

## 2. *She must grieve over her lost child.*

This means tears, real grief, mourning and usually praying together. We all really understand this. If you go to a funeral home and see your good friend, now a widow, standing by her husband's coffin with dry eyes, uptight, holding it all inside, you know something is wrong. If you're close enough to her, you will counsel her, "Mary, let it out. Cry." And if you are that close friend, you will share her tears.

Is the unborn a lost child? Yes, certainly. Many women will name the baby. That makes it more real, easier for her. She must go through the same grieving process that a mother would go through for a child killed in an accident or for her spouse whom she has just buried. It's been very accurately said that there is healing in the mourning (note the spelling).

Your role is to help her grieve. Your role is to encourage her tears and to again be a shoulder for her to lean on. In fact, at times you may be the only person in her life who can offer her the kind of support and help in grieving that will be so crucial to healing the wounds to her heart and soul. And remember, this grieving process takes time.

## 3. *Divine forgiveness.*

Those of us Christians who are pro-life found it entirely natural and appropriate to assure her of God's forgiveness, if she was a believer. What came as a surprise was that 98% of all women counseled, including a majority of women who were not church members, needed to experience Divine forgiveness. Along with Alcoholics Anonymous, this may turn out to be the second medical, psychological problem that, in almost every case, can be helped only by openly seeking Divine assistance. However she knows or does not know God, the vital third step in healing is for her to come to the realization that she is not totally worthless, that she is not condemned, that she can be forgiven by a Higher Power.

If a woman can progress this far, her major symptomatology will usually be alleviated, and she can find reasonable stability and peace once again in her life. But there is a fourth step.

## 4. *Forgive others.*

This is difficult but, again, as with the three steps above, she needs your help in doing this. She needs

your support, counsel and encouragement. If she can, she must bring herself to forgive the abortionist, the boyfriend who paid for the abortion, the mother, the sister who talked her into it, the school counselor, her classmates, husband, doctor or clergyman. If she can bring herself to this most difficult decision, that is, to forgive those who were a party to this disaster, then, truly, she will have substantial peace and stability in her life.

## 5. *Forgive herself.*

Not many women can really achieve this goal. A very few of these women will then feel spiritually motivated in love of others to give public testimony about their stories. We must never ask her to do this. It must always be a spontaneous volunteering. In giving testimony, she relives a very traumatic experience in her life. Only a few women can do this, but those few are truly pearls of great price to the pro-life cause.

## *You Can Help*

In summary, we know a lot about Post-Abortion Syndrome. Is this your friend, classmate or relative? Do you recognize these symptoms? If so, do not depend upon your local physician or clergyman to have great insight into this, or necessarily to know the steps needed in healing. You probably should not attempt the above alone, although many do and with success. Your help, almost certainly, will come from one of the 4,000 pregnancy help centers now in existence throughout the United States. It is these good women who know most about this and who often are best equipped to help her or him.

You may well be the central person who is the key to turn the lock to open up her problem and to help her go through the steps of healing. There are so many wounded women now in our country. We need each one of you to help your neighbor.

## *Men Hurt Too*

In many ways PAS in men is similar to this in women, but there are differences.

For more details on men, please see the pamphlet *Men Hurt Too* available from this same publisher.

*J. C. Willke, MD*

# Women Hurt



*You Can Help*

Additional copies: One free with self-addressed stamped envelope; 50/\$12.50 (plus post.); 100/\$25.00 (plus post.); 500/\$110.00 (plus post.); 1,000/\$180.00 (plus post.).

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## POST-ABORTION SYNDROME

*It would be difficult to find a pro-life person who isn't aware of the negative psychological aftermath of abortion, commonly known as Post-Abortion Syndrome (PAS). For most people PAS conjures up a rather vague vision of the woman feeling considerable personal guilt and regret at having had the abortion. Frequently one's knowledge of this comes from having known a friend who is suffering from this problem. For a few readers, this is intensely personal, as it is they who are hurting.*

*My purpose here is to briefly set forth the problem and its symptoms, and then to discuss how each of you can help such a woman.*

*Post-Abortion Syndrome is the inability to process the fear, anger, sadness and grief associated with the loss of an aborted child.*

### The Problem

For most women, induced abortion is a traumatic experience, both physically and emotionally. For some, the emotional impact has been likened to that seen in Vietnam War veterans and from certain other severe psychologically traumatic situations. This is known as a post-traumatic stress syndrome. There is a normal psychological defense mechanism each of us uses. We tend to suppress the bad things that have happened to us and to remember the good things. Up to a point this is normal and, hopefully, effective. For some women it seems to suffice post-abortion. For others, it works for a time. For a few, it never works at all.

### Repression and Denial

The main coping mechanisms in PAS are **repression and denial**. Her counselor and the abortionist both said this wouldn't bother her. Her girl friends said it wouldn't bother her. So did her boyfriend or husband. Only too often it was her

referring physician and sometimes even her clergyman. She also told herself that the abortion would not bother her. Then, when the symptoms surface, she denies they are related to the abortion, and she represses the symptoms, internalizing them, and tries to consciously obliterate them from her



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memory. "It isn't the abortion," she tells herself. "It's something else." Such as . . . Oh no, that isn't why she feels so bad. It's because her boss, or whoever, was mean to her. No, that's not why sex has turned so sour. It's because her husband is so inconsiderate, even a beast. No, that's not why she finds it so difficult to hold her sister's new baby or gush over a fellow-worker's infant brought to the office.

Yes, it's exactly one year since she had the abortion, or five years, or ten, but the reason she feels so bad today must have been the food she ate last night. It is typical that, through this coping mechanism, she does not connect her psychological and emotional troubles with her abortion.

Another coping mechanism is to make up for the abortion by having another baby and becoming a "super mom," or by becoming very active in church, charity or in her career. This proves that she is a "good person" in spite of the abortion.

Such compensation, other rationalization and the process of repression and denial does seem to work for some. For most, it works only for a while and then things begin to bubble up. Typically, major symptoms can be and are repressed for at least five years — sometimes ten or twenty. Sometimes, even in one's dying years, the problem rears itself once again.

## Symptoms

When symptoms do occur, they take a variety of forms. They can include:

- Guilt feelings — she has killed her own child — she is a bad person. She deserves whatever unhappiness she has. These feelings won't go away. They are relentless.
- Dreams, nightmares about the baby.
- Flashbacks — awake or asleep — re-experiencing the abortion, e.g., tripped off by hearing a noise like the suction machine.
- Remorse — regret.
- Low self-esteem — she is a wicked person, she deserves these problems. She is no good. She knows she will fail so why try.
- Anniversary reactions on the date when the baby was killed or when she would have been born. On those days she is "impossible to live with."
- Fear of becoming pregnant again, or just the opposite, an overwhelming need to have a replacement baby.
- A loss of tenderness and empathy towards others, particularly to infants, pregnant women, or mothers. This psychological numbness is pervasive. She avoids little children, misses the baby shower and the christening and cannot cuddle an infant. If she is distant, she is not vulnerable.
- Sexual coldness. A certain hostility to men in general but particularly to her husband who agreed to the abortion. Sexual dysfunction is common.
- Resort to alcohol and drugs to dull the pain. This transient relief usually ends up making her more miserable and creates new problems.
- Promiscuity. In an attempt to fill the emptiness in her life, she sometimes seeks solace in other arms, but, like drugs, this solves nothing and only adds to her psychological downward spiral.
- Depression can become severe. It can be sadness and moodiness. It can cause sleep disorders, loss of appetite (or binge eating). She can have crying spells, withdraw from others and all of the symptoms of clinical depression. If severe and prolonged, it can lead to thoughts of, and occasionally to actual suicide attempts.
- Withdrawing from church attendance and from praying. "I know God will never forgive me, and I cannot pray anymore."

## Predisposing Conditions

There is much that needs detailed investigation as to predisposing conditions. We do not know the exact incidence of PAS nor the exact percentages of those who suffer from mild, severe or catastrophic PAS. We do know that it is not directly related to a prior knowledge of fetal development, for a majority of such women did not know this was "a baby." We also know that it is not ordinarily related to prior religious beliefs, for a majority of women under treatment were unchurched at the time, or at least felt that this was not a serious offense against God, or that He would forgive them.

## Treatment

Happily, we now have a reasonably good grasp on how to treat PAS. This breaks down into a number of steps.

### 1. Counter the repression and denial.

She must bring the abortion back into her consciousness. She must admit that she was a party to the destruction of her own offspring. Denying this fact has been extremely corrosive. The only answer is to bring it back to her consciousness and admit this.

Your role here is important. And, by "you," I mean any person reading this. Please do not rely on physicians, clergymen or social workers. Professionals often do not help a great deal in this effort. Sadly, they frequently have little understanding for the need of healing. Her doctor is more likely to continue to give her anti-depressant pills. Much more is needed than a series of short visits to a doctor, even one who is informed, competent and sympathetic. The treatment for and resolution of PAS takes considerable time and depends upon you or some other compassionate person who does not necessarily need to be professionally trained.

Your job is to be a shoulder for her. You must encourage her to open up and help her in this process. You must support her, understand and love her through this very difficult process. Above all, do not judge. Just listen. She is often supersensitive, filled up with judging herself. If you judge, she'll withdraw.