

The Post-Abortion Review

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Traumatic Grief and Post-Abortion Trauma

A New Diagnosis for Those Struggling After Abortion

Dr. Pravin Thevathasan

Post-abortion trauma has traditionally been proposed as a specific form of post-traumatic stress disorder by its proponents.

The woman experiences the abortion event. There is then a latency period during which she appears to cope well. This is then followed by the woman experiencing a cluster of symptoms—including intrusive memories and flashbacks of the event, vivid nightmares, repeated reliving of the trauma, a persistent sense of numbness, sleep disturbance, anxiety, depression and suicidal feelings. The psychologically self-protective symptoms include denial and aversion to painful reminders of the trauma.

The proposal that post-abortion trauma is a form of post-traumatic stress disorder has led over the years to the development of a number of excellent treatment models for post-abortive women. However, it could be argued that not all women with post-abortion trauma appear to have the classic symptoms of post-traumatic stress disorder. Many women appear to have symptoms more in keeping with a grief reaction.

Recent research developments in the field of trauma and loss may be relevant to the diagnosis and treatment of post-abortion trauma. This article is an exploration of certain conclusions found in the book *Traumatic Grief*, by Selby Jacobs. Those who have worked with women who present with post-abortion trauma will recognize a number of symptoms in the criteria for traumatic grief shown in the sidebar on the next page.

Exploring Traumatic Grief

The basic aim of Jacobs' book is to integrate recent findings in the two fields of bereavement and trauma. Jacobs makes no mention of abortion in his book. However, a number of concepts described under the terms "traumatic grief" bear a striking resemblance to symptoms of post-abortion trauma.

Jacobs writes that traumatic grief is a "disorder that occurs after the death of a significant other. Symptoms of separation distress are the core of the disorder," and also include symptoms specific to bereavement, such as being devastated and traumatized by the death. For a diagnosis of traumatic grief, the symptoms need to be "marked and persistent and last at least two months." These

symptoms cause "clinically significant impairment" in the person's social and occupational lives and in other areas of functioning. (p. 24)

The term "traumatic" describes a subjective experience of the death. The woman need not encounter a violent event in order to experience trauma. It is essentially an internal experience. The term "traumatic grief" captures the underlying dimensions of the disorder: (1) separation distress caused by the loss of a loved one, and (2) traumatic distress, reflecting feelings of devastation caused by the death.

Some aborted women may seek out reminders of their grief in order to cope with their loss.

Post-Traumatic Stress Disorder vs. Traumatic Grief

Traumatic grief is different from post-traumatic stress disorder. In traumatic grief, the symptoms of

separation anxiety are "a function of a wish to be reunited with the deceased person rather than an intrusive, fearful reexperiencing of a horrifying event." (p. 38)

Some aborted women experience dread when confronted by reminders of the abortion event. Others may *seek out* reminders in order to cope with the loss. They may even have an "atonement baby" in circumstances similar to the abortion but with an obviously positive outcome. Thus, "hypervigilance as part of traumatic grief relates to scanning the environment for cues of the deceased person rather than monitoring potential threats of a recurrent horrifying event." (p. 38)

Other disorders can occur during the circumstances of death, including "major depressive episodes, panic disorder, generalized anxiety disorder, and post-traumatic stress disorder." (p. 37) Women with post-abortion trauma often appear to have generalized anxiety or major depression and the underlying post-abortion trauma goes unrecognized.

Jacobs writes that traumatic grief puts women at higher risk for "suicidal ideation, heart trouble, high systolic blood pressure, cancer and high-risk behaviors such as excess consumption of food, alcohol, and tobacco." (p. 37) Women with post-abortion trauma frequently seek counseling for substance abuse, eating disorders, and other high risk behaviors.

Continued on next page

Traumatic Grief, continued from page 1

Anniversary reactions are commonly identified in post-abortion trauma. "If the diagnosis of traumatic grief is missed during the first year of bereavement, the first anniversary and subsequent anniversaries of the death are landmarks which often help in making the diagnosis." (p. 34)

Treatment of Traumatic Grief

Women can overcome traumatic grief when there is a genuine, empathetic, and compassionate therapeutic relationship and a "knowledge of loss and grief that the therapist imparts to the patient. . . . reviewing the relationship to the deceased person and the circumstances of death emerge as the common foci of therapy." (p. 71) The aborted woman will need to undergo the additional task of developing a relationship with the "deceased person."

Different therapies for different people are recommended. Again, this is a common finding in the treatment of post-abortion trauma. Rather than a specific form of therapy, what really matters is the supportive, understanding therapeutic relationship.

Groups that foster "hope, the development of understanding, social supports, a sense of normalization and a setting to use and practice new skills" are recommended alongside "problem-focused" counseling. (p. 72)

"The substrate of the clinical process of evaluation and treatment is the patient's story of the death and the consequences for his or her life." (p. 85) Use of poems, stories, and other narrative forms are to be recommended. The aborted woman will frequently find that these means are important as part of the healing process.

Conclusion

Traumatic grief is an emerging disorder. Many of its features are in keeping with the symptoms of post-abortion trauma, and the term may prove helpful in the further development of treatment models. A significant number of women with post-abortion trauma will continue to experience symptoms of post-traumatic stress disorder. Others will have a cluster of symptoms more in line with traumatic grief, and "post-abortion traumatic grief" is suggested as a term of clinical use in such cases.

Dr. Pravin Thevathason is a consultant psychiatrist in Britain and is actively involved in the pro-life movement, especially in the area of post-abortion trauma.

All references are taken from Traumatic Grief, by Selby Jacobs (New York: Brunner/Mazel, 1999).

Proposed Criteria for Traumatic Grief

Criterion A

1. Person has experienced the death of a significant other.
2. The response involves intrusive, distressing preoccupation with the deceased person (e.g., yearning, longing, or searching).

Criterion B

In response to the death, the following symptoms may be marked or persistent:

1. Frequent effort to avoid reminders of the deceased (e.g., thoughts, feelings, activities, people, places)
2. Purposelessness or feelings of futility about the future
3. Subjective sense of numbness, detachment, or absence of emotional responsiveness
4. Feeling stunned, dazed, shocked
5. Difficulty acknowledging the death (e.g., disbelief)
6. Feeling that life is empty or meaningless
7. Difficulty imagining a fulfilling life without the deceased
8. Feeling that part of oneself has died
9. Shattered world view (e.g., lost sense of security, trust, or control)
10. Assumes symptoms or harmful behaviors of, or related to, the deceased person
11. Excessive irritability, bitterness, or anger related to the death

Criterion C

1. The duration of disturbance (symptoms list) is at least two months.

Criterion D

1. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning.

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Research Links Abortion and Substance Abuse During Pregnancy

Women with a prior history of abortion are twice as likely to use alcohol, five times more likely to use illicit drugs, and ten times more likely to use marijuana during the first pregnancy they carry to term compared to other women delivering their first pregnancies, according to a study published in this month's issue of the *American Journal of Obstetrics and Gynecology*.

The researchers conclude that higher rates of substance use during the subsequent pregnancies would place the newborn children of these women at higher risk of congenital defects, low birth weight, and death. This is the seventeenth study linking abortion to elevated rates of substance abuse, but the first study based on a nationally representative sample to show higher rates of drug and alcohol use during subsequent pregnancies.

Many post-abortive women use drugs and alcohol to cope with unresolved emotional issues such as grief, guilt and loss. Since such issues may become more intense during a subsequent wanted pregnancy, women may have more difficulty abstaining from drugs and alcohol even though they know it puts their pregnancies at risk. Fetal alcohol syndrome is a major public health concern.

The researchers recommend that obstetricians screen pregnant women for a prior history of abortion and substance abuse in order to make better recommendations for counseling. "Counseling that addresses only the surface problems of the woman's substance abuse may fail to give her the help she needs to truly overcome this problem," said Elliot Institute director David Reardon, one of the study's authors.

This is the fifth study documenting emotional problems linked to abortion to be published this year. The Elliot Institute has participated in all five. The other studies have linked abortion to higher rates of long term depression, increased need for mental health treatments, higher death rates (including death from suicide), and poor bonding with and parenting of later children. The *American Journal of Obstetrics and Gynecology* is one of the most respected and influential medical journals in the US.

Reference

PK Coleman, DC Reardon, VM Rue and JR Cogle, "History of induced abortion in relation to substance use during pregnancies carried to term," *American Journal of Obstetrics & Gynecology* 187(5), Dec. 2002.

In Memory

Fr. Edmund Blough

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A Healing Model for Newly Aborted Women

Vicki Thorn

In the last few years, a radical shift has happened in the ministry of post-abortion healing. For many years, the average woman who came for help was five to ten years post-abortive and was between the ages of 25 and 35. Now contact is often made by women who are only months, days, or even hours past their abortion loss. They are often young, in their teens or early 20's.

As the director of the National Office of Post-Abortion Reconciliation & Healing, I have spoken to thousands of women, and it is clear to me that women who have just had an abortion are in a very different place than women who are years past the experience.

The woman who has just had an abortion is first and foremost in a state of biochemical shock. The pregnancy has ended, most often in the first trimester, when her body is awash in the chemistry of pregnancy. The abrupt end of a pregnancy by abortion does not allow for the normal resolution of the chemistry of pregnancy.

Research done in the US and Switzerland found that at the end of a pregnancy (whether through miscarriage, procured abortion, Caesarean delivery or vaginal delivery) a cell transfer occurs from the child to the mother. These cells have been found in women 37 years later and they continue to be chemically active. No one has yet determined the purpose of the cells, but they lodge in the part of the brain where seemingly instinctual behavior, such as breathing and sex, arises.

Many women report that they feel hormonally unsettled until they reach the anticipated due date of their aborted pregnancy. Some report having specific body symptoms like a strange menstrual period, abdominal pain, or a discharge of fluid. It seems that the brain may still be hormonally charged until the due date, possibly because of these cells.

This hormonal disruption makes women feel very unsettled and emotionally volatile. It would seem that the chemistry of the pregnancy may not conclude until the time the baby would have been born. Women report feeling much better physically at this time. Once the due date has passed, there often is a growing awareness of more implications of the abortion decision.

The woman reacts as any mother would who had lost a pregnancy prenatally—with shock, numbness, depression, listlessness, and anxiety. It is normal during this period for the mother to feel like she is “going crazy.” She feels empty and yearns again to be pregnant. Sleep disorders, dreams of the baby, auditory hallucinations of a baby crying, decreased appetite, and suicidal feelings often occur. Scandinavian research indicated that women who had abortions were three times as likely to die of suicide in

the year after their abortion compared to nonpregnant women, with an increase in deaths from homicide and accidents as well.

Often during these first months after abortion, the relationship with the father of the child is also failing, adding more stress and an additional source of grief. Many of these women had preexisting factors that signaled their proneness to complicated mourning or a prolonged grief reaction. Trauma research indicates that those with previous traumatic experiences are more stress-sensitive and predisposed to developing post-traumatic stress disorder in subsequent trauma. Many women who have an abortion have a

previous history of sexual abuse. Suffice it to say that many injurious coping techniques can be established during this time.

It became clear to me that a different model of support was needed to help these women

transition through these early months. To move them into the process of healing too quickly could result in what psychologist Henry Venter calls “pseudo-healing.” Because these women are extremely vulnerable during this time, they will do anything to make the pain disappear.

Because they look to us as the experts, they believe that whatever we tell them will work. When they move on to another stage of grieving where they are once again emotionally vulnerable and the pain returns, they may be confused by its return and may turn on themselves in self-judgement, assuming that there is something inherently wrong with them. This experience can inhibit the woman from seeking help later and may cause her to not trust those who could help her. “It didn't work last time,” she concludes, and now she is stuck.

In helping a woman heal after an abortion, we need to remember that this is a mother who has lost a child in a traumatic and unnatural fashion. She is physically fragile from the abortion procedure and her body needs to heal. She is caught in the web of unanticipated mourning. She was totally unprepared for what she is feeling.

To rush the woman through the healing process without recognizing the time and stages involved in the grief process is not respectful of her inherent need to move through grief at her own pace. We must be cognizant that while she is exhibiting intense pain, she is likely to be emotionally numb and unable to truly enter into deep spiritual and psychological healing.

The protocol that I have proposed is one based on understanding the stages of the grieving process, as well as the physiological

A woman who just aborted is in a different place than those who are years past the experience.

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Is it Ever “Too Soon” for Post-Abortion Healing?

J. Kevin Burke

When is a woman “ready” to seek the deeper healing of her abortion pain? When is it too soon? Are post-abortion healing programs “too intense” for women in the first weeks and months after abortion?

In working with post-abortive women, one meets many women who are in an emotionally fragile state. Post-abortion counselors have a great desire to protect such women from that which might be too intense—or even too dangerous—for them to handle.

However, this can lead us to adopt treatment policies and procedures that may not respond to the deepest spiritual and emotional needs of clients suffering trauma and grief after abortion.

Some of these are: (1) that deeper healing cannot take place until after what would have been the natural end of the pregnancy—nine months; (2) that beginning the healing process before the nine-month period has ended will result in incomplete healing; (3) that women with suicide ideation are too fragile for intensive post-abortion counseling; and (4) that active symptoms of trauma make intensive post-abortion counseling inappropriate, especially soon after the abortion.

How Should We Respond?

We recently received this letter from a woman who went on a Rachel’s Vineyard retreat less than two months after her abortion:

Before the retreat, I never thought that the darkness would end. I wanted to die. If for no other reason than to get to my child and tell her I am sorry . . . to end the nightmares. I could not live with myself, with the flashbacks. I was in hell.

Your organization has saved me. I attended a Rachel’s Vineyard retreat two weeks ago and may I just take this opportunity to thank you for an experience that has not only changed my life, but very likely has saved it. . . . After being on the retreat, after talking with those who had “been there,” who did not judge, who embraced me, listened to me cry, and rejoiced with me, I can say that my spirit has been lifted.

Like so many women, I was faced with a decision that is truly not ours to make, but under the power of fear and confusion, we make it. . . . My abortion was 59 days ago, and for as long as I live, I will regret this decision.

This is the same as it was before the retreat, but with the help of the beautiful people on my weekend, I can forgive myself, and realize that my daughter does too. This retreat

gave my child dignity and gave me the strength to realize that while I made a mistake, the Lord will not turn me away from his Kingdom, nor my child. This retreat gave me the beautiful title of mother, something I would never have ever, ever thought of myself as because of my mistake in deciding to abort.

If I could go back 58 days, knowing what I know now, I never would have done this to my child, or to myself. I would have not listened to those who told me that it was the “right thing to do.” I would still have my daughter in my womb. I know that I cannot change the past; however, your retreat has taught me that while I will be sad still for a while, the sadness will fade.

If a woman is seeking help after abortion, intervention cannot happen too soon.

According to the criteria of some post-abortion counselors, this woman would have been “screened out” of a retreat because she was too fragile, had intense trauma symptoms, and was clearly not past the due date. This case

involved suicidal ideation, but no plan and no immediate risk of suicide. However, without intervention—and with the increase in symptoms common to those who experience abortion as trauma—suicide or other self-destructive behaviors and an intensification and entrenchment of symptoms is possible.

When a client is asking for healing after their abortion, the sooner intensive intervention—such as is found in the Rachel’s Vineyard retreat process—happens, the sooner healing and the lessening or cessation of symptoms and acting out behaviors will occur. The development of acute psychological support in the mental health field supports this.

As early as World War I, studies showed that early psychological support led to a reduction in psychiatric illness and suicide. In World War II, Erich Lindemann “explored the notion that swift psychological intervention and social support might facilitate constructive resolution of the grief process. For many, Lindemann’s work marked the beginning of the ‘modern age’ of crisis intervention.”²

Individual support and counseling, therapy, and perhaps an assessment for medication may be appropriate in a particular circumstance. However, to offer an intervention that does not respond to the deep level of trauma can be as problematic (and even life-threatening) as pushing someone into attending a retreat or other post-abortion healing program when they are clearly not ready, or need other intervention (as in the case of an actively suicidal or psychotic individual).

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A Healing Model, *continued from page 4*

manifestations of profound grief. When a woman contacts us, our acceptance of wherever she is and our acknowledgment that her distress is not abnormal frees her. Here is someone who understands what she is going through.

It is crucial to provide her with accurate information about what is happening in her body, explaining the possible hormonal delay and the feelings that go with it. We need to give her information that will help her to heal physically. This includes the need to be eating regularly and including protein in her diet each day. Women often are not eating or binging on carbohydrates such as candy or soda, which can aggravate the suicidal potential by setting off a blood sugar imbalance. Inclusion of protein will help to balance her blood sugar. Sleep deprivation also aggravates depression and suicidal tendencies, so information on twenty-minute “power naps” may help control sleep deprivation. Exercise triggers naturally occurring endorphins that can make her feel better. She needs to be referred to a doctor for medical concerns.

By establishing a personal relationship with the woman and making ourselves available to her over time, we offer her the long-term support she needs to transition to the next phase of grieving. This is the start of reconnecting with people and learning to trust again. In maintaining supportive contact with her (this may be several times a week), we can monitor her progress, point out how she is getting better, and be vigilant to suicidal urges and other

potentially dangerous coping mechanisms. When she has recovered physically and moved out of emotional numbness, she may then be ready to move on to a conventional post-abortion healing program.

The loss of a child through abortion is one of the most traumatic experiences a woman can go through. I believe we must be careful not to try to rush her through a process that she is not able to truly absorb. To meet her where she is and to be willing to walk beside her through her healing honors the depth of her pain, and affirms her preciousness in God’s eyes and ours. Our commitment to helping her affirms that her abortion was not a meaningless occurrence and that healing from abortion is not magical or quick.

Our respectful acknowledgment of the profound loss she has endured affirms her lived experience of it. We must be careful not to trivialize it. The healing journey is hers to take in step with God, who leads each person in the way they are to go.

We have an obligation as caregivers to help her achieve authentic healing.

Vicki Thorn is executive director of The National Office for Post-Abortion Reconciliation and Healing and holds a certificate in trauma counseling. She can be reached at noparh@yahoo.com. You can reach NOPARH at (800) 593-2273 or www.noparh.org.

Is it Ever “Too Soon?” *continued from page 5*

Medical doctors, psychiatrists, psychologists, and counselors working in Rachel’s Vineyard report that women have successfully completed a post-abortion retreat within weeks or months after an abortion, and that even individuals who express suicidal ideation typically show improvement during the retreat—improvement that seems to be sustained during follow-up.

They agree that dealing with the abortion as early as a woman chooses can prevent many serious symptoms from developing, as well as helping to prevent repeat abortions—a very real possibility with unresolved trauma and loss. In general, any client who is stable enough to come once a week or once a month to the office rather than be treated in an inpatient (hospitalized) setting would be expected to be well enough to participate in a retreat setting or post-abortion support group with benefit.

Aftercare is essential. Individual therapy and ongoing spiritual support needs to be offered, either through the post-abortion counselor or through a referral to resources in the woman’s area.

Clients who come to us before their due date in intense pain, but who are hungry for healing, may be quite appropriate for a post-abortion retreat or other intervention. Conversely, clients may appear cut off from their pain and grief, but aware they need help. This dissociation carries its own risks and often results in repetition of traumatic themes in relationships and future abortions.²

Post abortion healing providers should look at their own situations, their ability to offer aftercare or appropriate referrals, and other factors when assessing a client’s needs at a particular time. Some post abortion healing programs are not in the position to offer an intensive intervention to someone experiencing acute symptoms of trauma, but can offer other kinds of loving, caring support to a woman or man in pain.

However, an intensive healing—such as a Rachel’s Vineyard Retreat—experienced in the safety, love, and comfort of a caring post-abortion ministry can be lifesaving for those who are most deeply wounded by their abortions. And for some individuals, that healing can’t come soon enough!

Kevin Burke, MSS, LSW, is a licensed social worker. He and Theresa Burke, Ph.D., LPC, direct Rachel’s Vineyard post-abortion ministries, which can be reached at 1-877-463-3463 or www.rachelsvineyard.org. Kevin can be reached by email at kburke@net-thing.net.

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News Briefs

Study Reveals Abortion Leads to Feelings of Distress

A survey of patients at a New York state abortion clinic found widespread feelings of emotional distress among women who have had abortions.

The survey of 212 patients was conducted at Southern Tier Women's Services in upstate New York over a period of four weeks. The results found that 36 percent of the women were concerned about how they would feel after the abortion; 32 percent said they felt sad about their decision; 23 percent said they experienced feelings of shame; and 6 percent said they had no one to talk to about the abortion.

* * *

Study Shows Negative Impact of 30 Years of Abortion on Women's Health

A study reviewing 30 years of abortion research was published in the January 2003 issue of the *Obstetric & Gynecological Survey*, revealing the negative impact abortion has had on women's health.

Researchers from the University of North Carolina at Chapel Hill and the University of Michigan concluded that abortion increases the risk of premature delivery, maternal depression, suicide, and other serious problems. The researchers say that more attention needs to be given to researching this issue and providing women with accurate information about abortion risks. The study is posted online at www.obgynsurvey.com.

Court Dismisses Federal Abortion Lawsuit

A three-judge appellate panel has upheld the dismissal of a wrongful death lawsuit challenging a New Jersey ban on such suits when the victim was an unborn child.

The lawsuit, filed under the pseudonym Donna Santa Marie, argued that Santa Marie was not adequately informed about the consequences of abortion when she sought an abortion at age 16. The appeals panel upheld a New Jersey law prohibiting wrongful death suits when the victim is an unborn child. The woman's lawyer said they are planning to appeal the dismissal to either the full appellate court or the U.S. Supreme Court.

* * *

Planned Parenthood Negligent for Not Reporting Abuse, Judge Rules

A judge has ruled that Planned Parenthood of Arizona was negligent in failing to report performing an abortion on a 13-year-old girl who became pregnant by her 23-year-old foster brother.

According to clinic records, the girl told counselors the baby's father was 14, and Planned Parenthood did not report the abuse until she returned to the clinic for another abortion six months later. The girl's lawyers argued that their client was not old enough to consent to the abortion under Arizona's parental consent law and that she was subjected to further abuse because of Planned Parenthood's failure to report the first abortion.

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It may be hard for some to believe, but it is comforting for me to know that Moses, King David, and St. Paul all started out as murderers. You can call me Jane. That’s not my real name. Extreme shame keeps me anonymous.

I had an abortion when I was 19 years old—single, a college freshman. That was 15 years ago. It has been a long journey to healing.

My first reaction to the abortion was complete relief. I was ashamed to be single and pregnant. I had to do something quick.

For ten years following the abortion, I was in complete denial. I did not let my abortion experience bother me. I told myself it was okay, that I had a good reason (or so I thought). I pushed it out of my thoughts. It was my body. It was legal, so I wasn’t breaking the law. These were the thoughts I used to justify my “choice.”

Around the time when I wanted to have kids, I began to morally have a problem with abortion and my “choice.” Friends would try to comfort me when I would confide in them about the abortion. “Stop beating yourself up,” they would say. “Move on.” Or “It’s okay; you had a good reason.”

Their efforts to console me were unsuccessful. I became angry. Angry at those who think abortion is an answer to an unexpected pregnancy. Angry at those who deny that abortion harms women. Angry at those who are indifferent to abortion. Why? Because I doubt they have seriously contemplated the spiritual, physical, and psychological consequences on all persons involved.

I have now learned that the pain from abortion manifests itself in different ways: denial, anger, depression, eating disorders, anxiety, nightmares, suicidal thoughts, drug or alcohol abuse, sexual promiscuity, low self-esteem, guilt, flashbacks. For me, it was anger and some of my friendships suffered because of it.

No matter how many good deeds I did, I could not take away the guilt. I went to confession, but I did not fully accept God’s forgiveness. So the anger remained. Finally, I had to admit I needed help to heal. Through a pregnancy center’s post-abortion ministry, I came to know God, my healer.

Of course, facing my abortion “choice” was bittersweet because I had to experience sorrow and mourn the loss of my baby, Tabitha, before I could experience joy and peace.

God did not abandon me during my sorrow and mourning. I felt an incredible closeness to Him throughout the counseling sessions. It was actually a relief to talk about my abortion experience, like a huge weight had been lifted from my shoulders. I could finally tell someone who really understood my sorrow and did not deny or excuse it.

I praise God for He has turned my tears into dancing. Through the post-abortion healing ministry I received the gift of peace—the “peace of God that surpasses all understanding.” (Philippians 4:7) I no longer feel guilt. I am no longer angry. And now I know God will use my abortion experience for his good purpose because we know that all things work for good for those who love God.” (Romans 8:28)

God did not abandon me during my time of sorrow and mourning.

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