

Hijacking Healing: Pro-Abortion Response to Post Abortion Stress

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IN THE EARLY 1980'S pro-life researchers expressed a growing concern about the psychological sequelae of induced abortion. The issue was also surfacing in the case studies being published by therapists, psychologists, and psychiatrists who were seeing an increasing number of women whose emotional well-being had been compromised by their decision to abort.

The issues raised by these professionals and the similar observations of countless pro-life volunteers fell on deaf ears as the research establishment and policy makers continued to hold to the party line expressed by Rosenberg (1990) in her summary of the research from the 1970s and 1980s:

Women with an unwanted pregnancy who obtain a legal abortion during the first trimester typically report positive emotional effects. Fewer than 10 percent of such women have long term psychiatric or emotional reactions.... Women are more likely to be depressed before abortion than after abortion. Studies indicate that most women have a sense of relief after abortion.... Long term follow-up studies of women who have undergone a therapeutic abortion have revealed favorable outcomes, positive responses to abortion, and few long-term psychological sequelae.

Some studies were willing to grant that 10%-15% of women did poorly following abortion and a few went as far as Sherman to state:

Some of the more recent literature has tended to...stress the benignness of elective abortion and almost to minimize its effects upon the woman. A change in bias may have taken place, perhaps to add support to the liberalization of the abortion law. There seems to be satisfaction in reporting that severe psychological reactions simply do not occur. Many studies seem to ignore the significance of the reactions that are reported. Others report "negative" responses but stress how rapidly they are resolved and that they are not of

sufficient frequency or intensity to create problems for most women who have undergone abortions. (Sherman et al., 82)

Now, to admit that women suffer would beg the question of how such a benign experience could produce such psychic scarring. Any such admission would challenge the assumptions upon which the acceptance of abortion was based. That women could be harmed was beyond the willingness of the pro-choice advocates to admit.

As the years have passed, the published research has been gradually allowing the absolute number of women who experience negative reactions to grow. If ten percent of women are recognized as legitimately having post-abortion problems, there will be a total of 100,000 to 160,000 damaged young women each year. The proportion of repeat abortion has reached fifty percent. Since each subsequent abortion brings with it the possibility of increased medical complications and emotional harm, it means that at the present time there may be as many as 2,500,000 to 4,000,000 North American women whose lives have been seriously affected by their abortion(s). And these are just the women whom researchers acknowledge to have experienced problems. Beyond this group are those who also suffer post-abortion disorders but who are seldom the focus of academic research. This is often due to the factors of inadequate study-design or the hesitation of women with psychological sequelae to participate in follow-up studies. Researchers report that many women drop out of long-term studies but do not address the fact that participation may be too painful for this cohort. Seldom is there an exploration of the implications of this sampling problem.

Funded Post-Abortion Studies. Since post-abortion research is usually carried out by individuals who support or deliver abortion-related services, they are often affiliated with institutions that perpetuate the "abortion as a woman's right" position. These same institutions have told abortion patients that the procedure is simple and should carry no lasting effects. It is little wonder that many women do not volunteer to participate in follow-up research. Their reasoning is twofold:

- (1) Women who continue to suffer psychological stress have not been healed from the abortion, and so participation in such studies will dredge up unresolved feelings that they would rather not have surface.

Denial and sublimation are often their operative psychological defenses, and these mechanisms should not be disturbed, unless in the process of counseling toward healing.

(2) Women who do experience negative reactions often feel that they are odd. After all, the doctors assured them that there was little risk, on the assumption that only women with pre-existing psychic disturbance ever have problems after an abortion. To participate in follow-up research and to admit suffering is to reveal yourself to be a fundamentally disturbed person. Regardless of how much emotional pain the person is experiencing, being perceived as chronically troubled or pathological would be incompatible with the self-concept of most women.

Meanwhile, as the majority of academic researchers and policy makers continue to ignore this threat to the mental health of post-abort women, the Christian community has been developing counseling and support programs to help women to cope following their abortions. These programs address the feelings of guilt, grief, and loss experienced by women and contextualize these emotions within the Christian approach to forgiveness.

These programs reflect sound therapeutic principles. They include group-work and one-to-one work and are solidly rooted in two philosophical premises: that abortion is the taking of a human life and that healing of the trauma requires human action and divine intercession through the grace of God. The first such institutionalized program was a Catholic Church initiative begun by Vicki Thorn in the diocese of Milwaukee in 1985. Known as *Project Rachel*, this ministry to women has expanded to encompass a large number of the dioceses in North America.

It is well known that despite the Church's teaching on abortion a significant proportion of women who abort self-identify as Catholic. As a result, they carry not only the psychic scars from the experience but also the sense of alienation from their church. Those who have some theological understanding may be aware of their personal excommunication, while others may have no concept of their specific theological position but recognize that they have somehow placed themselves outside the sacramental and community life of the Church. In

some cases this alienation results in women abandoning the faith and anathematizing the Church, while in other cases women maintain their identity as Catholics but carry the double burden of their abortion as well as their loss of community. As Tamburrino puts it, “some women’s decisions to have an abortion will be in direct conflict with their religion. Research has not adequately addressed how women cope with religious conflict after an abortion...” (Tamburrino et al., 1990).

It is within this context that *Project Rachel* has reached out to Catholic women who have had abortions: “Anchored in the Sacrament of Reconciliation, Project Rachel was designed as a holistic effort that integrates the spiritual and the psychological.” This healing strategy is rooted in the community of the Church, is supported by the sacramental nature of grace, and is conducive to the reintegration of the women into the life of the Church. It addresses the alienation brought on by abortion and offers a path to mental and spiritual health. “The message of Project Rachel has to be welcoming because the woman harbors the belief that she is unwelcome in this Church because of the strong pro-life teaching” (Thorn 1994).

Similar forms of outreach have developed in evangelical communities with outreach initiatives such as *Helping Women Recover from Abortion* by Nancy Michels, programs such as *Open Arms*, and most recently online support services such as *Safe Haven* and *Healing Hearts*. These programs and online services are biblically based and approach healing in the same way as *Project Rachel*, namely, from the perspective of forgiveness. Theirs is not the sacramental forgiveness of the Catholic Church, but it involves components of being “willing to confess to God that I alone am accountable to Him for the loss of my child” (Michels 1989).

While the supporters of abortion have continued to ignore the suffering of growing numbers of women, the Christian community has responded with programs that support the women themselves. So successful were these ministries that by the late 1980s some researchers were beginning to awareness of this need.

Tamburrino et al. (1990) studied the role of religion in the lives of women who were involved in patient-led, non-denominational support

groups for women “who identified themselves as experiencing significant post-abortion dysphoria.” The authors concluded that religion should be recognized by therapists as part of the healing process. They reported the “striking finding” that following abortion some 46% of the women in their sample had changed their religious affiliation and had joined bible-based evangelical or fundamentalist Protestant denominations and that many of these women listed “Jesus” under “treatment.” The returned questionnaires frequently contained added comments such as “Jesus Christ is the best psychiatrist” or “psychologists couldn’t help—Christ did.”

The outreach programs were working. They were offering support and healing. They were also re-evangelizing large numbers of women who previously had not allowed their religious affiliation to affect their lives and choices. And more disturbingly for the entrenched pro-abortion establishment, these programs (and the churches with which they were affiliated) were pro-life. If such pro-life counseling were to become the norm, then a growing number of post-abort women would become convinced that abortion was wrong. Indeed this was happening. Many post-abort women found their voices in the pro-life movement and have become powerful witnesses to the truth. It was time for those committed to abortion rights to take stock and respond. In 1989 Eleanor Bader reported on *Project Rachel* in the journal *On the Issues*, a publication of “Choices: Women’s Health Center” in New York:

Discussion among pro-choice activists is urgently needed to forge a strategy to deal with Project Rachel. One option, of course, is to *run our own* counseling programs.... We need to be there, for if we are not, Project Rachel will be the only place to turn for counseling and assistance. Our job is also to make pastoral counselors listen to women who are not “victims of abortion,” but molders and shapers of their own destinies. At the same time, it is essential to break the misogynist theological stranglehold that keeps women in line by controlling their sexuality and their options. Not to do this leaves an enormous number of people vulnerable to the arguments of anti-abortion forces.

This was their call to action: replace the religious counseling with counseling based on the empowerment of women to make their own choices. Now, all of a sudden, an “enormous number of people are

vulnerable.” Since the literature says that few women are suffering after abortion, we might well ask: who are these people?

Earlier in the article Bader focuses on the “countless women” receiving service from such programs. It was her contention that the women involved were experiencing an “emotional fragility” that was being exploited by pro-life programs that “tell women they should feel guilty or bad.” No recognition is given to the fact that those women who sought out such support and healing were doing so precisely because the abortion itself has induced feelings of “guilt.” But such “natural guilt” is not permitted in Bader’s call for a new style of healing. Women must be convinced that the feelings that they harbor are not natural responses to their abortions but are simply “religious guilt” that is the result of the external imposition of unreasonable and punitive demands by outmoded and patriarchal religious systems as expressed by church agents such as Project Rachel. As Vicki Thorn puts it, “how intriguing that the criticism is also a confirmation of the need for such outreach” (p.158). But this is to be outreach with a difference.

In the last few years a concerted effort has been made to develop post-abortion counseling from the perspective that women must be helped but at the same time that abortion rights must be safe-guarded. In order to do this the concepts of healing, guilt forgiveness, and bereavement (well-known and documented in the literature) must be reordered and reinterpreted so as not to recognize the humanity of the unborn nor allow the woman to admit that her decision was intrinsically wrong. As Ava Torre-Bueno puts it on the cover page of her recent publication *Peace After Abortion*, “I believe passionately that I can be supportive of every woman’s right to make her own pregnancy decisions and still recognize the fact that her decision may cause her significant suffering.”

The remainder of this paper will look at the philosophical underpinnings of this new pro-abortion approach to post-abortion healing and consider the assumptions and language upon which such programs are based.

THE HEALING CHOICE

The most complete articulation of this new counseling appeared in the spring of 1997. *The Healing Choice: Your Guide to Emotional Recovery after Abortion* by Candace de Puy and Dana Dovitich is a self-help manual for post-abortive women who “do not always walk away from the experience unscathed, even though they move forward with their lives.... Many women acknowledge a feeling of relief after their abortion, yet are understandably upset by facets of the experience that they had never anticipated....” The authors are practicing therapists who use the stories of clients to explicate what they call the “unique realm of female psychology.” It is to the word “choice” that the authors will come back again and again, consistently reinforcing this as the fundamental precept: “Emotional restoration after an abortion is a unique challenge because the emotions a woman experiences are the result of a choice she made. Paradoxically, her healing journey requires yet another significant choice—a healing choice” (p. 14).

The book is formatted to provide exercises in healing. The design is a workbook approach and a woman can complete these exercises in the privacy of her own home. After all, this was her decision and she is in control of her life and choices. There is no expectation of group support nor of one-to-one therapeutic intervention. The book’s exploration of healing focuses on the impact of the woman’s choice and on how she is called to “realize how the overall experience may have impacted her life then and now by recognizing what she has lost and what she has gained” (p.15).

Philosophically this approach to healing is firmly rooted in the feminist attempt to move the ethics of abortion out of the realm of rights and into the realm of relations. Based on Gilligan’s concept of the ethics of care and Nodding’s interpretation of feminine morality, relationships become a defining aspect of women’s psychic responses. Such connectedness is generated in and by the woman when she feels that the unborn child is able to reciprocate. Without the presence of such a relationship the woman need feel no responsibility toward that being.

It is important to set out more clearly the assumptions upon which *The Healing Choice* is based and to compare these with the philosophical premises of *Project Rachel*. In order to accomplish this, four major

themes will be compared and contrasted: (1) the unborn child, (2) forgiveness/empowerment, (3) spirituality/religion, and (4) ritual. Consideration will also be given to the way in which the authors of *The Healing Choice*, while accusing Christian counselors of being biased and judgmental, actually direct the healing process by imposing their beliefs and values about abortion on the women seeking help.

(1) THE UNBORN CHILD

Project Rachel. In order to achieve healing and peace it is necessary for the woman to recognize the child as present, the abortion as a death experience, and her decision as the cause of death. Each woman is challenged to seek closure to the relationship with the real but aborted child by “developing a new spiritual relationship through the Communion of Saints.” The child is seen as an individual human. He/she had being, was, and is.

The Healing Choice. “For a post-abortion woman, whose loss was her fetus, this process of reflection occasionally gives rise to dreams of the ‘fantasy baby,’ a child she did not choose to have...wondering about the baby she did not have, even to the point of missing the child it would have become...sorrow over the loss of her ‘first born’ if the pregnancy was her first conception.”

Here we see the divergence in views around the fundamental nature of pregnancy. Healing in the Catholic context requires that the child must be acknowledged to have been, while in the second it is assumed that the child did not exist. It was the woman’s fetus and she chose to abort it. What is left is a fantasy, a non-corporeal being summoned up by the woman’s own images of what her life would have been like. The child can only exist in the woman’s mind, and she is called on by the authors to visualize life with this putative child. In this way “the fantasy may help move her grieving forward as she recalls and reaffirms the reasons why she chose to end her pregnancy.” There is no death experience, no need to re-evaluate the choice. There is no recognition of error, but only a re-affirmation that the abortion was the right thing for her.

This distorted vision of the relationship between the unborn child and the mother is expanded in an exercise that the authors suggest that

women undertake as part of the healing process: “If the fantasy baby has represented the loss of a real baby, it is important to honor the loss of that relationship. You can do so by writing a letter to the baby, even giving the baby a name if you desire.” They go on to tell the woman what she should include in such a letter: “You might tell the baby what the loss has meant to you and express regrets or guilt you may feel. Remember, you had reasons for your abortion, and *it is important that the baby understand what those reasons were.*”

The Healing Choice turns the child into a text written in the mind of the woman who controls the story since it is her story. How can a text understand a woman’s decision to edit its existence? Why should a woman need understanding from a fantasy?

(2) FORGIVENESS AND EMPOWERMENT

Project Rachel. Recognizing that abortion is the taking of a human life also requires an acknowledgment that to do so is sinful. For this reason the program “clarifies the age-old position of the Church to denounce the sin but love the sinner.” However, it is necessary for the woman to recognize her responsibility for her action, see that it was sinful, and seek repentance.

Forgiveness must occur at several levels—at the sacramental level through the ministry of the priest, and at the internal psychological level where the woman must accept the consequences of her action and employ the sacramental grace from reconciliation to forgive herself and to forgive those responsible for or involved in her abortion. This multi-level process of forgiveness is accomplished by the empowerment that comes from the grace of God. Forgiveness is a first and foremost a faith-driven process.

The Healing Choice. “Forgiving yourself for getting pregnant and for having an abortion is essential.” In many ways the forgiveness is for the act of becoming pregnant in the first place, since this meant that the woman did not exercise proper “reproductive control,” thus letting down the cause of female autonomy. The authors admit that forgiving oneself is not always easy and they suggest ways in which a woman can do so. They go on to lay out cognitive exercises—pen and paper tasks where lists of reasons are compiled and forgiving statements and letters are written

from the woman to herself. The following sample letter gives a clear insight into the thrust of the program:

Dear (insert your name)

You are forgiven for having beaten yourself up for five years since your abortion. You are also forgiven for having had an abortion because...(keep writing until you've said it all).

With love and understanding,
(insert your name)

Through this approach the woman becomes her own universe and therefore the only agent of forgiveness that matters in that universe. While playing lip service to the fact that the religious woman must seek forgiveness as a way to resolve guilt, it is clear that the authors use this process as an opportunity for the woman to renounce any orthodox religious affiliations: "She also, however, runs the risk of reinforcing the old belief that her personal judgments are inadequate...the authority figure's forgiveness may only partially serve her.... It is then an opportunity for her to look to her own truth and forgive herself."

Here one sees the feminist interpretation of the role of the priest. They do not recognize the forgiveness of God in the person of the priest. He is seen as an authority figure, a representative of a patriarchal and oppressive religious institution. There is no acknowledgment of the sacramental nature of forgiveness in the Catholic Church. To explain actual Catholic teaching does not require faith, but it does necessitate honesty. But to be honest would undermine the authors' philosophical position, for God is only permitted to exist here as a servant to each person on each person's own terms.

In *The Healing Choice* forgiveness is a step in the healing process, but not an essential one, since healing is really another word for acceptance and in their world view "acceptance of your abortion doesn't require forgiving others" (p. 189).

How different the Christian approach. *Project Rachel* states clearly: "She needs to forgive those responsible for and involved in her abortion. This is an act of the will on her part, done in concert with the grace of God which empowers her to do this. In forgiving these others she comes

to an understanding of self-forgiveness and its possibility” Thorn (1994).

In effect, *The Healing Choice* is keeping true healing from women by refusing to recognize that, by nature, humans must live in and for community. Interaction with others means that we must be willing to forgive in order to maintain relationships. Without forgiveness interpersonal affairs become edged with bitterness and cynicism. Neither of these feelings are conducive to psychological healing. A woman who cannot forgive others will never truly forgive herself. She may well find a way of sublimating the hurt through activities of healing, but she can never confront the truth. The self-help approach of de Puy and Dovitch is little more than a series of cognitive exercises based on a feminist worldview. The exercises do not challenge a woman to consider that her decision-making was flawed and that her abortion was wrong. Consequently she will never truly face the full impact of what she has done, and she can therefore continue to be a strong supporter of abortion rights. By telling her that forgiveness of others is unnecessary, the authors are helping to hide the truth just as surely as they are when they attempt to dehumanize the unborn child.

(3) SPIRITUALITY AND RELIGION

Nowhere is the difference between the two approaches to healing more dramatic than in the treatment of the concepts of spirituality and religion. In the classic Christian tradition spirituality is often the expressive form of a person’s religious beliefs, usually within the context of the doctrines or dogmas of the church.

In *The Healing Choice* spirituality is defined as “deep passion for life, a feeling of wonderment and awe and intangible fascination for the powers that make the sun rise and the flowers bloom.” There is a spirituality without the need for a creative and omnipotent God. It is a spirituality able to accommodate Mother Earth, or the Goddesses of other religious systems. Ultimately it seeks to have women abandon orthodox faiths and institutional churches, particularly the Catholic Church. The authors go to great lengths to show how Catholicism is “patriarchal religion” and an “oppressive religious force.” It is in this chapter on spirituality and religion that the agenda of the authors’ is most

abundantly apparent.

Because women should forgive themselves for any negative feelings about the abortion, it is necessary that they do not recognize the fetus as a child, that they do not acknowledge “guilt,” and that they understand that they do not require intervention by a higher power in their healing process.

Healthy woman will therefore come to know that the feelings of unease that they thought were “guilt” were really just outbreaks of “religious guilt” since “many are wracked with religious guilt...” It is therefore necessary for each woman “to find self-acceptance within her present spiritual beliefs or to redefine her beliefs to include the reality of her actions.” Thus, if she belongs to a religion or denomination that sees the unborn child as a human being, she must reevaluate her adherence to that belief system. Constructive religious systems offer community and support and affirmation of “your genuine values” and, of course, a woman’s genuine values may not coincide with a religion that requires her to seek forgiveness outside herself. Rather, her values should be regarded as the expression of her free floating spirituality. “Her personal forgiveness might not always fit...within her religious doctrine but it can induce maturation of her own spirituality.”

Once such maturation occurs, she is then able “to respectfully deconstruct and reconstruct the specific religious doctrines that conflict with [her] past abortion.... It can be challenging for a religious woman, uncomfortable with a past abortion to remain within her church....” She must “redefine her image of God ...in order to take the power of healing and self-forgiveness into her own hands.”

It is clear that a major component of this approach is an attack on orthodox religion and thus an attempt to lure women into a false sense of spirituality that is rooted in neither doctrine nor faith. In this world, where no absolutes exist, each woman is not just her own priestess but her own religion. “Psychological balance does not necessitate abandoning your religion or abandoning God; it suggests integrating the general precepts of your religious life with *your even more thoroughly explored, individually experienced spirituality. In this way, you may be able to meld your spiritual and religious philosophies*” (italics added). From this

sort of integration the woman will be able write a letter to her God or “whatever force you have chosen” and explain her reasons for the abortion, why it was in her and her fetus’s best interests, and then “tell God what you need from Him or Her.” This is a constructed God—a God who must set no absolute rules, accept all decisions, expect no repentance, and serve only as directed by each individual. The unconditional love of God the creator is replaced by the unconditional love of God the created.

(4) RITUAL

In *Hope Alive: Post Abortion & Abuse Treatment—A Training Manual for Therapists*, Philip Ney (1993) clearly demonstrates the therapeutic efficacy of patients seeing aborted children as real and of relinquishing these children by giving them back to God. This is done three-quarters of the way through an intensive seventeen-day in-patient treatment program. Dr. Ney says that “it is beautiful to have a simple service. For this a priest or pastor may be invited.... The service can include an appropriate reading from Scripture, a time for people to confess to God their sins of abortion, followed by a prayer...in which the person talking to God acknowledges that they are the parents, that they are responsible for a baby’s death, that they want the baby to know that it is part of the family, and that now they want God to speak to the spirit of the child and bring him/her to Himself hoping one day that they will meet in heaven” (p. 137). “Each patient should also make a public commitment never to have, condone, or encourage an abortion ever again.” The rituals include symbolic burial, permission for the woman to grieve, and exploration of ways in which each person can reestablish a connection with God. “The simple plan of salvation can be outlined” (p. 138).

Another less clinical but equally spiritual approach has been developed in the Archdiocese of New York. Known as *At Peace with Your Unborn*, it is a healing service for families who have experienced the death of a child, a loss during pregnancy, or an abortion. The service has several components: the sharing of a personal story, directed

meditation that includes naming the child, seeking and receiving forgiveness of the child, and giving the child to Jesus to take home to heaven, and lastly the opportunity for the sacrament of reconciliation.

In *Project Rachel* bringing closure to the relationship with the aborted child is essential and includes the elements above, as well as “having a Mass celebrated for the child and the family.” These services are an integral part of the fabric of Christian life. As historically integrated forms of traditional religious expression, they are vested with spiritual significance and are in no way “form without substance”; rather, they are instances of “form given substance by faith.”

When the authors of *The Healing Choice* approach the question of ritual, it is from a different perspective. The sacrament of reconciliation and the Buddhist *mizugo kuyo* (a service for the souls of unborn children) are mentioned together as “outward expression of heartfelt pain, conflict or guilt.” But it is clear that these are less crucial in importance to the woman than “the creation of a personal ritual.” Through this “you can focus on the unique experience of your abortion and honor specific aspects of your healing.” The authors go on to list circumstances that call for the creation of ritual. Along with urging life and death rituals (saying goodbye to a fetus, apologizing to the fetus), they suggest rituals for oneself in order to “say thanks for what the abortion allowed” and to “disempower the inner critic and empower the inner caretaker.”

Since such rituals, by their very individual and non-communal nature, are form without substance, the authors must assist the readers by setting out the eight elements that will imbue each personal ceremony with significance and thus make it seem real and spiritually meaningful. Looking at these eight elements requires little imagination to find the source of their inspiration. One need only look to the Catholic Church. Each element is taken directly from Catholic sacraments, symbols, or traditions.

How better to undermine the Church than to criticize her teachings and to trivialize her forms of worship. Or does this speak to the enduring truth in the traditions and liturgical practices of the Church? (See the Appendix for a comparison of these feminist rituals in comparison with the sacraments and sacramentals of the Church.)

For the authors of *The Healing Choice*, the symbols of Catholicism are transformed into elements of neo-pagan ritual. Recognizing the significance of such symbols to our Judaeo-Christian culture, de Puy and Dovitch show how these signs can be used to promote their feminist view of healing. It is a healing that denies error or repentance. It is a healing that allows the woman to continue to be pro-abortion, for it is a healing based on the (false but persuasive) notion of acceptance that the authors tell us, over and over, must come from the woman within: "If she looks outside of herself for acceptance from an authority figure who will only help her if she admits she made a 'mistake' by terminating a fetus, she may find a false absolution because it is not her own."

If this approach to healing expands, we will see the need for the women who are taken in by these initiatives to be healed from the healers. A new pro-life debriefing counseling may be on the horizon.

APPENDIX

The following comparisons can be made between the original sacraments and sacramentals of the Church and the surrogates used by the feminist approach to healing:

(1) *Special days/times/light/places* (The Church's feast days/All Saints Day/All Souls Day/pascal candles/Jesus the Light of the World): Their purpose is to commemorate significant dates, such as the "anniversary of your abortion." Women are urged to use candles, which "can be a powerful element in creating the right ambiance. The actual lighting of candles can also be part of the ritual..." (p. 199)

(2) *Creating a special place* (altar cloth/altar/sacristy/altar relics): The place is to be set with meaningful personal objects that will be part of the ceremony: "An elaborately embroidered cloth spread upon a table.... Some women like to call this space their 'altar'." (p. 199)

(3) *Special clothing* (vestments/clothing for baptism, first communion, confirmation): "Just as a bride wears a white dress, donning special clothing can affect your psyche." (p. 199)

(4) *Music* (sacred music/bells): It is recognized that music can have meaning

and can effect the emotions so that it can be “incorporated into ritual.” (p. 200)

(5) *Readings and recitations* (Liturgy of the Word/Eucharist Prayer/Litanies of the Saints): These can be from any manner of texts—read aloud or silently—and can be spontaneous words that “free your feelings and thoughts.” (p. 200)

(6) *Special Objects* (the crucifix/chalice/holy water/sacramentals): Objects of the earth or art that have particular significance.

(7) *Fragrances and flowers* (altar flowers/incense/oil of chrism/May crowning): “Incense, oils, spices and perfumes contribute to ritual through the power of their aroma.” (p. 200)

(8) *Drinks and Food* (Eucharist/bread & wine): “A special drink, such as spring water, fruit nectar or sweet wine, can amplify or sanctify a ritual.”

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Abortion sometimes causes psychological pain and stress. Pro-Choice Arguments. Nearly all abortions take place in the first trimester when a fetus is attached by the placenta and umbilical cord to the mother. As such, its health is dependent on her health, and cannot be regarded as a separate entity as it cannot exist outside her womb. The concept of personhood is different from the concept of human life. Like any other difficult situation, abortion creates stress. Yet the American Psychological Association found that stress was greatest prior to an abortion and that there was no evidence of post-abortion syndrome. Additional References.

Alvarez, R. Michael, and John Brehm. Post-abortion bleeding is normally heavier in the beginning but becomes lighter eventually. After the recovery bleeding has reduced, the body starts preparing for the first period after the abortion which can take several weeks. Women who have an abortion during the first trimester of their pregnancy are likely to get their first period after the abortion within 4 to 8 weeks. After a surgical abortion procedure, it is normal to experience heavy bleeding, no bleeding or erratic bleeding for several weeks. After getting an abortion via a medical procedure, heavier bleeding than a surgical abortion is considered normal. Not worrying unnecessarily and remaining stress-free along with taking good rest and eating healthy will go a long way in helping your body to recover from the trauma of abortion. Also Read Post Abortion Stress Syndrome (PASS) is the residual pain of abortion felt through feelings of grief, anger, shame, guilt, or other mental or physical turmoil. Many people experience depression, anxiety, anger and abandonment following an abortion and these feelings can continue for months or even years afterwards. The symptoms described in Post Abortion Syndrome are similar to the symptoms of Post Traumatic Stress Disorder. Many women and men experience heightened feelings of depression or anxiety at anniversary months of either the abortion procedure or the proposed birth date of the child w