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Tweet

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E. Joanne Angelo

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In every abortion a child dies—in an early stage of development before birth. The child's death is intended and carried out with the presumed consent of the mother (with or without the consent of the father). The negative aftermath of abortion, largely the result of unresolved grief and guilt, is most profound for the mother of the aborted child and cascades over the father of the child, the child's siblings and extended family, abortion providers and those who counseled and funded the abortion. With over 42 million abortions worldwide each year (World Health Organization estimate for 2003), there is no question that our entire society has been negatively affected.

I would like to review briefly what I have called "The Many Faces of Post-Abortion Grief" (1), and what others have called Post-Abortion Trauma (2), and discuss its treatment and prevention.

POST-ABORTION WOMEN

When a woman finds herself pregnant in a crisis situation, she immediately calculates the date when her
child would be born. She is aware of the tender feelings she has for her child who, if she takes no action to terminate the pregnancy, she will hold in her arms at that time. Simultaneously, however, she is often overwhelmed by dread, anxiety, external pressures, a sense of unworthiness to be a mother, and fear of loss of the relationship with the child's father. Strong ambivalent feelings cloud her ability to think clearly regarding the decision she is about to make. She is pressured to present herself for an abortion during the first three months of the pregnancy, because later abortions may not be available at the local abortion clinic due to their higher risk of complications, and also to safeguard her secret.

After the abortion she may feel numb, her grief over the death of her child being blunted by her strong ambivalent feelings—her tender feelings for her child, and the defensive denial of these feelings which enabled her to submit to the abortion procedure. She may continue in this emotional state for days, weeks, or even for many years. Societal expectations are that she feel relieved and grateful that “her problem is solved”, and in fact this is the answer she typically gives to surveys and polls. In reality, however, her inner life is often plagued by guilt and shame, nightmares of babies being sucked down tubes or dying in horrific accidents or violent crimes. She may seek medical treatment for insomnia and anxiety or medicate herself with alcohol and illicit drugs to ease her pain. As time goes on she may experience intrusive thoughts, day and night, and flashbacks to the abortion experience may be triggered by such ordinary experiences as a gynecological exam or the sound of the suction in a dentist's office. She may become seriously depressed and even suicidal. Her affect is blunted, she feels numb. She may develop psychosomatic symptoms, an aversion to sexual intimacy, or, conversely, become promiscuous as a result of her terribly low self esteem. When she is in this state she may enter a cycle of multiple pregnancies and repeated abortions.

Typically the relationship with the father of the child ends abruptly because he cannot accept her in her distraught state, or because they see themselves as accomplices in bringing about the death of their child. Regularly occurring events such as Mother's Day, the anniversary of the abortion, the date the child would have been born and subsequent birthdays, seeing a child of the age her child would have been, holidays with an empty place at the table, the birth of another child, another death in the family, may trigger an overwhelming torrent of grief, guilt and remorse. Society offers her no support for her grief. Unlike other deaths, there is no funeral service, no grave to visit, no consolation from friends and relatives who most often are unaware of her abortion, or may have urged her to submit to the abortion and paid for it.

The treatment of a woman who has suffered the tragedy of abortion can only begin when she seeks help. Symptoms which cause her to seek medical care—insomnia, depression, suicidal thoughts, post-traumatic stress disorder, substance abuse, infertility, eating disorders, psychosomatic illnesses, failed relationships—must be investigated and treated appropriately with counseling, medication, and/or referral to specialists. But unless the underlying cause is understood and addressed—her grief over her aborted child—the symptoms will reoccur or be replaced by others which are more severe. In the course of obtaining a medical history, it is important to ask about pregnancy loss and to ascertain whether the onset of symptoms can be seen to be related in time to the death of a child before birth. Although a woman may be truthful about her history of miscarriage, shame and guilt may make it almost impossible for her to admit to an abortion, or multiple abortions, at her first visit. It is important to create a supportive, non-judgmental relationship to allow her to reveal her dark secret. Because of abusive, traumatic relationships with men in her life, telling her shameful story to a male physician may be especially difficult—even being alone with him in an exam room may precipitate paralyzing anxiety. She may feel more comfortable in the presence of a woman physician or a nurse. In fact, the nursing literature reports accounts of women who have flashbacks to their abortion experiences during labor and delivery, and when this is recognized and supportive care is offered, their journey to healing can begin.

Treatment of the psychological consequences of abortion requires that the therapist allow her to share her painful memories of the horrific procedure and the circumstances which surrounded it, along with her deep emotions of guilt, shame and anger at herself and others who insisted on the abortion or who did not offer any alternatives to it. Care must be taken so that reliving the abortion experience does not
cause a flood of post-traumatic stress which can re-traumatize her. She can be helped to establish a supportive network around herself sharing her sorrow with carefully selected friends and family members, and diocesan programs such as Project Rachel. Counseling or psychotherapy is often accompanied by medication to treat anxiety, depression, or somatic symptoms.

Women in other cultures also suffer the aftermath of abortion, and they may seek help in their religious traditions. In Japan, aborted babies are called “water children” and are believed not to be free to return to God unless the rite of “Mizuko kuyo” is offered for them in the Buddhist temples. Small stone statues are erected to represent children that have died before birth and parents bring gifts of candy, flowers and toys to them. The goddess who removes them from the water has webbed fingers because the babies are arriving in pieces (3). In Taiwan, aborted children are considered “spirit babies” who will return to haunt their parents, disturbing their sleep with special cries, ruining business deals, souring love affairs, and prompting suicides unless prayers are offered for them in the temples (4).

Post-abortion women may be referred for counseling or psychiatric care by priests, especially in the diocesan programs called Project Rachel, within which clergy and mental health professionals are selected and specially trained to assist in the Church’s ministry to those who have been wounded by abortion. Priests may recognize that Sacramental Reconciliation, pastoral guidance, and healing services have not sufficed to alleviate the woman’s pain and that professional mental health services are required. Conversely, I have had women say to me, “I’ve been to Confession, and I’ve had ‘healing’ and I still feel terrible. I know I’ve committed an unforgivable sin!” For these women ongoing pastoral counseling is needed to enable them to understand the immense mercy of God and his unconditional love. In these cases it has been possible, with the woman’s permission, and without violating the sacramental seal of Confession, for her to receive care from a priest, a psychiatrist, and a counselor in a coordinated, supportive manner. Some women also benefit from group programs, days of recollection or retreats sponsored by their dioceses, The Sisters of Life, or Rachel’s Vineyard Retreats.

Pope John Paul II’s “special word to women who have had an abortion” in Evangelium Vitae (n.99) has been a great consolation to many—Catholics and non-Catholics alike. Here is what he said:

“I would 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 in many cases it was a painful and even shattering decision. 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.” (5)

Rather than experiencing the Catholic Church as judging them harshly or condemning them, several women have told me that they chose to become Catholic in order to experience the Sacrament of Confession, and to hear the priest say, “In the name of Jesus Christ I absolve you from your sins.”

MEN AND ABORTION

Every child who dies in an abortion has a father as well as a mother. Men also suffer from the tragedy of abortion. They also grieve their lost children. As Dr. Vincent Rue has said, “For men and women alike, the feeling of emptiness may last a lifetime, for parents are parents forever, even of a dead child.” (6)

A man who tried to prevent his partner’s abortion and found that he has no legal right to protect the life of his child may feel emasculated and stripped of his fatherhood. A man who insisted on the abortion,
paid for it, or did nothing to try dissuade his partner from engaging an abortionist to kill their child, may become overwhelmed by guilt, shame and self-loathing. Both groups of men often become angry, anxious, and distrustful of women, shutting down any tender feelings which would make future intimate relationships possible. Like women, they too may experience symptoms of post-traumatic stress and psychosomatic illnesses. They may turn to alcohol and drugs as self medication for the depression which engulfs them as a result of their despair of ever being the husbands and fathers they had hoped to be. They may also become addicted to work, exercise or promiscuous sexual activity.

Men are less comfortable than women in expressing vulnerable feelings of grief and loss, or even admitting these feelings to themselves. Therefore, they are even less likely to present themselves for mental health care to deal with post-abortion loss. Dr. Vincent Rue, quoting T.S. Eliot, describes their plight:

"We are the hollow men
We are the stuffed men...
Our dried voices, when
We whisper together
Are quiet and meaningless...
Remember us—if at all—not as lost
Violent souls, but only
As the hollow men
The stuffed men." (7)

In men the abovementioned problems may be present for years before they or their care providers recognize the link between their symptoms and the trauma of a previous abortion. Once again, the importance of including questions about pregnancy loss in a routine medical or mental health history needs to be stressed, for men as well as for women. The relationship between the onset of symptoms and the date of a previous abortion should be considered—bearing in mind that many years may have passed during which the man has suffered in silence. In this way the caregiver can not only work to alleviate the symptoms, but seek help for their root cause as well. In my view it is also important to ask men about a history of post-abortion loss in the course of marriage preparation or entrance into the seminary because unresolved grief and guilt may interfere with the fulfillment of these vocations.

Some examples may be helpful in understanding how abortion may affect men:

- Long term psychotherapy of a businessman for depression, insomnia, poor productivity at work, and deteriorating relationships with his wife and family was unsuccessful until the patient recalled a dream in which an old girlfriend invited him into her bedroom and introduced him to a 12 year old boy saying, "This is your son!" Only then was his therapist able to begin help him deal with the loss of his aborted child 12 years before.

- A factory worker sought treatment for a stomach ulcer which was causing severe pain and disability. The symptoms had begun shortly after his wife's first abortion, which she procured without his knowledge. His ulcer was diagnosed after his wife's second abortion which he had unsuccessfully tried to prevent. Their third pregnancy resulted in a healthy baby boy who became the focus of his father's life, however he experienced the loss of that child as well when his wife filed for divorce, was awarded sole custody of the baby, and moved to a distant location. "I didn't have three babies torn from my womb. I had three babies torn from my heart!" he exclaimed, sobbing. The urgent need for a referral to a mental health specialist was then apparent.

- The third tragic case became known when it was too late to offer help. A young man who worked in a gas station was found dead of a gunshot wound to the head. Only a close friend knew how distraught he had been when he learned that his girlfriend had aborted their
child—a baby who he had planned to name after his father who had recently died. He had hoped to marry the young mother of their child and begin a family together, but her parents insisted that she have an immediate abortion and forbade her to have any further contact with him. His suicide was the result of overwhelming feelings of grief and loss—the loss of his father, his child, the mother of the baby who was perhaps his first love, and the loss of his dream of a lifelong relationship with her which would have been the foundation of a new and stable family.

In order to treat men who suffer from the tragedy of abortion a great deal of education will be required to increase awareness of their problems such as the recent conferences on Men and Abortion in the United States: “Reclaiming Fatherhood: A Multifaceted Examination of Men Dealing with Abortion” (8), and the subsequent publication of articles in mainstream publications on the topic such as the July 2008 issue of Columbia magazine published by the Knights of Columbus entitled “A Special Report on Men and Abortion”(9). Another example of outreach to men is an ad campaign for Father’s Day which says “Father’s Day isn’t easy for those who have lost a child to abortion...But if you give Him the broken pieces, God can make all things new.”(10) Several websites are also available, e.g. those sponsored by the National Office of Post-Abortion Reconciliation and Healing, the Fatherhood Forever Foundation, and the Fathers and Brothers Ministry. (11).

In addition to the traditional modalities of counseling, therapeutic, educational and support groups, days of recollection and retreats, new treatment modalities may also need to be developed wherein men talk to men with similar experiences. Perhaps this could occur in group settings, while engaging in some activity which is meaningful to them such as building housing for women in crisis pregnancy situations or for single mothers, or arranging sports tournaments or other fundraisers for pro-life causes.

POST-ABORTION GRIEF IN FAMILIES

Subsequent children born to parents who have suffered the tragedy of abortion, or children born prior to the abortion, are also burdened with the consequences of the life-changing event in their parent’s lives. Consider the five year old boy who is told that, “Mummy and Daddy are going to see the doctor because the baby in Mummy’s tummy may not be all right, and the doctor may have to send the baby back to God.” He may forever worry that if he is not “all right” something terrible will happen to him too. The lack of assurance of his parents’ unconditional love may cause the child to lie and hide any mistakes or problems from the very people who would be most able to help him.

Even without such explicit knowledge of the abortion of a sibling, children may find themselves to be especially cherished and overprotected by a mother or father who treasures them as a replacement for their lost child. One such child was a six year old girl referred to me because she could not separate from her mother to go to school. Every morning a terrible scene occurred at the door of the school where Jeannie had to be forcefully separated from her mother, kicking and screaming. Once in school, Jeannie settled down and seemed to enjoy her day and interacted well with her teacher and classmates. Her mother, on the other hand, called the school repeatedly to see how she was doing and offered to pick her up early. Only after working with this child and her mother for some time did I learn that Jeannie was a replacement baby after an abortion. When she was away her mother feared that something terrible would happen to this very precious child as well. It became evident that work was necessary for both Jeannie and her mother to solve their separation anxiety, and that although behavioral therapy, school intervention strategies and anxiolytic medications might be helpful to solve the child’s school avoidance, her mother’s issues of unresolved post-abortion grief and guilt would need to be addressed and resolved for the long-term wellbeing of both.

The World Health Organization estimates that one in five pregnancies worldwide end in abortion. (WHO 2007) An entire generation of children and young adults may now be suffering from "survivor guilt"
—thinking, “Why am I here when so many others have died?” Symptoms of depression may be present similar to those in persons who have survived genocide or other massacres. A whole new strategy is needed to reach this generation of “abortion survivors” in order to listen to their concerns and offer empathic understanding and positive solutions to their distress. We will need to tune in to the new generation’s preferred means of communication: music, blogs, facebook, twitter, television dramas etc. in order to meet them where they are and learn to communicate with them in their own genre. This is in accord with the Holy Father Benedict XVI’s exhortation on the World Day of Communications this year. (12)

Grandparents also mourn the loss of their grandchildren. They may be angry and disappointed in their daughter or son who would abort their own kin, or they may be overwhelmed by guilt and shame if they were instrumental in arranging the abortion themselves.

The abortion of their grandchild may reawaken in them feelings related to an abortion or abortions in their own lives. It is not uncommon for a mother who brings her teenage daughter for post-abortion counseling to breakdown in tears herself about her own abortion at the same age. This may mark the belated entrance into a path of healing for the grandparents along with the parents of the aborted child.

ABORTION PROVIDERS

Abortion providers are also wounded by their grisly task. Many doctors, nurses, social workers and support staff who work in facilities which perform abortions have a history of abortion in their own lives. Their own issues of unresolved grief and guilt are temporarily held at bay by defense mechanisms of denial, reaction formation, and identification with the aggressor. When their defenses break down, and the realization of their trauma and the trauma they have inflicted on others may overwhelm them, they will need compassionate caregivers themselves.

In her new book “unPlanned,” Abby Johnson describes just such a crisis which occurred in her own life and how she found help from the very people whom she had considered her enemies for years. Abby, who had two abortions in college, chronicles how she joined Planned Parenthood in the mistaken belief that in doing so she would be preventing unwanted pregnancies, thereby reducing the number of abortions. After having had an administrative position, scheduling patient visits and counseling women, for several years, she became the director of a Planned Parenthood clinic.

She describes her overwhelming horror of the abortion of a 13 week fetus, which she experienced when she actually participated in the procedure for the first time as an ultrasound technician. Ultrasound guided abortions were performed infrequently at her clinic because they took 15 minutes as opposed to the 10 minutes allotted to each surgical abortion in order to complete the clinic’s quota of 35 abortions per day. Here is what she says:

“I was expecting to see what I had seen in past (diagnostic) ultrasounds. …Usually… I’d first see a leg, or the head, or some partial image of the torso…but this time the image was complete. I could see the entire, perfect image of the baby. ‘Just like Grace at 12 weeks’, I thought, surprised, remembering my first peek at my daughter, three years before snuggled securely inside my womb, only clearer, sharper. The detail startled me. I could clearly see the profile of the head, both arms, legs, and even tiny fingers and toes. Perfect.

My eyes still glued to the image of the perfectly formed baby, I watched as a new image entered the video screen. The cannula—a straw-shaped instrument attached to the end of the suction tube – had just been inserted into the uterus and was nearing the baby’s side. It looked like an invader on the screen, out of place. Wrong. It just looked wrong.

My heart sped up. Time slowed. I didn't want to look, but I didn't want to stop looking either. I couldn't
not watch. I was horrified, like a gawker slowing as he drives past some horrific automobile wreck—not wanting to see a mangled body, but looking all the same.

My eyes flew to the patient’s face; tears flowed from the corners of her eyes. I could see she was in pain. The nurse dabbed the woman’s face with a tissue.

“Just breathe” the nurse gently coached her. “Breathe.”

“It’s almost over,” I whispered. I wanted to stay focused on her, but my eyes shot back to the image on the screen.

At first, the baby didn’t seem aware of the cannula. It gently probed the baby’s side, and for a quick second I felt relief. Of course, I thought, the fetus doesn’t feel pain...as I’d been taught by Planned Parenthood. The fetal tissue feels nothing as it is removed...The next movement was the sudden jerk of a tiny foot as the baby started kicking as if trying to move away from the probing invader. As the cannula pressed in, the baby began struggling to turn and twist away. It seemed clear to me that the fetus could feel the cannula and did not like the feeling. And then the doctor’s voice broke through startling me.

“Beam me up, Scotty,” he said lightheartedly to the nurse. He was telling her to turn on the suction...

I had a sudden urge to yell, “Stop!” To shake the woman and say, “Look at what is happening to your baby! Wake up! Hurry! Stop them!” ...I looked at my own hand holding the probe. I was one of “them” performing this act...The cannula was already being rotated by the doctor, and now I could see the tiny body violently twisting with it. For the briefest moment it looked as if the baby were being wrung like a dishcloth, twirled and squeezed. And then the little body crumpled and began disappearing into the cannula before my eyes. The last thing I saw was the tiny, perfectly formed backbone sucked into the tube, and then everything was gone. And the uterus was empty. Totally empty.” (13)

Although she tried to keep on working, —at least on days when surgical abortions were not scheduled—a few days later she realized that medical abortions were being prescribed at the clinic on a regular basis. The reality of the terrible consequences of her work there over the previous eight years came crashing down on top of her. She felt compelled to run out the back door. She sought refuge in the headquarters of the Pro-life Coalition on the other side of the fence across from the Planned Parenthood clinic—the group whose volunteers had been quietly praying and gently offering counseling to the women coming in for abortions for all of those years—a group who Planned Parenthood considered to be the enemy. She was received lovingly by them, consoled, and prayed for. They even helped her find a new job in a doctor’s office who had previously been an abortionist and had had a similar conversion to hers.

In her book Abby begs us not to demonize those who advocate and perform abortions but rather to pray for them, try to befriend them, and be there for them when their denial is broken and they desperately need help, care and support.

VICARIOUS TRAUMATIZATION

We, who care for those who have been wounded by abortion, and endeavor to empathize with their trauma and pain, can find ourselves heavily burdened by our work over time. The term “vicarious traumatization” has been used to describe this phenomenon in the medical and mental health staff caring for veterans returning from war zones with horrific injuries and intrusive memories of their battle experiences, severe depression, and post-traumatic stress disorder (14).

It behooves us to care for ourselves and one another—to limit our working hours and to vary our case
loads, to balance our lives with time for family and friends, and find time for prayer, relaxation and recreation. We need a place to talk about the things we hear while protecting the confidentiality of our patients and clients, and without passing on our vicarious trauma to friends and family who do not have the training to deal with these issues. Many of us may choose to have a therapist for ourselves to help us bear the sorrow and grief we hear day in and day out. Others join supportive peer groups with other professional mental health workers who are dealing with similar concerns.

In the spirit of Dr. Viktor Frankl (15), I find it helpful to assist people—patients and therapists alike—to search for meaning in the situations which life presents to them. St. Luke's account of Simeon's prediction to Mary has provided me with a great deal of food for thought and prayer: “And thy own soul a sword shall pierce, that the thoughts of many hearts may be revealed” (Lk 2:34-35). As therapists, we can seek the help of Mary the mother of Jesus in suffering with and caring for our patients, as she suffered with and cared for her divine Son.

PREVENTION

The prevention of the complexities of post-abortion grief can only come about by means of the prevention of procured abortion.

There is very exciting news in the arena of the primary prevention of abortion! It is the new development of perinatal hospice programs. A routinely scheduled ultrasound in the second or third trimester of a pregnancy is generally a joyous occasion with the father of the baby and sometimes other family members present. Ultrasound "pictures" of the baby are printed out and taken home and proudly displayed to friends and colleagues. This much-anticipated happy occasion can turn into a disaster when the ultrasound screen reveals a lethal condition in the fetus—a congenital anomaly thought to be incompatible with life. Couples are often urged to schedule an abortion immediately. Until quite recently, if they rejected this option, they had been left to struggle on their own with feelings of sadness, disappointment, grief, and fear of the final outcome of the pregnancy: Will the child be monstrous? Will the mother die if the pregnancy is allowed to continue? What to say to relatives and friends? Can there be a funeral? A burial?

Since 1996 hospice care has been offered families of children whose prognosis is that they will die before their expected date of delivery. Following the model of adult hospice care developed by Dame Cecily Saunders in England, and the subsequent development of neonatal hospice programs for babies who are expected to die soon after birth, Dr. Byron Calhoun and his colleagues developed a perinatal hospice program in which the same holistic approach is applied to meeting the physical, emotional and spiritual needs of families with a terminally ill child in utero. A team is made available to the family consisting of the physician or physicians providing primary care, a nurse and a social worker with training in bereavement issues and, if requested by the family, other pastoral care providers and specialists. The goal of the program is to support the family in getting to know and love their child during his/her very short lifetime, to be in charge of the baby's care, to say goodbye, to plan a funeral, and to grieve their loss in their own way (16). A new book, “The Gift of Time” describes poignantly describes perinatal hospice care (17). It is co-authored by Amy Kuebelbek, whose autobiographical account of her pregnancy with a child with a lethal diagnosis, "Waiting with Gabriel" (18) has been very well received.

Dr. Calhoun and his colleagues have documented that over 75% of couples to whom perinatal hospice care is offered choose this option over abortion (19). There has been no evidence of maternal morbidity or mortality in their studies. Currently 90 perinatal hospice programs can be identified on the website “perinatalhospice.com”~80 in the United States and 10 in other parts of the world. It is encouraging to see that perinatal hospice is widely accepted in secular hospitals which may allow abortions just as adult hospice care is offered in hospitals as an alternative to unethical end-of-life decisions. Clearly perinatal hospice care has proved to be a major deterrent to late term abortions. This has been possible without
polarizing debates or ethical confrontations, but rather by offering a kinder, gentler, compassionate alternative to families in crisis after receiving the unexpected news of a devastating prenatal diagnosis.

Another resource for families facing a recommendation for late term abortion because of a diagnosis of lethal fetal anomalies is a new organization known as Prenatal Partners for Life with its own website (20). This was founded by parents whose 11th child was not expected to be born alive, and who is now 5 years old, severely handicapped, and the treasured heart of their family. Their mission is to provide families who are expecting or who have just had a special needs child the support, information, encouragement they need in order to make informed decisions involving their preborn or newborn child’s care. Following the teaching of Pope John Paul II in the Gospel of Life, they state, “We believe these children are unique gifts from God who have a special purpose in life that only they can fulfill.” The website seeks to link families with other families with similar diagnoses, and with health care providers who will care for these children according to the wishes and values of their parents.

SECONDARY PREVENTION

Secondary Prevention in medicine refers to the early intervention and treatment of an illness to prevent relapse and recurrence. In the United States 47% of abortions are repeat abortions according to the (Guttmacher Institute). Women who have not recovered from the loss of their aborted child may feel emotionally numb and empty, often become pregnant again and again because they are inappropriately seeking closeness and love in transient sexual relationships, or because of a wish to replace the child they lost. A new crisis pregnancy without personal or community resources to deal with it may be even more overwhelming than the previous one because of her unresolved guilt and shame and self-loathing and her sense that she can never be worthy to be a mother.

Finding and treating women in the early stages of post-abortion trauma can be very effective in preventing repeat abortions, however these women seldom present themselves for care in the weeks, months or years following an abortion. Hopefully conferences such as this will raise the awareness of the general public and the medical community of the urgency of early intervention for post-abortion women.

CHANGING THE CULTURE

The prevention and treatment of post-abortion grief and trauma will require a major change in our culture—from a “Culture of Death” to a “Culture of Life” in the words of Pope John Paul II. We need to educate everyone about the dignity of the human person and the profound mystery of human sexuality as it was intended by our Creator.

The world needs to know that abortion is NOT a good thing for women! As more women have the courage to tell the stories of the disaster abortion has caused in their lives, the psychological and medical problems they have been left to deal with on their own, the millions of lives lost before birth with the devastating aftermath of grief and guilt, a new awareness of the horror of abortion is coming about. An example is the book “Giving Sorrow Words” by an Australian journalist in which she anonymously publishes the stories of a large number of post-abortion women who welcomed the opportunity to relate the tragedies of their abortions and found doing so therapeutic even anonymously without even meeting the book’s author or one another (21). Other personal accounts of post-abortion trauma and published research in this area have been presented earlier this afternoon. These include the negative effects of abortion on women, men, families and abortion providers.

As hearts and minds are changed, and the voting public comes to understand the importance of choosing legislators, governing officials and judges who will uphold the first and most important human
right—the right to life—a new Culture of Life is slowly emerging. For the first time in the United States surveys show that a small majority of Americans understand that abortion is the destruction of a human life. Young people are turning out in unprecedentedly large numbers for the March for Life in Washington, D.C., and the international World Youth Day celebrations with the Pope. More pro-life legislators are being elected. Planned Parenthood is being exposed as the organizational killing machine which it is, and its' sex education programs are being resisted by informed parents in some public schools.

In the wake of so many abortions worldwide, it is my hope that the overflowing river of tears of grieving parents, siblings, relatives, friends, and former abortion providers will not be in vain. Their tears can provide the healing our society so desperately needs as is described in the river that flows out of the temple sanctuary in Ezekiel 47

"This water flows east; and flows into the sea it makes its waters wholesome. Whenever the river flows, all living creatures teeming in it will live. Fish will be very plentiful, for wherever the water goes it brings health, and life teems wherever the river flows, all living creatures teeming in it will live. Fish will be very plentiful, for wherever the water goes it brings health, and life teems wherever the river flows. Along the river, on either bank, will grow every kind of fruit tree with leaves that never whither and fruit that never fails: they will bear new fruit every month..."

Those who have suffered the tragedy of abortion are becoming the wounded healers of our society as they witness to God's profound mercy and his unconditional love and to the dignity of every human person—born or unborn.

Endnotes:

Fatherhood Forever Foundation: www.fatherhoodfoundation.org,
Fathers and Brothers Ministry: www.lifeissues.org


