of that other one!" These words wound deeply.

Often they will have experienced lack of proper bonding with their mother or had their relationship with their mother change after her abortion.

Some children intuitively know that someone is missing in the family system. In therapy, the surviving child may draw the family system with the children lost to abortion or miscarriage included. When the parents are asked, they will admit either miscarriage or abortion. (Sibling microchimerism may explain this.)

Intervention: The greatest gift you can give is to listen to them and acknowledge the loss that they feel. Explain to them that they carry cells from their older siblings because this validates what they are feeling and they no longer feel crazy for seeming to know that someone is missing in the family system. Having someone else they can talk to about it helps a great deal. Affirm for them how wanted they were by God. This can be complicated, but just the acknowledgement that someone heard them and believed them can be a long way to beginning healing. They could participate in a Mass for their lost sibling and the healing of their parents. Invite them to know that in the Communion of Saints we are still spiritually connected to these family members and that these members are powerful intercessors for us. Invite them to write a letter to this lost child and say all that they have been carrying in their heart. Again, they can put the letter somewhere that has meaning for them.

Encourage them to find a way to memorialize this lost family member, perhaps a piece of art of some kind would accomplish this for them or the planting of a tree or a bush. Remind them if the plant dies that they need to plant another one. People often give special meaning to this plant and should it die, it can cause emotional turmoil.

Other Relatives and Friends

These people have found out about the abortion. They may have known before it happened or found out later. They carry sadness and concern about the parents as well as a sense of loss of the child. They can be invited to be spiritual godparents for the lost child. They need to be encouraged to continue loving the parents unconditionally while they are healing. This only applies if they have been told by the involved parties about the abortion. If they have heard from someone else, encourage them to pray for that person. We must respect confidentiality even in our zeal to help someone heal. In this case, praying for those who need healing is the best response.

EXTENDED FAMILY MEMBERS

The siblings of the aborted parents may know about the abortion. They may be very concerned about the changes they observe in their loved ones. They may have questions about how to facilitate the healing for the one who had the abortion as well as their own need to grieve for the lost child.

If they know about the abortion because the person involved told them, they can speak about it. If they have not been told, they must be careful not to speak about it. This keeps the woman safe. They can perhaps mention casually something they saw or attended about abortion healing but then they need to leave it alone. Praying for those impacted may be the most effective outreach. Sometimes the parents are not yet healing, but the love of their friend or relative is so important to help keep them grounded. They can't force healing in someone who isn't ready but they can casually share information about post-abortion healing and point them to local resources in a conversational manner.

They do need to process their own feelings and work with those feelings, that can include sadness, anger, guilt that they didn't somehow try to stop the abortion if they knew about the pregnancy. They may also feel sad about the lack of this person in the family system.

Cousins of the aborted child sometimes recognize a missing person in the family system. Once they confirm their suspicion, they need to grieve for the lost persons and reconcile with the aborted aunt or uncle, if that is an important relationship. It seems that the grieving is most pronounced in those who are closest in age to the lost child. .

Intervention: We need to affirm their loss, their concerns and listen to them. We encourage them to care for the aborted adult as best they can, at least trying to love them unconditionally without speaking about the abortion. This makes it possible for the person who was involved in the abortion to eventually be able to speak about it with fear of condemnation and judgement.

We can invite them to have a Mass said for the healing of all those involved. We can invite them to write a letter to the lost child and say all the things they long to say. They can destroy this letter later or put it somewhere meaningful, such as

burying it at a loved ones grave site. This may be a grandmother or great grandmothers burial site. These lost children, as members of the Communion of Saints can be powerful intercessors for their parents, sibling and the rest of the family. We need to ask for their prayers.

SECONDARY VICTIMS

These are the spouses or friends of those who have had abortions but have not been involved directly in an abortion. They struggle with understanding the pain their partner is in and trying to be supportive. Often they are very confused by what they are experiencing. We need to help them understand what the aftermath of abortion looks like and how they can help the people they know.

FRIENDS OF ABORTED PARENTS

Often it is the friends of the pregnant couple who are consulted and drawn into the web of decision on abortion. They may support it or reject it, but they will be the first ones to observe changes in the behavior of their friends. They may seek help in understanding what has happened to their friends.

ABORTION PROVIDERS

Abortion providers experience a great deal of stress in their jobs. At their annual meetings, seminars in stress management are offered. Abortion providers struggle with alcoholism, divorce, and accidents. Many who work in the field have their own abortion histories.

Intervention: If they come seeking help it is usually for their own abortion first. We must welcome them with gentleness, respond to the issues they bring to us. We must not be overbearing in addressing the work that they do. Often involvement in the abortion business is a way of coping with their own experience. As they heal their loss, the reality of what they do comes to them and they will leave the abortion business.

The greatest gift we give in unconditional love to those seeking help and the recognition that abortion would change their lives. Abortion touches everyone, not just the mother.

COMPONENT PARTS OF POST-ABORTION RECONCILIATION & HEALING

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The sequence of these steps is not fixed. Each woman will be unique in the way she moves through the process. Some women will have begun on their own or during therapeutic interventions. Others will not have begun at all. When you speak with the woman, it is very important that you normalize her reactions and affirm for her that she is experiencing a grief reaction. These women often instinctively know what needs to be done, but need you to name it for them and provide some guidance. It is imperative to keep in mind at all times, that this is a disenfranchised grief (one that is unacknowledged by the community) and that she may have developed complicated mourning. Complicated mourning occurs when the mourner fails to progress in the expected fashion. Therese Rando, a bereavement specialist, lists factors that lead to complicated mourning in her book *The Treatment of Complicated Mourning*. They include a sudden unexpected death, especially if it is traumatic, including the loss of a child and the mourner's perception that the death was preventable. Additionally, if the pre-death relationship with the deceased was ambivalent, angry or dependent there is a greater risk. Other losses, stresses or mental health issues, and finally, "the mourner's perceived lack of support." predispose someone. All of these factors are usually present in an abortion loss.

Project Rachel is the official response of the church to the wounds of abortion. The ministry is housed within the structure of the diocese. The message of the ministry is hope and healing. The presence of an outreach of healing, complements the Church's strong prophetic teaching on the sanctity of all life, and the evil of abortion.

The diocese needs to establish a way to reach the referral network that includes a contact telephone number and perhaps an email address. Someone is responsible to responding to the requests for help. This person must be able to listen to the woman's story and know the members of the referral network so an appropriate referral can be made. The ministry is composed of a network of clergy, religious women, spiritual directors, mental health professionals and others who can help a woman in a one to one fashion. This means that we can quickly respond to the needs of the individual woman who calls. As networks grow and develop the ministry may also include support groups, retreats, days of reflection and on-going spiritual growth events. The important thing in developing the ministry is that we have the initial network set up so we can help her quickly.

The process model of healing addresses the issues that the woman needs to resolve as she moves through her healing. There are many models of healing, including individual care, Bible studies, mental health support groups, retreats and days or evenings of reflection. In all cases, these issues need to be addressed and adequately resolved for the woman to move forward in her healing. Therefore, whatever model you are using, it is important that you know and understand these steps.

Each woman's healing journey is uniquely her own. I often say to women that you need to get from point A to point B. Whether you go directly or in a more convoluted fashion, it is still a good journey. It is her journey.

There are no experts in this healing journey. We are only companions. We happen to have the map to show her the way, but the journey is hers and she is the only expert in her journey. God will lead her through her healing in a way appropriate for her. We must also respect her journey. Some women will move rapidly. Others will take more time to process and may in fact, have to stay present to one point or another for a longer period of time. I tell women when they feel stuck, that there is some reason they need to stay here right now. When the time comes to move on, they will know and things will again progress rapidly. I tell her that there is something not in place for the next step of healing and that God is getting that into place for her.

It is very important to assure women that the journey and the pace are theirs. They are very critical of themselves and very vulnerable to feeling like failures. They believe there is something inherently wrong with them and so any difficulty encountered confirms that it is a personal flaw that is keeping them from progressing. Theirs is a deep and personal struggle with despair. They believe that they are unworthy of God's love and mercy. They judge themselves very harshly and that often gets in the way of God's grace. They tend to hold onto their pain as punishment and they are also afraid that if they allow healing to happen and they feel good once again, that they have somehow forgotten the child of their womb.

It is important to remember that abortion healing is composed of two parts: the spiritual part which the Sacrament of Confession addresses and the human part. She is a mother who has lost a child in a traumatic and unnatural fashion. Both parts need to be accomplished for healing to happen. Many women make their way to Confession and will repeatedly go to the Sacrament but say they do not feel forgiven. It is because they have so much pain and grief stacked up inside that there is no room for the grace of God to move in their spirit. They need to address the human loss as well.

By the same token, secular therapy will not finish the healing for the woman who needs to make spiritual sense of the experience of abortion. The spiritual and the human need to go hand in hand.

Personal Issues

Make sure that you have thought about why you are attracted to this work. Perhaps you have your own losses or losses in your family. Make sure you have worked your way through them before trying to help someone else, otherwise your issues will get confused with theirs. Remember that you do not have to have an abortion to do this work or to be drawn to it. But know what in your history has made you interested. It can be a friend's abortion loss, or infertility in your life or someone you love, an adoption placement or the fact that your mother or someone dear to you had an abortion.. Any number of things can bring us to this work.

It is advisable for you to have a spiritual director or someone you can process your own issues with. This is very heavy work. We need our own companions because the pain of others is certain to weigh heavy on our heart from time to time. It is important that we be people of prayer. When first meeting someone, the most important thing you can do is to pray to the Holy Spirit for wisdom and the gifts you will need to be present to this person.

When your spirit is heavy, be sure you make time to get away and refresh your own spirit. Jesus went up to the mountains when the crowds became too much. The world will not collapse if we take time to care for our own spiritual and psychological needs. We may need to step away from the ministry for awhile if we sense that burn out is happening.

We must stay grounded in prayer as we do this work. We must also let the pain we hear pass through us like lightening through a lightening rod. If we absorb the pain and toxicity that we hear, we will become toxic ourselves. It is important to recognize that sometimes other people's stories will touch our own stories or pain. When that happens we need to pause and process what has happened with a trusted confidant or spiritual director. I remember only enough of someone's story to be present to them again. I never worry about asking them to refresh my memory on a certain point. Often times, they didn't speak the whole story the first time anyway. We are of no use to anyone, ourselves, our families or those we help if we burn out.

If you are someone who has a Savior complex, please do not do this ministry. If you believe that you are the source of healing, this is not the work for you. You will only hurt those you are trying to help. Only God is the Savior. Also keep in mind that God never lets anyone out of His embrace. Even if you can't work with this woman and she leaves, pray for her and trust that God will get her to the right person to work with her.

The Setting

In preparing to meet this woman, pray to the Holy Spirit for wisdom and the gifts you need to work with her. Sometimes you will be surprised at the wisdom that you speak to her! And remember always that the healing is between her and God.

This woman will come to you in a variety of ways. You need to decide where you will meet with her. Hospitals and clinics are bad places to meet her or to hold healing sessions. They remind her of the abortion on a visceral level and she will feel unsafe and threatened in such places.

Good places to meet can be retreat houses, convents, pilgrimage sites, parish houses or centers. You want a place with privacy so she is free to cry and to express herself without feeling self-conscious. It is important for you to know the culturally appropriate setting for helping her. If you are a lay person this may be different than the way a clergyman will help.

Have a comfortable place for her to sit. Begin by introducing yourself and greeting her in a culturally acceptable fashion, perhaps with a hand shake. Be sure to follow the social convention for this. She is very sensitive to what she perceives to be slights, any indication that she is being judged or not welcomed. Perhaps you can offer her a glass of water while you speak. She needs to feel safe in your presence so make sure that she is closest to the door when you are seated.

She is also assessing who you are and if she can work with you. She knows that you are this person affiliated with the ministry of *Project Rachel* but she must see if she thinks you are strong enough to carry her broken heart while God mends it. Are you who you say you are? Are you a safe person for her? How do you feel about her? We can not work with everyone. Sometimes personalities are mismatched. But just by being present to her for a time or two and listening to her, you will have helped her a great deal, even if it is not an on-going relationship. Trust that even on your worst day, when you think you have said something inappropriate, that God will use you.

This is a ministry of absolute confidentiality and anonymity.

Begin by asking her how you can be of help. Let the story unfold. Tell her what is involved in the process of healing. Post abortion healing is about forgiveness and reconciliation. When she is ready, she is invited to explore her anger toward others and with God's grace, forgive them. Forgiveness is a gift we give ourselves and the other parties do not need to know that it is happening. It is also a ministry of reconciliation. Reconciliation has to occur when an old relationship has been violated and destroyed. Reconciliation is about rebuilding those relationships into something new. This also involves forgiveness, but it is reciprocal. In the process of healing, she is reconciled with God, with her baby and with herself. All of these relationships need to be brought to a new place. It is this growth that sets her free.

The Story

Most often she has never told anyone the story of her abortion. This may be a very painful and tearful moment for her. Allow her the space and freedom to cry. Resist the temptation to touch her to comfort her. Women perceive this touch of comfort as a message that their story is too much for you and that you would like them to stop crying. The tears that are coming are from God. They are washing her soul. Let them flow and don't hush them. Some women will come and do nothing but weep the first time or two. That is fine. When she is ready, she will move forward and speak her story to you. The most important gift you give to her is listening to her. Do not ask many questions, if any, the first time. Just let the story unfold in her timing. She will move forward as she is ready.

Invite her to give God permission to heal her. This is a different sort of prayer than "I want God to heal me." or crying out in anguish. In giving God permission to heal her, she is opening the door for grace. There is a very old picture of Jesus standing at the door of the heart, and if you look closely, you notice that the door has no doorknob. It can only be opened by us from the inside. Women carry such self hatred and loathing after an abortion that while they cry out to God, they also keep God at arm's length. They hold the door closed because they are afraid of God's wrath and believe they are unworthy of love. It is good to remind them that none of us are worthy of God's love. We are all sinners. There is not one of us who has not aborted God's will in our life in some way. Jesus died on the Cross for us. His sacrifice was made out of love for all of us and each of us. Forgiveness and mercy are freely given to us but we need to open ourselves to receive it.

She must tell her story with all its pain and anger. She may have to do this more than once. Remember that the person who is depressed likely carries a burden of anger that is suppressed. She may well have felt trapped by economic circumstances or abandoned by her loved ones during this experience, beginning with the father of the baby and extending to her own nuclear family. You need to give her permission to explore her anger as you work with her. She does not feel entitled to her anger. Unresolved anger will impede her healing.

Processing the Anger

As her story unfolds you can invite her to explore the anger. You will need to tell her that it is not about being entitled to her anger. Anger is an emotion and it just "IS". It is neither good nor bad. But unacknowledged and unaddressed it can become very toxic in our lives. Explain to her that unresolved anger will become bitterness if it is not dealt with. Anger is, like a sliver. That little piece of wood can cause blood poisoning and infection if not removed.

This is also a time to gently speak about forgiveness. Forgiveness is a gift we give ourselves when we make the decision to surrender our hurt and rage. The other person does not need to even know that they are forgiven. There is a simple book called "Forgive and Forget: Healing the Wounds We Don't Deserve" by Lewis Smedes. (It is in English and available from www.amazon.com)

(If you are interested in learning more about the process of forgiving from an academic standpoint, there is the Forgiveness Institute at the University of Wisconsin. The web site is <http://www.forgiveness-institute.org/>)

There is a simple exercise to help her forgive the others involved when she has discovered her anger.. Explain to her that we humans forgive poorly. We need all the help we can get and so we need to ask God for the grace of forgiveness. It is necessary to name the wound and to take it out and look at it with all its pain and ugliness.

Invite her to write letters to all the people she is angry with. She will never give these letters to them. They are only for her benefit. Explain to her that when we write it is different than when we speak. I say that because our arm is closer to our heart than our head, when we write we are accessing what is in our heart. The letters that she is to write are to be honest and to express all her feelings. Again, they are only for her, so she is free to say what she feels. These can be long letters or short letters. Sometime they take a long time to write and sometimes they unfold quickly. After she has written what she feels, invite her to take time to reread the letter a couple of times. There are often profound insights to be gained by reading the letter. If she wants to share the letters with you, she must read them to you. You will not take them from her and read them. The reading of them aloud is part of the emotional catharsis.

She has been praying for the grace of forgiveness as this has progressed. Once she has written her letters and reread them for insights, she is ready to move on. As she is writing the letters invite her to think about a symbolic way of destroying the letters to symbolize letting go of the anger. She can

burn the letters and scatter the ashes, bury them, throw them into a body of water. As she comes to forgive others, she begins to think that perhaps God could forgive her, her baby could forgive her and she could forgive her self.

As she moves through this process she may be working on several facets at one time or just one at a time. It doesn't matter.

Grieving for her children

Abortion truncates a woman's identity as mother. In the healing God restores her mother's heart to her.

Not all women come to us ready to address the loss of their child. Listen to what they say in telling their story.

I had a procedure. I had an abortion. I took a life. I took a human life. I took a child's life. I took my child's life.

The woman who would use the less personalized description may not be ready to talk about the reality of her child. The woman who talks about "her child" is emotionally ready to deal with the loss.. If you have a woman who isn't ready yet, do not bring up this question of a baby or her child. It may be too much information for her. Instead, gently ask how you can be of help. Listen to what she talks about as bothering her and that is where you then begin with her. Let her lead the way and listen for the change in how she talks about it.

Eventually, she must put closure on her relationship with the aborted child/children. Ask her is she has thought about her children. Does she know if her child/ren were boys or girls? Has she chosen a name for them? Some women will tell you immediately that it was a boy or a girl. Others will be puzzled and unsure. Still others will be uncomfortable with the question. They fear that knowing will make it worse, but assure them that it does not.

When you ask the woman if she knows the sex of her child you will most likely receive one of three responses.

"Yes, I have always known it is a boy and his name is John." "I have no idea about the sex of this child but if she had been born she would be 18 now." Gently point out to her that she does seem to know. You can talk to her about carrying cells of her children in her body if that seems appropriate.

She may say "I have no idea of the sex of my children." Again, gently tell her about the cells.(Women carry cells from every child they ever conceive the rest of their lives. This is called human microchimerism.) Invite her to take time to think about it and pray about it. Remind her that in Scripture God often spoke to His people in dreams. (If Saint Joseph had not been paying attention to his dreams, Salvation History might have gone differently.) Tell her she may have a dream about her child or sometimes, it is just an intuition that unfolds. Tell her when she knows to choose a meaningful name for this child. If she has a dream of her child, she may also see other miscarried or aborted children in this dream. Often she awakens from the dream also knowing the names of these children. Once she has shared the name with you, always refer to her child by name. It is a great comfort to her to hear the name spoken by someone else.

She needs to be encouraged to grieve the loss. Kathleen Gray and Anne Lasauce in their book "***Grieving Reproductive Loss***" say "Grieving is a healing process consisting of those essential components which are needed in order to comfort, restore and renew the body, mind and spirit of those who grieve and mourn." Talk to her about grief and explain that it is a process and it takes time. Sometimes it seems like she will take three steps forward and then two steps back. Every one is different. You can promise her that as she embarks on the journey, she will get better. Remember there may be several losses including the pregnancy, the loss of the dream of motherhood and sometimes, the father of the child.

Help her to acknowledge the uniqueness of the child lost and the meaning of that pregnancy for her. Remember that the first pregnancy is an especially profound passage moment for women. The loss of that experience can have long lasting effects.

Steps to Resolution

-Encourage her to name her baby. If she is a Christian, perhaps pray a prayer of commitment.

-Encourage her to write a letter to her baby, saying all the things she needs to say. This may include asking the baby's forgiveness and perhaps, may include, forgiving her child for coming at an inconvenient time. If she chooses to share this letter with you, she must read it aloud to you. She can keep this letter or perhaps she will decide to put it somewhere that has meaning, perhaps burying it at the grave of a beloved relative. Some women will burn the letter and put the ashes somewhere meaningful. If she has aborted several children, she may initially write one letter to all of them. Later she might decide to write one to each child. The writing of this letter often begins to help her to feel forgiven by her child. Women who have a history of sexual abuse may find it hard to believe that their child could forgive them. For the woman who has trouble absorbing this, suggest at a later time that she sit with paper and pencil and write a letter from the baby to her. This will feel strange to her, but when she is able to do it, it can bring great relief.

-Help her to ritualize her loss, using symbolic objects such as baby pictures, clothing, or whatever is meaningful to her in making the child more concrete. Depending on her belief system, a ritual of letting go may be appropriate, such as a private funeral rite or a Mass of Healing including the

child and all others touched by the abortion in the prayer. She may use the above letter during this event. She may want to purchase something that she will keep, such as a locket, a statue, a tree or bush to remind her of the child. (If she chooses to plant something, make sure she knows that if the plant dies, it does not mean anything other than that she should plant another plant. Women give meaning to this plant, and should it die, she may feel that her healing is invalid.) She may also, if she has unique gifts, write a song or poem or produce a work of art that becomes part of her healing ritual.

-In light of her faith history and belief system, help her to establish a spiritual relationship with the child. She often struggles with the question of where is her child. If she is a woman whose faith tradition allows her to believe in the Communion of Saints, help her to see that the child is still connected to her and to the family as intercessor. I believe that the child wants the family healed so that in death they can be reunited in God's kingdom. The children lost to abortion are the "holy innocents" of today. I believe that these children are with God and understand what happened to their mothers. They are powerful intercessors for their entire family system.

Spiritual Healing

When we meet the woman who is seeking help, we need to determine her faith tradition because we must be respectful of where she has come from. I always ask "do you have a faith tradition?" Many women are confused by the question and so I am able to explain that I am wondering if they grew up in a denomination or are active in a church now. I need to know this so I know what she believes about God, forgiveness and where her child might be.

From the time of our very first meeting with her, she needs to hear us speak of God's love and mercy if she is open to it. If she has a faith experience, she is almost always convinced of God's judgement and condemnation. She does not believe herself worthy of God's forgiveness. Women describe themselves as having a *soul wound*.

I invite her to give God permission to heal her. Giving God permission is different than crying out "Heal me, Lord" or saying "I wish God would heal me." Women frequently cry out to God in anguish but then hold God away, because they believe they are unworthy of healing and forgiveness. This is a time to talk about the gift of Jesus' death on the cross. He died to set us free, not because we are worthy, but precisely because we are sinners. Remind her of the words of the prayer before Holy Communion from the Catholic faith tradition, "Lord, I am not worthy to receive you, but only say the word, and I will be healed." I may say to her that there is no one who has not aborted God's will in their life in some way. When she gives God permission she has opened the door for God and God's grace to work. God will never over power our free will. The surrender of our free will allows God to work in powerful ways in her life.

I may invite her to pray with the Scriptures if that is something she would be open to. I would speak about Ignatian prayer and teach her how to enter into the Scripture story and engage in dialogue with the Lord. This is a prayer of imagination and can be very powerful in opening her to hear God's voice in her life in a deeply personal way.

Scripture Suggestions

Here are some suggestions for praying with Scripture. Invite her to read the New Testament story a couple of times, until she is familiar with it. Then, to place her self into the story as one of the characters and dialogue with the Lord.

Invite her to listen in the silence of her heart to what the Lord has to say to her. This is meant to be a quiet type of prayer. She need only sit in the presence of the Lord and listen! There is an expression that says our prayer needs to be "Speak Lord, your servant is listening" *instead of "Listen Lord, your servant is speaking." Allowing the word of the Lord to come into our heart touches the deepest core of our being,

You might say to her "The Lord will lead you on your healing journey, if you give Him permission to do so. Surrender all your pain and self-recrimination to Him. God is gentle and waits to pour out His mercy and healing upon you."

Luke 8: 43-48 Matthew 9: 20-22 and Mark 5: 25-34

The Woman with the Hemorrhage

The woman knows if she can just touch the hem of Jesus' garment that she will be healed. Jesus responds to her by healing her and calling her daughter, an intimate form of address. Our women are like this woman. They have been emotionally and spiritually bleeding for many years. They know that God is the answer.

John 4: 7-41 The Woman at the Well

This is a delightful story that unfolds. The woman is a Samaritan woman and Jesus should not even be speaking to her, let alone asking for a drink. Yet, he asks her for a drink. And then the exchange unfolds with Jesus telling her He has the water of everlasting life and I think she must have

thought that strange since she had the bucket and the well. He gently unfolds for her the truth of her life and acknowledges that that man she is with now is not her husband and that there have been 5 others. At no point, does he condemn her. Rather he gently shows her the truth of her life and it is in that truth that she comes to recognize that he might be the Messiah and goes to tell the others who He is. She leaves behind her water jug, symbolizing surrendering the burden of her brokenness. The women who seek healing find in this healing journey that God gently unfolds the truth of their lives to them.

Luke 7: 36-50 The Woman who washes Jesus feet with her tears.

There are two translations of this passage. One says "she who has loved much is forgiven much." The other says "the great love she has shown proves that her many sins have been forgiven." Both are true. Someone has said that sin is a gift going in the wrong direction. Many women who have abortions do so out of misguided sense of love. They were looking for love and intimacy that took them to an illicit relationship. Or perhaps they chose the abortion to ease the burden on their spouse, because he asked her to do it or because her family of origin might have been shamed. The second translation also speaks the truth spoken by Pope John Paul II in the document *The Gospel of Life*, section 99, when he states that women who are healed from abortion will "be among the most eloquent defenders of everyone's right to life. Through your commitment to life, whether by accepting the birth of other children or by welcoming and caring for those most in need of someone to be close to them, you will become promoters of a new way of looking at human life."

John 8: 1-11 The Woman caught in Adultery

The woman is brought before Jesus as the men prepare to stone her. Jesus protects her and tells her that neither does He condemn her. "Go in Peace, and do not sin again." It is true that women who have had abortions have often been harshly judged. It is Jesus who is the fount of Mercy who protects her and sets her free.

As she prays her way through these Scriptures she will hopefully experience the love and mercy of God.

In the Old Testament, *Ezekiel 34: 11-16 (God as the Good Shepherd)* *Psalms 51, 103 and 139* may speak deeply to her spirit. She may also find the Divine Mercy Chaplet and prayers very healing.

Sacrament of Reconciliation

Some women will repeatedly have taken the sin of abortion to the Sacrament of Confession. They will say that they don't feel forgiven. Speak to her of abortion as having two wounds: the spiritual and the human. She needs to complete the human healing as well. I explain that when we are filled with sadness and regret that we can't feel God's grace at work. Once we begin to empty ourselves of the other emotions, then we begin to feel God's forgiveness. Some women confess the sin, but hang on to the pain of the abortion, because they feel that is their punishment. If you encounter a woman doing this, gently remind her that God wants to set her free. Her sin is gone, like blowing out a candle.

When the woman brings the sin of abortion to the confessor, he needs to respond with gentleness but also acknowledge that he heard what she said. He can acknowledge that it must have taken great courage to speak of the abortion. This is a moment to speak about the spiritual and human wound. If there is time, the confessor can speak to her about her child and guide her in some of the healing. If time does not permit, then having a small business card that can be given to her with the information on *Project Rachel* can move her onto the next step. If he is a *Project Rachel* priest, he can offer to work with her further if it seems appropriate or tell her that are specially trained people who can help her walk through the rest of the healing process.

There may be a difference between the woman who has just had an abortion and the woman who is many years beyond the experience. The woman who has just had the experience may not show the same sense of amendment as the other woman. Remember, she is very close to the loss and the circumstances that drove her to an abortion are still very present in her life. The full ramifications have not yet come to her. (Current brain research shows that we may not be able to fully integrate our life experiences until we are about age 25.) Yet, she has named it as sin and come asking God's forgiveness. We must honor that.

If you have continued to work with this woman, you will observe that she had gone to Confession at the beginning of her journey hoping to rid herself of the stain of this sin. It may be important to give her another opportunity for Confession after she has walked the healing journey. This now becomes a celebration of God's mercy and love, instead of a desire to get rid of sin. As she has grown in her healing, hopefully, she will also have grown in her understanding of healing. Sometimes this healing process is an opportunity for us to catechize her. Often women really do not have a full understanding of what the Church teaches and what God says to us. After working with a priest or other caregiver, hopefully, she has a new awareness and appreciation.

In this next celebration, the priest would invite her to plan the ceremony with readings and perhaps music that she brings to speak to her experience of God's mercy. The priest may have a token gift to give her, perhaps a Rosary or a medal. This is truly a celebration! Sometimes God prompts the

confessor with a word to share with her or she asks if she can bring something symbolic. In the experience of a priest friend of mine, the woman who was now pregnant again after giving birth to several sons, asked if she could bring a dress that she had purchased for her daughter before the abortion occurred. Father put the dress on the altar and during the prayers, was prompted to give the dress back to the woman and say that "Megan—the aborted child—wanted her baby sister to have the dress.." Three months later the woman called to thank him again and to tell him that Baby Mary was wearing Megan's dress.

Hopefully, as she had made the healing journey, prayed with Scripture and listened to you speak of God's mercy and love, she has come to a place where she can truly embrace and accept God's love and forgiveness.

Closure

Whether you are priest or lay companion, after the healing process is complete, you often need to put closure on the relationship. It is appropriate for you to thank her for sharing her journey with you and to affirm for her how courageous she was. There is some information that you need to share with her at this time.

–You want to encourage her to continue her spiritual journey through regular participation in the Liturgy, Sacraments and personal prayer. It is sometimes easy for women to get lost spiritually because they are looking for another "mountain top" experience when, in fact, life is lived in the valley.

–You want to tell her that there will be times when she hears a condemnatory voice telling her that she is unworthy of God's love and forgiveness or accusing her of her abortion. This is never the voice of God, but it is as real as your voice to her. This is the voice of temptation trying to drag her back to despair. Prepare her for this and tell her to say a short prayer, such as "Jesus, I trust in you!" when it happens. If she tries to ignore the voice, it will become increasingly insistent and harder to resist, calling to mind doubts about God's forgiveness and her healing.

–She will experience something called "shadow grief". This is normal and happens when some life experience happens that calls to mind the child of her heart. This could be the wedding of a niece and she knows she will not see that day with her aborted daughter. Again, this does not mean that healing didn't happen. It just means that abortion is a forever wound. It changed her life forever. I tell women that abortion healing is like open heart surgery. God restores her mother's heart, but there is a big incision and sometimes it aches.

–Finally, abortion changes its meaning with new life events and it is possible that the pain will be triggered again sometime. Should that happen, she just needs to find someone to talk about it with and it will again resolve.

Self Forgiveness

She must come to forgive herself. Self-forgiveness is about being able to suspend self-judgment and walk freely in the forgiveness accorded her by God. (If she is a victim of sexual abuse, this will be difficult for her because in the abortion experience she crossed from being a victim to being a victimizer in her mind.) It is best if self-forgiveness emerges naturally but sometimes it gets stuck. One question you can ask a woman if she is stuck in self-recrimination is what she would say to another woman who is in the place she is. She always responds with compassion to the question of someone else's pain. It is then your role to help her embrace herself with the same compassion. For the woman who is being particularly hard on herself, I will sometimes say "You know, it seems to me that you are walking dangerously close to the sin of pride. God has forgiven you, but you seem to think that you know better than God in holding yourself bound in self-loathing."

There is an exercise that can help if she is stuck in not being able to forgive herself. Invite her to spend some time being very introspective about who was the woman who had the abortion. What drove her to it? The woman you are now dealing with is more mature and wise. Ask her to think about what happened to her that she chose an abortion. Who was she as that woman—young, frightened, abused, faced with overwhelming economic challenges, selfish? This is about honest assessment. She will then write a letter from the woman she is now to the girl/woman she was then. In the letter she will speak of what she had learned and conclude that with God's help and the help of her priest or counselor she is forgiving herself. Sometimes women move quickly to self-forgiveness in this process and then she would just conclude the letter with "I forgive you." The letter is addressed to the young woman she was—perhaps she even had a different name then and is signed by the woman she has become. She needs to read the letter a couple of times because there is always some profound truth hidden in the letter. After she has done that she can choose to keep it, burn it or put it somewhere to signify letting go of her self-judgment and recrimination.

Gift of Life

After experiencing healing, many women desire to become involved in some activity that allows them to put life-giving energy back into this world in some way. Help her to choose an appropriate means to do this. She needs to determine what is appropriate for her at this time in her life. It may be that she is able to enter into her marriage and parenting of her other children in a new way. Perhaps she feels called to help an elderly neighbor or to help in her church.

Some women want to know about speaking publicly about the abortion experience. Guide her carefully in this. Help her to assess her motives. Is she trying to do atonement work? Is she punishing herself with shame by speaking out? Why does she want to do this? It is imperative that everyone in her extended family circle know about the abortion and be comfortable with her speaking out. (Media coverage means that a woman telling her story may be heard many miles away.) Adolescent children might verbally agree to her desire but be deeply embarrassed or ashamed when their friends hear what their mother has done. Young children must also be taken into account. Information about abortion may be too much for them to take in. Women can effectively tell their stories anonymously in letters that can be published in various publications, including church bulletins or brochures. It is important that everyone be safe in this process.

Conclusion

The key questions that a woman *who* is struggling after an abortion has to resolve are: Can my child forgive me? Can God forgive me? Can I forgive myself? In resolution she needs to come to know the answers to these questions. As parts of this, she needs to know where her child is, who is the child with, and is the child ok. These are the questions of a mother's heart. The healing process restores her mother's heart. Her motherhood was truncated in this abortion experience. It is good to remind her in closure that there will be times when she will feel sadness when she thinks of this child. That is normal. It does not mean that she is not healed. Rather those tears will be signs to her of her healing. A mother never forgets the child of her heart.

Please note there will be cultural differences for women based on faith or ethnic origin. For Catholic women, the document, the "Gospel of Life" by Pope John Paul II speaks to their wounds in a beautiful and pastoral way, assuring them their suffering will have meaning and their child is with the Lord. Please know that it is appropriate to encourage her to work through the spiritual components with a religious leader from her faith tradition. If you are not comfortable working with her, encourage her to seek or refer her to another counselor with whom she is comfortable. It is very important to always be respectful of her faith tradition. This ministry is designed to help her heal the wound of abortion through God's grace and mercy. God will lead her in her on-going faith journey.

Scripture Suggestions

Here are some suggestions for praying with Scripture. Read the New Testament story a couple of times, until you are familiar with it. Then, place yourself into the story as one of the characters and dialog with the Lord. Listen in the silence of your heart to what the Lord has to say to you. This is meant to be a quiet type of prayer. You need only to sit in the presence of the Lord and listen! There is an expression that says our prayer needs to be “Speak Lord, your servant is listening”, instead of, “Listen Lord, your servant is speaking.” Allowing the word of the Lord to come into our heart touches the deepest core of our being.

The Lord will lead you on your healing journey, if you give Him permission to do so. Surrender all your pain and self-recrimination to him. God is gentle and waits to pour out His mercy and healing upon you.

Luke 13: 11-17 The Woman Bent Over

Luke 8: 43-48; Matthew 9: 20-22; and Mark 5: 25-34
The Woman with the Hemorrhage

John 4: 7-41 The Woman at the Well

Luke 7: 36-50 The Woman who Washes Jesus’ Feet with her Tears

John 8: 1-11 The Woman Caught in Adultery

Also praying through John 15: 1-21 and John 3: 16-17

In the Old Testament, Ezekiel 34: 11-16 (God as Good Shepherd)
Psalms 51, 103 and 139

For more help, contact:
The National Office of Post-Abortion Reconciliation & Healing
P.O.Box 070477
Milwaukee, WI 53207-0477
Phone: 1-800-5WE-CARE
Email: noparh@yahoo.com

Resources for Poor Diagnosis

Compiled by Vicki Thorn

National office of Post-Abortion Reconciliation and healing

P.O. Box 070477, Milwaukee, WI 53207-0477

Email: noparh@yahoo.com

Referral line: 1-800-5WE-CARE

Website: www.noparh.org

Web Sites for those with a poor prenatal diagnosis (tests show the baby may have a genetic anomaly or malformation).

Morning Light Ministry <http://ca.geocities.com/morninglightministry@rogers.com/>

A Catholic ministry for bereaved parents that also has information for parents in turmoil over a bad diagnosis. This is an excellent site. The HOPE IN TURMOIL page addresses the bad diagnosis and they have information and support for parents.

Be Not Afraid <http://www.benotafraid.net/>

Benotafraid.net is an online outreach to parents who have received a poor or difficult prenatal diagnosis. The family stories, articles, and links within this site are presented as a resource for those who may have been asked to choose between terminating a pregnancy or continuing on despite the diagnosis. The benotafraid families were faced with the same decisions and chose not to terminate. By sharing their experiences, they hope to offer encouragement to those who are afraid to continue on.

Institute for Fetal Health <http://www.childrensmemorial.org/depts/fetalhealth/overview.aspx>

Pregnant women may be referred by their treating physician or may refer themselves with a single phone call to the program director, Dr. Christopher Talbot, at 773.975.8782. he will obtain the clinical information from the patient and her physicians, confer with the medical directors of the program to determine the appropriate specialities for consultation. The coordinator will then arrange the consultations and collect laboratory and medical records from doctors who have useful information about the issues facing the pregnancy. Consultations are usually conducted in person, but occasionally may be held over the phone under special circumstances. The coordinator is available to assist the patient in all aspects of the consultation process. (*I do not know how they feel about abortion, but they are committed to treating anomalies and giving parents accurate information.*)

To contact the professionals at Children's Memorial Hospital, call **773.975.8782**

Or write to: *Institute for Fetal Health*

Children's Memorial Hospital

2300 Children's Plaza, #115

Chicago, IL 60614

Prenatal Partners for Life <http://www.prenatalpartnersforlife.org/>

Prenatal Partners for Life is dedicated to providing families expecting or families who have just had a special needs child, the support, information and encouragement they need to make informed decisions involving their pre-born or newborn child's care. They believe these children are unique gifts from God and have a special purpose in life that only they can fulfill. Their goal is to provide honest, practical information about parenting a special needs child by linking expectant parents or new parents to a special needs child with other parents who have had the same diagnosis. This support can be provided in person, over the phone, by email, or in written correspondence.

For more information:
Mary Kellett, Executive Director
Email: Mary@prenatalpartnersforlife.org
Phone: 763.772.3868
Fax: 866-870-9175

Books

Expecting Adam by Martha Beck (www.amazon.com) Journal of a mother of a Down's Syndrome son that covers her pregnancy and Adam's early years. This book is a must read and a must for your counseling shelves.

Defiant Pregnancy: Women Who Resist Medical Eugenics by Melinda Tankard Reist. These are stories of women who carried their babies in spite of contrary medical advice.

The following booklets are available at www.elizabethministry.com

Our Unborn baby Has a Problem Reflection booklet for those who have been given a bad prenatal diagnosis

Infertility Journey Summarizes Church teaching on reproductive technology

Mourning a Miscarriage: Prayers for a Couple Grieving the Death of their Unborn Child

Given in Love (For mothers who are choosing an adoption plan)

Why Mine? (For parents whose child is seriously ill)

For better or Worse (A handbook for couples whose child has died)

Miscarriage: A Man's Book

Grandparent's Grieve Twice

Healing a Father's Grief

Loving and Letting Go (For parents who decided to turn away from aggressive medical intervention for their critically ill newborn)

Comfort Us Lord, Our Baby Died

A Guide for Fathers When a Baby Dies

Daddy: NICU

Detour: forced onto a new road when our unmarried daughter became pregnant

Elizabeth Ministry has an extensive on line store. They have tiny burial boxes for miscarried and still born babies as well as many other resources.

Revised 10-31-07

Resources for Post-Abortion Men

Counseling, Referrals for Counseling, and Training for Counselors:

Alliance for Post Abortion Research and Training
(counseling, referrals, consultation and training)
Contact: Catherine T. Coyle 608-217-1093

email: ctcoyle@standapart.org

Entering Canaan—Men's Retreat
Bronx, NY
Contact: 877-586-4621
Web: <http://postabortionhelp.org/pah/for-men-2/>

email: Lumina@postabortion.org

Fathers and Brothers Ministries
Boulder, CO
Contact: Warren Williams 888-546-0148

Life Issues Institute
Nationwide referral network
Contact: 513-729-3600 web: www.lifeissues.org

Project Joseph
Kansas City, KS
Contact: Pat Klausner 913-621-2199

Rachel's Vineyard Ministries
Website: www.rachelsvineyard.org

Rachel's Hope After-Abortion Workshop for Men
San Diego, CA
Contact: 858-581-3022

Sons of Adam
Old Hickory, TN
Contact: Rev. Steven Wolf 615-758-2424, ext 12 email: sonofadam@idjc.info

Books, Bible Studies and Brochures:

Dearest Angel: A Father's Post-Abortion Journal of Hurt and Healing (book by William Zimmerman)

Fatherhood Aborted: The Profound Effects of Abortion on Men (Book by Guy Condon and David Hazard) Available from www.amazon.com

Forgotten Fathers: Men and Abortion (Brochure by Vincent Rue, Ph.D)
Available from www.lifecyclebooks.com

Healing a Father's Heart (Bible Study by Linda Cochrane)
Available from www.lifecyclebooks.com

The House of Esau Ministry Manual by Rev. Scott Miller email: houseofesau@silverlion.org

Men and Abortion: A Path to Healing book by Catherine T. Coyle, RN, Ph.D
Available from www.lifecyclebooks.com

Men and Abortion: Finding Healing, Restoring Hope Booklet by Catherine T. Coyle, RN, Ph.D
Available from Knights of Columbus, Catholic Information Service www.kofc.org/cis

Redeeming a Father's Heart: Men Share Powerful Stories of Abortion Loss and Recovery
(Book by Kevin Burke, David Wemhoff and Marvin Stockwell) Available at www.amazon.com

Save One (Bible Study by Sheila Harper)
Contact: 866-329-3571 Available from www.saveone.org

Secret Sorrow (Brochure) Available from www.lifecyclebooks.com

Swallowed by a Snake: The Gift of the Masculine Side of Healing (Book by Tom Golden, LCSW)
Available from www.amazon.com

Websites:

www.fatherhoodforever.org

Resource site for men dealing with abortion loss.

www.menandabortion.info

General information site concerning the impact of abortion on men.

www.menandabortion.net

General information site concerning the impact of abortion on men. This site also provides referral information for counseling.

www.noparh.org

Website of the National Office of Post-Abortion Reconciliation and Healing

Please Add My Name to the Mailing List of the:

National Office of Post-Abortion Reconciliation & Healing, Inc.

Name: _____

Organization: _____

Profession: _____ Credentials: _____

Work Address: _____

City _____ State: _____ Zip Code: _____

Home Address: _____

City _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone _____

Fax: _____

E-Mail Address: _____

Name & Date of Presentation: _____

Item 1: _____

Item 2: _____

Item 3: _____

Extra Resources

- ❖ **There's a Lot More to Sex Than We've Been Told**
- ❖ **Divine Mercy**
- ❖ **Evangelium Vitae—The Gospel of Life Section 99**
- ❖ **Address of Pope Benedict XVI: Oil on the Wounds**

There's a Lot More to Sex Than We Have Been Told:
Tools to Help Your Clients Understand Their Bodies
Copyright 2003 Victoria M Thorn
National Office Of Post-Abortion Reconciliation And Healing
P.O. Box 070477
Milwaukee, WI 53207-0477
Phone: 414-483-4141; Fax: 414-483-7376
Email: noparh@yahoo.com

Self Assessment

- Do I honestly believe that premarital sex is problematic for my clients?
- What lived experience do I bring to this discussion? If you are conflicted on this issue, perhaps you should not be the one talking to the girls about it. They will see right through you. If your own life is not in order, they will pick up on that, too.
- You need to be able to speak about sex comfortably and know the material so you are not fumbling.
- You cannot be judgmental about their activities. You know these are young women who have been sexually active. You cannot make them change. You are going to give them information that will hopefully convince them that there is more to sex than they have been told and this will lead them to the logical conclusion that premarital sex brings too many risks and potential problems to keep engaging in it. This model is not about morality but about science and informed decision making.
- We need to honor our clients with the belief that they CAN make good decisions given enough information. Remember to ask them to promise you that they will wait 24 hours before deciding whether to have sex with someone again, so they can think about what you told them. This respects them and may be the first time in their lived experience that someone empowered them to make a decision for themselves.

Client Rapport

- Hopefully, you have established rapport with this young woman who has a negative pregnancy test so you can honestly talk to her.
- Do not preach.
- Listen carefully.
- Keep in mind this young woman may already have had an abortion. You might ask if she's had any pregnancy losses in the past, like a miscarriage, stillbirth, abortion or ectopic pregnancy. If you surface that, you can gently ask if she would like to talk about it. You can say that you deal with lots of young women and some have had abortions and are fine and some are struggling. But if she would be willing to share, it can help you to help other young women. She is probably too close to the experience to heal, but telling the story will help to detoxify her.

Protocol for dealing with a client with a recent abortion

- Within one year after an abortion, women are 3 times as likely to commit suicide when compared to a never pregnant group and 6 times more likely compared to a group that gave birth. Taking this into account, this protocol helps to eliminate some behaviors that might aggravate suicidality.
 - Encourage her to go for her health check up. Refer her to a health care professional for any health concerns she expresses.

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- Explain that some women report feeling hormonally upset for some time after the abortion—like a bad case of PMS. This will go away, but for some, not until anticipated due date.
- Encourage her to eat regularly and to be sure to include protein in her diet everyday. This will help to fend off severe blood sugar swings that can make her feel suicidal.
- Explain that 20 minute naps help to keep away sleep deprivation if she is having trouble sleeping, and she will not have nightmares in that short time.
- Exercise, even short walks, will help release natural endorphins to counteract depression.
- Discourage drug and alcohol use.
- She might need to see her doctor for an anti-depressant for the time being to keep her functional.
- Stay out of “baby” language unless she brings it up. She is a woman who had a bad medical experience at the moment. She is in shock, physically and psychologically. She may be numb.
- Tell her that there are people who can help her in the future if she wants to talk about her abortion. You can give her our national website at www.noparh.org or our national referral line **1-800-5WE-CARE**.

Client Discussion

- You might begin by asking her what her dream for her life is or if she knew she was going to die in a year and she was assured of being successful in whatever she wanted to do, what would she choose to do? Or, if she were guaranteed she could accomplish 5 goals in her life, what would they be?
- You can talk about her dreams. What did she want to be when she was a little girl? What about now? You are accessing possibility here.
- Ask if her boyfriend is still around.
- You might ask if sex has been a good thing in her life? Has it brought her happiness and freedom? What is her experience of “sexual freedom”? What would she tell other girls who were thinking about becoming sexually active?
- Talk to her gently about the lies that women have been told about sexual freedom and in fact, many find emotional bondage—always worried about pregnancy or STD’s or their partner being unfaithful or leaving. Ask what she most hoped to get out of sex when she became active.
- Talk about the knowledge that we need to make good choices for ourselves. Ask what impression the media gives of sex—any negative outcome that she’s observed? “Can I share some information with you that you might find helpful in making further sexual decisions. Some people on learning this decide to put sex on hold until marriage. Some share this with their partners.”

“As women we need to be honestly informed about the consequences of our sexual choices, so we can make good choices. So often sex just “happens” and then we continue to live with it without thinking too much about it. We assume that once we’ve had sex, we have to keep on having it, but in reality, we are free to change our minds at any time. We can pursue sexual integrity at any time. We can choose to change our sexual involvement and be abstinent until we find the man we want to spend the rest of our lives and make a commitment to do so.”

If she is open to listening share information in a chatty conversational way. Maybe say that you were surprised to learn this stuff yourself, and that every woman ought to know this. (This keeps

her from thinking that you think she's a dummy.) After sharing information, ask her if she'd be willing to make a promise and the promise is that when a guy wants to have sex with her, she'll take 24 hours to think about all the things that you have told her so she can make a good decision—one that is good for her and her future; one that is in sync with her dreams for her life. We, as women, are entitled to our dreams. We are the ones who bear the burden of consequence when it comes to sex. It is ok for us to say “no” contrary to what the media tells us.

Sample Information to Share

Description of a woman's cycle

- Average length of 28 days
- Menstrual cycles: 450-480 in a lifetime
- Give off about 6 tablespoons, half blood, have cells from inside the uterus and other secretions
- Our ovaries are the size of an almond.
- Girls are born with all the eggs they will ever have. Twenty week in utero, the ovaries have 6 to 7 million eggs. 4 million will die before birth and by puberty, there will be about 400,000. By menopause, the eggs will have vanished. The egg that became us was formed in our grandmother's body during her pregnancy. The Chinese say we are more likely to develop the diseases of our grandmother's than our mother's for that reason.
- Our uterus weighs about 2 ounces and is the size of a child's fist. When we are pregnant it grows to about 2 pounds and the size of a watermelon.

Falling in Love

- Infatuation state of a relationship has special chemistry that leads us to believe we are in love and predisposes us to sex. The hormone PEA is called the “love drug” and is a natural amphetamine-like substance, which combines with oxytocin and two other mood affecting substances. You feel energized and you feel strong sexual desire because both of you have increased testosterone levels.
- When a woman has sex with a male, her entire immune system is involved. It has to make radical adjustments in order to ever conceive a child with this person. Each new partner triggers these changes. It seems to take about 6 months for all these changes to occur. Having multiple partners can take a toll on the immune system.

Understanding our menstrual cycle

Three phases beginning with our period

Follicular Phase

- Estrogen causes about 12 follicles to begin to mature, each with an egg.
- Egg is the largest cell in the body, but still very tiny. If you poke a hole in a piece of paper with a baby's hair, you'd be close to the size of an egg.

Ovulatory Phase

- Only one egg breaks out. Fallopian tubes reach out and grab it. The egg lives for 12 to 24 hours. Should one Fallopian tube be damaged, it is possible for the remaining tube to catch eggs from either side.
- To ovulate is to release a ripe egg.
- To be fertile is to produce cervical fluid that can keep sperm alive for up to five days.
- In the ovulatory phase, women are vulnerable to erotic conditioning. If shown a sexually stimulating movie during this time, she will have an erotic response, where women in other phases of their cycles will not. If she is shown the same movie during another phase later on, she will have the same

response she had during ovulation. Feminine anthropologist Sarah Hardy believes this may be why women get “hooked” on partners that are not good choices, if they encounter them sexually during this phase.

- Couples are 6 times more likely to have sex at the end of the first phase and during ovulation than at other phases, and are therefore, much more likely to get pregnant.
- Pregnancy happens as a result of intercourse that happens between 1 and 5 days before ovulation. The egg dies within a few hours of being released, if not fertilized. Sperm can live for several days.
- **Girls should understand their cycle and know that mid-cycle is not a time to be having close personal time with their guys. Pregnancy is likely to result.
- 20% get pregnant within the first month.
- 50% of all first pregnancies happen within the first 6 months after intercourse begins.

Luteal Phase

Finishes the cycle. If conception did not happen, a period follows.

Pheromones: *Nature's way of getting us interested*

- Women and men give off scent molecules called pheromones that are perceived by a little organ at the back of our nose. We can discriminate men from women. We can pick out our babies by scent. Our babies know the smell of breast milk within days of birth. Our scent changes with our menstrual cycle and with pregnancy. Our perceptions of other's scents as being attractive or not can also change. We perceive the pheromones other women give off and that can change our cycles.
- Ovulating women give off pheromones that signal our condition to men. They in turn will have a testosterone rush. Women who are ovulating dress more suggestively and move more suggestively. Unconsciously, this could be a trigger for date rape.
- Being in the presence of a ovulating woman, can move you toward ovulation. Being with a woman who has just ovulated can slow your cycle down. This is caused by pheromones. Girls in dorms will cycle together. This research was done with pheromones from a woman that was not physically present. The researchers put pheromones in rubbing alcohol, and put the substance under the nose of the test women. Those who received the pheromones from the absent women for 2 to 3 months. If the woman from whom the pheromones were taken was in follicular phase, the test women's cycles speeded up. If she was already at ovulation, they slowed down. And if she was in the luteal phase nothing happened.
- Women are attracted to men by scent as well as other things. If she is on the Pill at the time she chooses a mate, she will choose differently than if she is not on the Pill. If she is on the Pill, she will choose a male who is more like her father or her brother in terms of gene segment (MHC) that has to do with immunology. This immunology parallels hers. The state of false pregnancy that the Pill induces causes her to look for a protector, like her family members. This choice may lead to decreased fertility. If she is not on the Pill, she will choose a mate whose immunology complements hers. (Research of McClintock at the University of Chicago and Wedekind in Switzerland.)

- Other pheromone tricks—We can discriminate our own scent with about 80% accuracy and the scent of a male and female about 60 to 70 percent of the time. Men smell like musk and women smell sweet.

Pregnancy

- Anthropologically speaking, it has been advantageous to women to birth together so that they could nurse each other's babies during hunting and gathering, and support each other in child care. That may be why pheromones cause us to cycle together.
- Our first pregnancy is very important to us emotionally and physically. It is important that we complete it. There are many hormonal and cellular changes that change our bodies and our brains permanently. We complete a transition to mother from never pregnant woman.
- Biochemically, a pregnancy does not end until breast feeding is done and we wean our babies. Politically incorrect fact—the more pregnancies we have and the longer we breastfeed, the more protection we get from breast cancer. Pregnancies also give us protection against ovarian cancer.
- Breast tissue forms in babies at 4 months in utero, but does not complete growing until puberty.
- Breastfeeding enhances brain growth, supplies complex hormones that help babies' bodies and minds to develop, and provides disease protection. (Breast milk has been shown to kill certain types of breast cancer in the lab.) It has chemistry that acts like a sedative so babies sleep.
- Breastfeeding at night is the most crucial time for controlling fertility because of differential hormone release in the mother. Breast milk constantly changes in constitution and amount to adapt to the baby's needs.
- Breastfeeding mothers are chemically less stressed during breast-feeding due to the hormone flood of oxytocin and other hormones that accompany the experience.
- Pregnant women give off pheromones that impact their partner's hormone system as well. The last three months of pregnancy, a father's testosterone drops and it lasts until 4 to 7 weeks after the baby comes. Other hormones rise and fall during this time, making men more nurturing and less aggressive. These closely parallel the changes the mother is going through. Many men even experience pregnancy related symptoms like nausea and weight gain that can not be explained away. The most nurturing men have the biggest hormonal shifts.
- Life begins at conception according to scientists. The little two-cell organism begins making biochemical decisions about what genes to turn on to survive in the biochemical environment of its mother's body.
- From conception on, the developing infant sends chemical message to the mother and by five weeks, certain cells are being transferred between baby and mother. But from conception on there is a passing of chemical substances into the mother's blood stream. Finally, the child's stem cells pass to its mother in such great quantity, both at birth, whether it is vaginal or cesarean birth, a miscarriage, or a voluntary abortion.
- They implant in the medulla of the mother's brain, the part of the brain where instinctual behavior lies and continue to be chemically active. They have been found even 37 years later. (Report of Vatican Millenium Congress, Dr. Salvatore Mancuso, reporter) These cells have genetic material from both the mother and the father.
- There is some medical literature that indicates that one of the factors of development of pre-eclampsia in pregnant women—a life-threatening complication for baby and mother, is the use of condoms prior to pregnancy. This medical condition seems to be an

allergic reaction to the baby. Pre-eclampsia happens more frequently in first pregnancies and the first pregnancy with a new partner.

Interesting Baby Information

- If nutrients are scarce in the first few months of life, the baby will build a bigger placenta to insure adequate nutrition.
- Ultra-sounds of babies during amniocentesis have shown babies to withdraw from the needle or strike at it.
- Twins observed in utero set the pace for their relationship; aggressing against each other or cuddling up close.
- One set of twins was failing. The mother requested that the dying baby be placed in the crib with the stronger baby. The little baby snuggled in. The healthier baby put its arm around the sick twin, and in a short time, the little twin stabilized and lived.
- In another pregnancy, the big brother had sung to the baby in utero during the pregnancy. The baby was born and was failing. The mother insisted that the brother be able to see the baby before it died. When he arrived, he began to sing and the baby stabilized and survived.
- An ultra sound of a baby in utero showed a startle reflex when parents began to argue.
- Natural childbirth produces natural pain relief and pain amnesia.
- Epidurals can make it more difficult for the babies to establish nursing because they can impact the latching reflex.
- Babies at birth, if placed skin to skin on the mother's belly, will in a half hour begin to squirm her way up to their mother's breast. When she gets up there, she will lick her hands, reach out, touch the nipples and then find the nipple by smell and latch on, all without any help from her mom.
- A baby who have been read to by Mom and Dad during pregnancy, will scan the room at birth to find his dad and make eye contact.
- A newborn will suck a pacifier harder to hear his mom read the story he heard in utero than to hear her read another unfamiliar story. He will suck harder to hear a stranger read the story that he heard his mom read than to hear a new story.

CONTRACEPTION

Birth Control Pill

- A woman on the Pill will choose a partner differently by pheromone than one not on the Pill. The woman on the Pill will choose a male more like her father or brother, in regards to immunology because of the induced state of "faux" pregnancy. The woman not on the Pill will choose a male who is an immunological fit for her, increasing the chance of fertility. (Research of Martha McClintock at the University of Chicago and Wedekind in Switzerland) What happens when a woman marries while on the Pill and years later goes off and discovers she no longer finds her partner attractive?
- Pill can cause nutrient deficiencies—Vitamin C, B vitamins, copper, magnesium, selenium, and zinc—may cause immune system deficiencies and make the woman more susceptible to illness.
- Four or more years of Pill usage before age 20 is associated with increased risk of breast cancer at an early age. (1994 Report of Netherlands Cancer Institute)
- The Pill aggravates the chances of contracting HPV (genital warts) and other STD's by changing the cervical mucous, especially in young women.

- 40% of ovarian cycles are normal with new low-dose pill. The effect of these pills is abortifacient by changing the composition of the lining of the womb. Conception happens, it is just impossible for the baby to implant.

Depro-Provera (The Shot) and Norplant

- These are progesterone-based contraceptives.
- Progesterone in this contraceptive triggers the food center of the brain so the weight gained (5 pounds the first year, 8 pounds the second year) is real weight—not water weight.
- It lowers libido.
- Suppresses calcium mineralization in bones, a significant problem for young girls, as this is the time they can still build bone mass.
- Makes some women sun sensitive, causes depression, irritability and weight gain, aggravates PMS and reduces sexual attractiveness of females (by scent). Because it decreases sensitivity to oxytocin, it may inhibit normal sexual bonding.
- There is a significantly increased risk for the woman using Depro-Provera to contract breast cancer, especially when used before age 25. (World Health Organization)

Chemical birth control does not protect against STD's and in fact, may predispose users to getting them.

STD's and OTHER PROBLEMS

Bacterial Vaginosis

- The bacterial balance in the vagina is upset and other bacteria take over, possibly causing an unpleasant odor. This often follows other sexually transmitted infections. Another cause is sleeping around with men who do not use condoms. This does NOT happen when the body has adapted to one bonded mate and she is only in a relationship with that person. The system adjusts. It may have more to do with immunological reaction to all the strange sperm. This disorder makes you more susceptible to gonorrhea, syphilis and AIDS.

Woman: An Intimate Geography by Natalie Angier

HPV Human Papillomavirus (Genital Warts)

- These are viral and not treatable with medications.
- Actual warts can be removed but will return.
- Causes 99.7% of all cervical cancers
- Most common sexually transmitted disease
- Up to 70% of female HPV victims will develop pre-cancerous changes to the cervix and may develop cervical cancer.
- Young women are especially vulnerable and condoms do not protect against this. It is passed by skin contact.
- Also found in certain oral cancers, probably contracted during oral sex.

Gonorrhea

- 40% chance of catching it with one sex act if partner is infected.
- 80% of people who have it are unaware for lengthy periods of time.
- If it spreads and become Pelvic Inflammatory Disease, one bout results in a 12% possibility of infertility. The second bout raises it to 25%.

Chlamydia

- 20 to 40% of people who have gonorrhea also have Chlamydia.
- 8-25% of sexually active college students have it.
- About 4 million people in the U.S. develop a new Chlamydia infection each year.
- Nearly one out of ten teenage girls has it and half of all new cases are diagnosed in girls 15 to 19.
- Part virus, part bacteria and very hard to treat because it moves up into the upper parts of the reproductive tract and hides there causing pussy discharge that severely damages the Fallopian tubes.
- One episode of Chlamydia causing pelvic Inflammatory Disease results in 25% chance of infertility. Second infection takes it to 50%.

Hepatitis B

- Cause liver cancer.

Herpes

- Terribly infectious.
- Approximately 1/3 of unmarried sexually active people have contracted Herpes by age 30.
- Not treatable because it is a virus.
- Has skyrocketed 500% in the past 20 years among teens.

Syphilis

- 50% of patients are unaware that they have it.
- More than 50% of women who have intercourse one time with a man with syphilis will become infected.

Any STD that causes sores, even painless ones, increase the risk of contracting HIV. Herpes, Syphilis and other cause sores. Syphilis lesions increase the danger of being infected with HIV-AIDS by 9 times.

Oral sex can also spread STD's to mouth and throat tissues.

More resources on STD's, contraception, cohabitation and outcomes:

- **Sex: What You Don't Know Can Kill You**, by Joe S. McIlhaney, Jr., M.D. Succinct readable book on types of STD's, their consequences and the benefits of married sex.
- **Condom Nation: Blind Faith, Bad Science**, by Richard A. Panzer. A well-researched and carefully documented book on sexual freedom and the problems that come with it.
- **RQ-Relationship Intelligence: Why Our RQ is More important to Your Success and Happiness Than Your IQ**, by Richard Panzer. A well-researched book that targets mid to late teens and young adults, addressing the problems of safe sex, and uncommitted relationships.
- **Epidemic: How Teen Sex is Killing Our Kids**, by Meg Meeker, M.D. Well-written book on STD's and risks to kids.
- **A Consumer's Guide to the Pill and Other Drugs**, by John Wilks and B. Phram, M.P.S.

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St. Faustina's Praises of the Divine Mercy

(948-949)

The Love of God is the flower—Mercy is the fruit.

Let the doubting soul read these considerations on Divine Mercy and become trusting.

Divine Mercy, Gushing forth from the bosom of the Father, *I Trust in You.*

Divine Mercy, greatest attribute of God, *I Trust in You.*

Divine Mercy, incomprehensible mystery, *I Trust in You.*

Divine Mercy, fountain gushing forth from the mystery of the Most Blessed Trinity, *I Trust in You.*

Divine Mercy, unfathomed by any intellect, human or angelic, *I Trust in You.*

Divine Mercy, from which wells forth all life and happiness, *I Trust in You.*

Divine Mercy, better than the heavens, *I Trust in You.*

Divine Mercy, source of all miracles and wonders, *I Trust in You.*

Divine Mercy, encompassing the whole universe, *I Trust in You.*

Divine Mercy, descending to earth in the Person of the Incarnate Word, *I Trust in You.*

Divine Mercy, which flows from the open wound of the Heart of Jesus, *I Trust in You.*

Divine Mercy, enclosed in the heart of Jesus for us, especially for sinners, *I Trust in You.*

Divine Mercy, unfathomed in the institution of the Sacred Host, *I Trust in You.*

Divine Mercy, in the founding of Holy Church, *I Trust in You.*

Divine Mercy, in the Sacrament of holy Baptism, *I Trust in You.*

Divine Mercy, in our justification through Jesus Christ, *I Trust in You.*

Divine Mercy, accompanying us through our whole life, *I Trust in You.*

Divine Mercy, embracing us especially at the hour of death, *I Trust in You.*

Divine Mercy, endowing us with immortal life, *I Trust in You.*

Divine Mercy, accompanying us in every moment of our life, *I Trust in You.*

Divine Mercy, shielding us from the fire of hell, *I Trust in You.*

Divine Mercy, in the conversion of hardened sinners, *I Trust in You.*

Divine Mercy, astonishment for Angels, incomprehensible to Saints, *I Trust in You.*

Divine Mercy, unfathomed in all the mysteries of God, *I Trust in You.*

Divine Mercy, lifting us out of every misery, *I Trust in You.*

Divine Mercy, source of our happiness and joy, *I Trust in You.*

Divine Mercy, in calling forth from nothingness to existence, *I Trust in You.*

Divine Mercy, embracing all the works of His hands, *I Trust in You.*

St. Faustina's Praises of the Divine Mercy

(948-949)

The Love of God is the flower—Mercy is the fruit.

Divine Mercy, crown of all of God's
handiwork, *I Trust in You.*

Divine Mercy, in which we are all
immersed, *I Trust in You.*

Divine Mercy, sweet relief for anguished
hearts, *I Trust in You.*

Divine Mercy, only hope of despairing
souls, *I Trust in You.*

Divine Mercy, repose of hearts, peace
amidst fear, *I Trust in You.*

Divine Mercy, delight and ecstasy of holy
souls, *I Trust in You.*

Divine Mercy, inspiring hope against all
hope, *I Trust in You.*

Eternal God, in whom mercy is
endless and the treasury of compassion
inexhaustible, look kindly upon us and
increase your mercy in us, that in difficult
moments we might not despair nor become
despondent, but with great confidence
submit ourselves to Your holy will, which is
Love and Mercy itself (950)

TO THE DIVINE MERCY

I fly to Your mercy, Compassionate
God, Who alone are good. Although my
misery is great and my offenses are
many, I trust in Your mercy, because
You are the God of mercy; and, from
time immemorial, it has never been
heard of, nor do heaven or earth
remember, that a soul trusting in Your
mercy has been disappointed.

O God of compassion, You alone can
justify me and You will never reject me
when I, contrite, approach Your
Merciful heart, where no one has ever
been refused, even if he were the
greatest sinner (1730)...(For Your Son
assured me) "Sooner would heaven and
earth turn into nothingness than would
My mercy fail to embrace a trusting
soul" (1777).

Jesus, Friend of a lonely heart, You
are my haven. You are my peace. You
are my salvation. You are my serenity in
moments of struggle and amidst an
ocean of doubts. You are the bright ray
that lights up the path of my life. You are
everything to a lonely soul. You
understand the soul even though it
remains silent. You know our
weaknesses and, like a good physician,
you comfort and heal, sparing us
sufferings—expert that You are (247).

IN THANKSGIVING

O Jesus, eternal God, I thank You for
Your countless graces and blessings.
Let every beat of my heart be a new
hymn of thanksgiving to You, O God.
Let every drop of my blood circulate for
You, Lord. My soul is one hymn in
adoration of Your mercy. I love You,
God, for Yourself alone. (1794)

Evangelium Vitae (The Gospel of Life), Section 99

I would now like to say a special word to *women who have had an abortion*. The Church is aware of the many factors which may have influenced your decision, and she does not doubt that in many cases it was a painful and even shattering decision. The wound in your heart may not yet have healed. Certainly what happened was and remains terribly wrong. But do not give in to discouragement and do not lose hope. Try rather to understand what happened and face it honestly. If you have not already done so, give yourselves over with humility and trust to repentance. The Father of mercies is ready to give you his forgiveness and his peace in the Sacrament of Reconciliation. You will come to understand that nothing is definitively lost and you will also be able to ask forgiveness from your child, who is now living in the Lord. With the friendly and expert help and advice of other people, and as a result of your own painful experience, you can be among the most eloquent defenders of everyone's right to life. Through your commitment to life, whether by accepting the birth of other children or by welcoming and caring for those most in need of someone to be close to them, you will become promoters of a new way of looking at human life.

Pope John Paul II 1995

**ADDRESS OF HIS HOLINESS BENEDICT XVI
TO PARTICIPANTS IN AN INTERNATIONAL CONGRESS
ORGANIZED BY THE JOHN PAUL II INSTITUTE
FOR STUDIES ON MARRIAGE AND FAMILY**

*Clementine Hall
Saturday, 5 April 2008*

*Your Eminences,
Venerable Brothers in the Episcopate and in the Priesthood,
Dear Brothers and Sisters,*

I meet you with great joy on the occasion of the International Congress on "*Oil on the wounds: A response to the ills of abortion and divorce*", promoted by the John Paul II Pontifical Institute for Studies on Marriage and Family in collaboration with the *Knights of Columbus*. I congratulate you on the topical and complex theme that has been the subject of your reflections in these days and in particular for the reference to the Good Samaritan (Lk 10: 25-37), which you chose as a key to approach the evils of abortion and divorce that bring so much suffering to the lives of individuals, families and society. Yes, the men and women of our day sometimes truly find themselves stripped and wounded on the wayside of the routes we take, often without anyone listening to their cry for help or attending to them to alleviate and heal their suffering. In the often purely ideological debate a sort of conspiracy of silence is created in their regard. Only by assuming an attitude of merciful love is it possible to approach in order to bring help and enable victims to pick themselves up and resume their journey through life.

In a cultural context marked by increasing individualism, hedonism and all too often also by a lack of solidarity and adequate social support, human freedom, as it faces life's difficulties, is prompted in its weakness to make decisions that conflict with the indissolubility of the matrimonial bond or with the respect due to human life from the moment of conception, while it is still protected in its mother's womb. Of course, divorce and abortion are decisions of a different kind, which are sometimes made in difficult and dramatic circumstances that are often traumatic and a source of deep suffering for those who make them. They also affect innocent victims: the infant just conceived and not yet born, children involved in the break-up of family ties. These decisions indelibly mark the lives of all those involved. The Church's ethical opinion with regard to divorce and procured abortion is unambivalent and known to all: these are grave sins which, to a different extent and taking into account the evaluation of subjective responsibility, harm the dignity of the human person, involve a profound injustice in human and social relations and offend God himself, Guarantor of the conjugal covenant and the Author of life. Yet the Church, after the example of her Divine Teacher, always has the people themselves before her, especially the weakest and most innocent who are victims of injustice and sin, and also those other men and women who, having perpetrated these acts, stained by sin and wounded within, are seeking peace and the chance to begin anew.

The Church's first duty is to approach these people with love and consideration, with caring and motherly attention, to proclaim the merciful closeness of God in Jesus Christ. Indeed, as the Fathers teach, it is he who is the true Good Samaritan, who has made himself close to us, who pours oil and wine on our wounds and takes us into the inn, the Church, where he has us treated, entrusting us to her ministers and personally paying in advance for our recovery. Yes, the Gospel of love and life is also always the *Gospel of mercy*, which is addressed to the actual person and sinner that we are, to help us up after any fall and to recover from any injury. My beloved Predecessor, the Servant of God John Paul II, the third anniversary of whose death we celebrated recently, said in inaugurating the new Shrine of Divine Mercy in Krakow: "Apart from the mercy of God there is no other source of hope for mankind" ([17 August 2002](#)). On the basis of this mercy the Church cultivates an indomitable trust in human beings and in their capacity for recovery. She knows that with the help of grace human freedom is capable of the definitive and faithful gift of self which makes possible the marriage of a man and woman as an indissoluble bond; she knows that even in the most difficult circumstances human freedom is capable of extraordinary acts of sacrifice and solidarity to welcome the life of a new human being. Thus, one can see that the "No" which the Church pronounces in her moral directives on which public opinion sometimes unilaterally focuses, is in fact a great "Yes" to the dignity of the human person, to human life and to the person's capacity to love. It is an expression of the constant trust with which, despite their frailty, people are able to respond to the loftiest vocation for which they are created: the vocation to love.

On that same occasion, John Paul II continued: "This fire of mercy needs to be passed on to the world. In the mercy of God the world will find peace" (*ibid.*, p. 8). The great task of disciples of the Lord Jesus who find themselves the travelling companions of so many brothers, men and women of good will, is hinged on this. Their programme, the programme of the Good Samaritan, is a "'heart which sees'. This heart sees where love is needed and acts accordingly" (*Deus Caritas Est*, n. 31). In these days of reflection and dialogue you have stooped down to victims suffering from the wounds of divorce and abortion. You have noted first of all the sometimes traumatic suffering that afflicts the so-called "children of divorce", marking their lives to the point of making their way far more difficult. It is in fact inevitable that when the conjugal covenant is broken, those who suffer most are the children who are the living sign of its indissolubility. Supportive pastoral attention must therefore aim to ensure that the children are not the innocent victims of conflicts between parents who divorce. It must also endeavour to ensure that the continuity of the link with their parents is guaranteed as far as possible, as well as the links with their own family and social origins, which are indispensable for a balanced psychological and human growth.

You also focused on the tragedy of procured abortion that leaves profound and sometimes indelible marks in the women who undergo it and in the people around them, as well as devastating consequences on the family and society, partly because of the materialistic mentality of contempt for life that it encourages. What selfish complicity often lies at the root of an agonizing decision which so many women have had to face on their own, who still carry in their heart an open wound! Although what has been done

remains a grave injustice and is not in itself remediable, I make my own the exhortation in *[Evangelium Vitae](#)* addressed to women who have had an abortion: "Do not give in to discouragement and do not lose hope. Try rather to understand what happened and face it honestly. If you have not already done so, give yourselves over with humility and trust to repentance. The Father of mercies is ready to give you his forgiveness and his peace in the Sacrament of Reconciliation. To the same Father and his mercy you can with sure hope entrust your child" ([n. 99](#)).

I express deep appreciation for all those social and pastoral initiatives being taken for the reconciliation and treatment of people injured by the drama of abortion and divorce. Together with numerous other forms of commitment, they constitute essential elements for building that civilization of love that humanity needs today more than ever.

As I implore the Merciful Lord God that he will increasingly liken you to Jesus the Good Samaritan, that his spirit will teach you to look with new eyes at the reality of the suffering brethren, that he will help you to think with new criteria and spur you to act with generous dynamism with a view to an authentic civilization of love and life, I impart a special Apostolic Blessing to you all.

Priest and Deacon Resources

- ❖ **Why Didn't Somebody Tell Me?**
- ❖ **Who is a Priest—USCCB Article**

Why Didn't Somebody Tell Me?

Information to help priests counsel couples before marriage

By Vicki Thorn

Executive Director

National Office of Post-Abortion Reconciliation and Healing

As foundress of Project Rachel, I have listened for years to the pain shared by women that was caused by sexual decisions. As I speak with women about healthy sexual choices, they have repeatedly said to me, "Why didn't some one tell me?" This question has haunted me over the years and has lead me to do research on how people make sexual decisions and the biochemistry of sex.

I am amazed at what I discovered. I am appalled at how little women and men know about how sex really works in our bodies. As a woman I am angry that we have not been told the truth, and have in fact been lied to by the proponents of sexual freedom and free love.

As I have presented this information to high school and college students, as a talk called, "What They Didn't tell You in Sex Ed", I find that these young people are fascinated with the information and conclude on their own that sex probably belongs in marriage because it is far more complicated than anyone has told them. When I present this material to older, more mature women, they mumble throughout the talk and keep repeating, "I didn't know that. I didn't know that!" Clergy and deacons are intrigued with the information. Young adults listen carefully and sometimes respond as one young woman did, "Where were you seven years ago when I needed you?"

Let me warn you that the article you are about to read is "POLITICALLY INCORRECT". Having said that, let me say that not only do I believe that this information has far reaching potential to help couples make better partner choices for marriage, but it leads them naturally to Natural Family Planning. Additionally, this material is the biological component of the Theology of the Body. Some of this material may be of great interest to those involved with Tribunal work.

The society we live in has promoted the lie that sex is without consequence; that is a little like brushing your teeth. The message that is drummed into us is, "If it feels good, do it". Kids are taught sex ed in mixed settings that begins to break down their natural modesty very early. Many programs boldly teach contraception and give the message that sex is something we simply can't control. Others present an abstinence curriculum and then subtly sneak in a condom message and even give demonstrations. They imply that condoms are safe and really do protect against HIV, other sexually transmitted diseases and pregnancy. Kids and teens are not really taught about how strong the drive to procreate is and how our bodies respond to that end.

As clergy, you often face the reality of sexually active couples who are cohabiting prior to marriage. As I travel the country providing Project Rachel (post-abortion) ministry training, clergy often express frustration in dealing with these couples. How can one be heard? As celibate males, there is a perceived credibility gap. "What does he know about

this?” It is my hope that this article will give you ammunition to talk honestly with couples about these matters.

Let me start with a little biology refresher. A woman’s cycle is composed of three phases. Immediately following her period is the follicular phase, when the body is preparing to ovulate. Sex needs to occur one to five days before ovulation for pregnancy to occur. As the woman gets close to ovulation, her body gives off signals about the impending event. There are pheromone changes. (Pheromones are scent molecules that are not perceived by the normal olfactory cells, but by different cells at the base of the interior nose called a VNO. Some people are incapable of detecting these molecules and are said to have anosia. We are all familiar with the pheromones in moths and other creatures, but most of us don’t realize that they are at work in human attraction as well. I’ll say more about this later). When a woman is getting close to ovulation, she gives off pheromones that males detect. These pheromones cause testosterone surges in the male, making him more sexually interested and aggressive. The female during this time also dresses a little more suggestively and behaves in a more flirtatious fashion. Her biology is exerting itself and trying to attract a male to achieve continuation of the species. Sex is six times more likely to happen in this phase. 20% of couples will get pregnant in the first month of having sex and 50% within the first 6 months. Pregnancies do happen the first time someone has sex because quite likely, she is in her ovulatory phase. Nature wants to keep the species reproducing.

Also sexual arousal during this time will condition her body. Researchers showed women in this phase an erotic movie and found the women had an erotic response. They showed the same movie to women in other phases of their cycle and discovered nothing happened. As a follow up, they showed the same movie to the women who had an erotic response during another phase of their cycle and discovered that the erotic response had been conditioned by one viewing of the movie. Anthropologist Sarah Hardy believes this is why women become “hooked” on bad partners. They shared sex while she was vulnerable to being sexually conditioned, and now she stays with this partner. In talking to teens and young adults about this, I tell them mid-cycle is a good time to do group activities and not be so up close and personal with their boy friends. I also ask both girls and guys to promise me one thing, and that is, when their partner suggests sex, that they will take 24 hours to think about all the things I have told them about. Many have appreciated this advice. It gets them out of the passion of the moment and really does give them time to think before making a decision that can radically alter their lives in a few minutes.

“Falling in love” has a biochemical element as well. The first stage of infatuation involves a brain chemical known as PEA. This chemical is a type of naturally occurring amphetamine. It makes us feel invulnerable, like walking on water. It produces a powerful natural high. Unfortunately, this stage lasts only 18 months to about 4 years. At that point, the chemical dynamic needs to shift to an oxytocin driven one. Oxytocin is the hormone of affiliation. This hormone, if we are sensitive to it, acts as an opiate in our brain. It calms us. Opiates are far more addictive than amphetamines. This shift in chemistry is at the root of the “4 or 7 year itch” many times. Some people simply are

incapable of moving to the oxytocin phase, perhaps because of the failure early in life to receive proper chemical stimulation that causes these receptors to develop, and they will swing wildly from relationship to relationship in pursuit of the “infatuation high”. Needless to say, someone with that sort of relationship pattern is not a good choice for a marriage partner.

Pheromones are powerful signals. Women living in close proximity will begin to cycle together after a couple of months. Experimenters took pheromones from absent women, mixed it with rubbing alcohol, and put this mixture under the nose of women. The control group received only alcohol. The group with the pheromones began cycling with the woman they had never met within two months. The others were unaffected. Women, who are with an ovulating woman and not quite there in their cycle, may have their ovulation speeded up. If the woman has just finished ovulating, it may slow down the cycle of the other woman by a day or two. Have you ever noticed that cousins tend to run in clusters? According to anthropologist Hardy, it is advantageous to women and young to cycle together. When we were hunters and gatherers, it was to the of all the young if all the mothers were nursing, so some could be out gathering and the young could still be fed. Mothers can identify their young by smell within a couple of days after birth. Babies can identify the scent of their mother’s milk within 24 to 48 hours, and will turn away from the scent of another woman. Men and women, when asked to sniff t-shirts worn without deodorant, can accurately identify their own and distinguish males and females.

Sex is a very complicated biological process, contrary to the media message that proclaims it is without consequence. Every time a woman has sex and is exposed to fluid by her partner, her body launches a full scale immune system response. Her body has come to recognize the fluids of her partner as non-foreign material, or she will never conceive a child. Some say it takes up to six months for this adaptation to be made. A little known fact is that when a woman conceives a child, she will carry stem cells from that child for the rest of her life, regardless if the pregnancy ends in miscarriage or abortion; or if the child is delivered vaginally or by C-Section. These materials were published as a result of a Vatican Congress during the Millennial year. (The researchers were from Tufts University in the U.S. and from Switzerland.) If a woman has one partner and all her children are with the partner, her immune system will have made one adaptation for life. If she has had many partners and perhaps many pregnancies, though perhaps no surviving children, her immune system will be working much harder because of the many adaptations it has had to make. A friend of mine used to say that motherhood is incurable and there is living proof that that is so. These cells continue to be active after the child is born (or dies) and have been found in women even 37 years later. (Might these cells be the basis of “mother’s intuition”?) The conclusion of the report is that “it could be said, therefore, the pregnancy does not last the 40 canonical weeks, but the woman’s entire life.” The researchers also raised the problem of renting a womb-surrogate motherhood-- and pointed out that “the mother who carries the embryo accepts a being whose genetic material is 100% foreign, and who will ‘modify’ her for the rest of her life. We have no idea of the long term consequences of such operations.”

Some other difficulties to ponder are these. If the couple has been using condoms consistently, her body will not have made the adjustment. If a couple is using condoms, at what point is a marriage really consummated? I would argue it is not biologically complete until the woman's body has made the adaptation. Furthermore, a small body of research points to the fact, that women who experience unprotected sex seem to be less vulnerable to depression. Some conclude that perhaps this is due to exposure to the hormones contained in male ejaculate. Cohabitors are more depressed than married couples. Might this be why? Again a small body of research links the use of condoms prior to pregnancy to a life threatening condition during pregnancy called "toxemia". This appears to be an immune system (rejection) response to the child. Interestingly, this condition happens more often in the first pregnancy or in the first pregnancy with a new partner after previous pregnancies with another partner.

The couple, who cohabits and uses chemical contraceptives, is at risk. The presence of the male causes the woman's cycle to become more regular increasing the chance of pregnancy. If they were using the Pill before they moved in together, this may not be a good marriage match. They may not like each other when they go off the Pill. They may have fertility problems when they try to achieve pregnancy because of immunological incompatibility. While living together, the fact of proximity and touch releases chemical cascades that bond them to each other. Even if one party senses this is not a good fit, it is extremely difficult to break off the relationship because the physical absence of the other causes brain chemistry, not unlike withdrawal from an opiate, making them uneasy, depressed and generally unhappy.

Now of course, we assume correctly that cohabiting couples are contracepting so let me address that. The Pill, which has been around since 1960 has many side effects that no one is ever told about and is the source of health risks for women. The same is true for Depro-Provera (The Shot, as it is called). As Pill usage rose, so did the divorce rate. The Pill opened the door to discuss sex and sexuality as never before. It implied that sex could now be without consequence, and the free love generation was born. Now the contraceptive makers, looking to increase profits, advertise in teen magazines, promising relief from acne. Health services on campus hand it out, like candy to remedy all sorts of ails, including menstrual cramps. No one mentions to these young women that four or more years of Pill usage before 20 is associated with increased risk for breast cancer at an early age. They do mention that the chemistry of the Pill alters naturally occurring mucous secretions that offer some protection against certain S.T.D.s and in fact, make her more vulnerable to contracting one of these many diseases that may leave her infertile or cause cervical cancer as the HPV virus does. (This virus causes genital warts.) they don't tell her that it can cause deficiencies that can make her more susceptible to illness nor do they tell her that between 30% and 50% of women on the Pill will suffer depression. They do not tell her that with the new combination Pill, 40% of her cycles will be normal and, yes, the Pill is an abortifacient. It does not prevent ovulation. It just prevents the baby from implanting properly in the womb. Nor, do they mention that it may lower her libido. The very thing that opens the door to free sex, potentially causes you to lose interest in sex.

Most importantly, however, is that the Pill changes the pheromones in women, perhaps masking them completely. In addition, the woman on the Pill chooses a mate differently on the basis of pheromones than the woman not on the Pill. The woman on the Pill will choose a mate by scent, who is more like her father or brother in regards to immunology because her body believes it is in the state of induced pregnancy caused by the chemistry of the Pill. This is the work of a researcher in Switzerland named Wedekind, as well as an American researcher at the University of Chicago by the name of Martha McClintock. It was found that the woman not on the Pill chooses a mate based on pheromones that has an immunology quite different from hers and that compliments hers, possibly enhancing fertility. McClintock looked at the Hutterite community which marries internally and uses no chemical contraception. She found that the majority chose the compatible, with only a small percentage choosing the parallel partner. Those couples had fertility issues. An article in *The Guardian*, a paper from the United Kingdom, quotes the researchers as recommending that couples who are using the Pill and planning to have children, should go off the Pill for a while to see if they are still attracted to each other.

In addition, research from Scotland found that women on the Pill were more likely to choose craggy partners, those “Macho” types based on facial characteristics. These males seem to be higher in testosterone, more sexually aggressive. The article in the magazine *The Week*, suggests that these males are more the material of one night stands. The woman not on the Pill, chooses a facial type that is a little softer, characterizing a less aggressive and more nurturing male. Let us imagine a scenario where the female has been on the Pill for a number of years and the couple marries. She remains on the Pill for several years and then goes off, hoping for a pregnancy. Suddenly, she no longer finds her mate sexually attractive and perhaps, he has the same reaction to her since her pheromones will now return to normal. How many times have we counseled couples who say they no longer find each other attractive? They just can't put their finger on the problem.

Depro-Provera (the Shot) also lowers libido. In fact, Depro-Provera I used with male sexual offenders to chemically castrate them. In addition, it triggers the eating center of the brain and the weight a woman gains (5 Pounds the first year; 8 pounds the second year) is real weight, not water weight. It suppresses mineralization in bones, a significant problem for young girls at a time they can still build bone mass. This progesterone based contraceptive can reduce sex drive, cause depression and irritability. It can aggravate PMS and reduce sexual attractiveness in females based on scent. Because it decreases sensitivity to oxytocin, the hormone of bonding, it may interfere with normal sexual bonding. Furthermore, there is an increased risk for women using Depro-Provera for breast cancer, especially if used before age 15.

Cohabiting couples become addicted to the oxytocin rush that comes from close contact. This hormone is a bonding hormone and it surges in intimate contact with other human beings, our sexual partner and our children included. It is one of the reasons that couples living together find it very hard to break up, even when things are not going well with their relationship. The brain chemistry is very addictive and clouds other issues of incompatibility and dissent. When couples do not live together, they do not get this

constant chemical bath and may be able to make decisions about the relationship with a clearer mind.

Today the sexual histories of the couples we work with in Marriage preparation or Pre-Cana are so complex. I believe we need to invite the couples to discuss their sexual histories. We can say something like, “there are some things that may interfere with your sexual intimacy as a couple. These are sexual abuse and abortion. Let me invite you to consider sharing your sexual histories with each other so that you can begin your life together without secrets and with an understanding of where you are coming from.” It is advisable, after extending this invitation, to meet with both parties privately, so that if there is a need for Confession or counsel, we can help them. We can not make them share, but by raising the question, perhaps they will. Research indicates that individuals tend to lie about their sexual experiences.

Often a female with an abortion history will find a male with an abortion history. They will not discuss it and yet, when they both become emotionally fragile at some time in the marriage, he symbolically becomes the male who abandoned her, and she becomes the female who had an abortion against his wishes. This dynamic can result in verbal if not physical abuse. Some couples marry after an abortion (about 30%) and they resolve to put the abortion behind them and to live happily ever after. Unfortunately, the abortion often follows them into the bedroom and sexual intimacy is unsettled or impossible. To choose to have an abortion is to reject sexual intimacy and the result of that intimacy, the child. They do not trust each other any more. These couples often turn to marital counseling saying they just don’t talk to each other. The abortion secret keeps them from truly sharing.

Other sexual history scenarios include the virgin married to the more experienced partner, who believes that this partner is also inexperienced. One recent advice column reflected this scenario. The woman married believing her partner was inexperienced as she was only to have him share some months later that he had 10 previous partners. She was confused and betrayed. A pro-life woman may marry a narcissistic male with a history of forcing abortions on his partners. She is at risk in a pregnancy with him, deciding she too needs an abortion. The woman with an abortion loss, may not share this with her partner, but later, when she becomes emotionally fragile, he has no idea of what is happening. He could be of great support to her if he understood her past. These are only a few scenarios, but the idea is clear. The lack of honest sharing can get in the way of true intimacy as a couple. Secrets can only be destructive and interfere with the growing trust relationship of the couple.

Finally, I believe that we need to talk honestly with couples about Natural Family Planning and strongly urge them to learn about it before getting married. NFP is highly scientific and is as effective as chemical birth control. In the age of later marriages and the desire to still have children, couples using it are not risking the possible side effects of chemical contraception, which include infertility. Couples who use NFP have a divorce rate of less than 5% compared to the approximately 50% in society at large. They communicate better and are more sexually satisfied than contraceptive users. In any other realm of risk, that difference would result in a federal mandate! (Think seat belts!) Would we dare to be so gutsy as to insist that couples at least explore NFP before marriage? Might we ask our Family Life Offices to develop a one or two hour introductory workshop on NFP?

I believe that couples today are truly sincere in wanting a lasting relationship. By sharing this information with them, we can give them the opportunity to re-evaluate the choices they have made and perhaps to start again.

Who is a Priest?

Victoria M. Thorn

A priest is a man, clothed in tenderness, who speaks of God's mercy, who prophetically pronounces the truth, unpleasant though it might be and who reflects God's love to a hurting world. Sometimes he is shoring up souls and sometimes he is breaking up concrete. He's comforting the grieving and challenging the young. He's soothing the dying and blessing the newborn.

In the 25 years since I founded Project Rachel, the post-abortion healing ministry of the Church, I have witnessed firsthand the gift that priests are to the world. I have seen the heart of the priest repeatedly. It is generous, compassionate, willing to sacrifice for others.

At the inception of Project Rachel, when some thought post-abortion ministry was a hare-brained idea, the priests here in Milwaukee supported it as did my bishop. As I was planning the training, one priest told me not to be disappointed because he didn't think any priests were going to come, but 60 priests came and generously embraced this new ministry of mercy. And 25 years later, those priests are still involved in the work. If there is anything I need, they are immediately willing to help.

Across the country many priests actively keep me and the ministry in prayer, recognizing that prayer is powerful and protective.

Several times I have received calls on our referral line from elderly women somewhere in the U.S. looking to reconcile an abortion loss from 40 or 50 years ago. They have said to me "I can't ask my children to take me to confession because they will say "Ma, you are old. What could you possibly need to confess?" And in every case, I was able to find a priest who would make a house call to ease the fears of an old woman preparing to die.

A priest who was preparing to leave the priesthood received a Project Rachel call the night before submitting his resignation to the bishop. But as he spoke with the woman, he knew he couldn't leave the priesthood until he had seen this process through with her. When he finished it, he tore up the letter because, he said, he had rediscovered the meaning of his priesthood in this sacramental encounter that set the woman free.

A delayed vocation seminarian I met through a God appointment asked me what the most difficult part of my ministry was and I responded "raising money." This former businessman supported my ministry for several years while divesting himself of his earthly riches before ordination. How many lives were touched because of his incredible generosity?

It was the pastoral awareness of the bishops of this country, who, as confessors, recognized the pain of women who had had abortions, and called for a ministry of post-abortion healing in the first Pastoral Plan for Pro-Life Activities, issued shortly after abortion became the law of the land. And it is this pastoral heart that motivated bishops to personally call me after the founding of the ministry to ask how they could make it happen in their diocese.

A woman who had been convinced by her doctor to abort a child with severe anomalies called me after the hospital had released her dead baby to her, as she and her husband were grieving profoundly over this loss. The hospital had referred her to a chaplain, but he had been of little use, refusing to help them bury their child. I called an experienced Project Rachel priest and explained the circumstances to him. He was a canon lawyer with years of post-abortion experience. He went to the family, held them as they wept, gave their child a proper burial and soothed the wounds left by the insensitive chaplain, keeping them in the Church. She called to tell me what a gift he had been to them as he came into my office to thank me for the opportunity to minister to them.

A woman will often call after speaking to a priest she has been referred to, to tell me of her profound experience of God's love and mercy brought to her through the priest. She will say "Please tell the priests how grateful we are to them for what they have said and been ... the mercy and love of God made manifest, the wisdom of the Spirit speaking to our souls, indeed Father was Jesus with skin for me! Alter Christus made manifest!"

To the many Project Rachel priests in the this country and to the multitudes of confessors who soothe a woman's terror, confront her despair, set her free of her sin and bring her home to the Lord and her lost children: Thank you from the depths of my heart. Without you, this ministry of Project Rachel would not exist! And on behalf of the multitudes of people who you have touched: THANK YOU! You change the world, one heart and soul at a time.

Submitted by Vicki Thorn, the founder of Project Rachel Post-Abortion Ministry. She is also the founder and ongoing director of the National Office of Post-Abortion Reconciliation and Healing based in Milwaukee. Mrs. Thorn is an internationally renowned author and speaker on healing and reconciliation in the aftermath of abortion.



http://www.usccb.org/yearforpriests/thorn_victoria.shtml