

PAS and the Second Victim of Abortion - Part II

[Summary of Part I: Two fact-finding questions were posed in relation to PAS: What is it? and How prevalent is it? Post Abortion Syndrome (PAS) is a delayed negative reaction to an abortion experience which manifests itself in post-abortive women as a chronic dysfunction. The prevalency of PAS is a disputed question between abortion providers and pro-life counseling organizations. But, relying on the 10% projections of the most modest estimates of either group, it follows that an approximate 150,000 U.S. women annually experience high-stress post-abortion symptoms and are unaware of the cause.]

How Is It Treated?

Experienced PAS therapists like Speckhard and Selby identify three foci of PAS treatment: "the physical trauma of abortion; the grief associated with the loss of the unborn child; and . . . making peace with self and others regarding the abortion decision" ("How to Treat....", *NRL News*, Jan. 15, '87, p. 7).

Treatment commences when the woman and her counselor determine that the stress symptoms she is experiencing are directly traceable to her abortion. This assessment stage of the treatment process helps the woman to identify the emotional, cognitive, and behavioral responses to her abortion and to acknowl-

edge what she might have hitherto denied, namely, that her abortion is responsible for those long-term effects. According to professionals who counsel PAS sufferers, this "breaking denial" phase of PAS treatment places the woman on the road to emotional, psychological, and spiritual healing. Once the abortion is understood as an event which has generated identifiable negative emotional symptoms, the grieving process can begin.

The second phase of PAS treatment involves the admission of guilt, i.e., the admission of the nature of abortion and the post-abortive woman's responsibility for the decision to abort. As Dr. Vincent Rue points out, despite the extenuating circumstances which can delimit personal responsibility, a woman must admit her guilt," Rue contends, "in order to be able to deal with it" ("Post-Abortion Syndrome: Sham or Emerging Crisis," *NRL News*, Jan. 15, '87, p. 8). Predictably, this stage of treatment is not included in therapy conducted by abortion providers. Pro-abortion advocates routinely stress that any guilt the woman feels is not from something she has done but from pressure put on her from some outside influence. In that mindset, Rosemary Reuther, addressing Catholics for a Free Choice at their 1986 convention, advised that post-abortive women may be allowed to express sadness

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but never guilt ("Trivializing Abortion's Grief," Lisa Andrusko, *NRL News*, Jan. 15, '87, p. 4). The thrust of treatment in this pro-abortion context, then, is to help the post-abortive woman free herself from an unnecessary guilt trip.

The third step, the grieving period, enables the woman who has undergone an abortion to do what all human beings need to do when a loved one dies—grieve. Some therapists believe that the re-living of the abortion event, although painful, is necessary before the important process of grieving can be unleashed. As the woman grieves for her dead child, she gradually experiences and accepts forgiveness from self, others and, above all, from God. Pro-abortion mental health professionals who counsel post-abortive women, on the other hand, take a different perspective toward the importance of the grieving process. *A Woman's Guide to Safe Abortion*, for example, in a chapter entitled "What to Do About 'Bad' Feelings" counsels this attitude: "Life comes and goes for all of us. Don't be too hard on yourself." ("Trivializing Abortion's Grief," Lisa Andrusko, *NRL News*, Jan. 15, '87, p. 4).

When the three phases of PAS therapy are completed, a post-abortive woman can be released from the psychologically damaging effects of repressed guilt, but she cannot be freed from the sorrow she experiences because of abortion. "Remorse for the act," concludes Franz, "is a lifelong event" (Traumatic..., Jan. 15, '87, *NRL News*, p. 8).

Conclusion

Mental health providers need to keep abreast of the nature of new diagnostic categories in order to effectively deal with patients suffering from the recognizable disorder. For this reason and in order to properly counsel and inform women about the nature of abortion and especially its effects on the mother, medical professionals should encourage governmental agencies to conduct a methodologically sound and unbiased study of the effects of abortion. However, until such a study is made available, mental health personnel should examine for themselves the findings of PAS therapists. They should be on the alert for women in their practice who have had an abortion, report what others identify as PAS symptoms, but who, because of denial or repression, are not consciously aware that the root of their psychoemotional turmoil may originate with their abortion experience. Furthermore, if the percentage rate of PAS sufferers increases over time, as the percentage of Vietnam Veterans who suffered from PTSD has, an even greater exigency exists for psychiatric health care professionals to objectively evaluate the possibility of PAS as a diagnostic category and, accordingly, acquire the understanding and the necessary skills to properly treat and to heal PAS women, the maternal victims of abortion.

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