

PROTOCOL FOR DEALING WITH NEWLY ABORTED WOMEN  
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In the past year or two, a significant shift has happened in the field of abortion aftermath. It used to be that the women who called us seeking help were 5 to 10 years past their abortion experiences. They were long past the lived experience of abortion. Their bodies had healed and their spirits had moved past the shock.

Recently, women who are very close to their abortion loss have contacted all of us. It might be as close as a couple of days or a few months. The important thing is that they have not reached the point when their baby would have been due.

I have given this a lot of thought and have come to believe that we need to develop a different way of responding to these women. This is a different experience.

Abortion is an invasive surgical procedure. The woman who has just had the experience is in a different place than the woman who is 5 years past her abortion. In light of that I believe we need to adopt a more interventive bereavement model to help these women move toward due date and become ready and able to pursue the healing process.

First of all, I think we need to be careful not to force her to a place she is not ready for. She needs some distance from the experience to be able to make sense of it. The blunt reality of what she has done may be too much for her to deal with at the moment. It is possible that we could inadvertently lead her to a place of more despair if we are too quick with our responses and assume that because she has called, she is ready to engage in the healing process.

#### SUICIDE STUDY

In Finland, a large study compared women who had had a pregnancy end within the previous year, either by miscarriage, live birth or abortion with a control group of non-pregnant women. The researchers discovered that the women who had had abortions were three times as likely to commit suicide as the control group in that first year. This was a measure of successfully completed suicides. This would seem to indicate that the woman who has had an abortion is at particular risk for suicide in the first year after her abortion. I believe we must be very aware of this suicidal potential when dealing with the newly aborted women.

Because of the reality of suicidal risk, we need to address issues that can aggravate the suicidal impulses.

We must be careful even as we speak to her and take our cues from what she says about her experience. Whatever it is that she is bringing to us is what we must deal with. We must not be in a hurry to begin speaking of the baby, or the other normal things we speak of with women who are years past the experience. I suggest we take our cue from her concerning where she is in relationship to God at that moment. If our language is more than she can bear she will withdraw from healing. It is important that we keep the door open for her. If we are unsure of what she is looking for, ask her "What is it that you need right now?" "What would be helpful to you?"

## DUE DATE

It is my belief that the abortion does not end until after the due date. Women who have had abortions have this date fixed in their mind and heart. Therefore, I do not believe she is ready to undertake the healing process as we think of it, until she has passed her due date. To move her too fast is like having a funeral before someone has died. Now, clearly, when she comes to us soon after her abortion she is looking for comfort. But we must first move with her past the shock of the surgical procedure and the shock to her identity that she has endured. I believe our model needs to be that of bereavement and shock. It is like a woman whose husband has died unexpectedly. When such a death happens, we as family and community intervene. We come to the home, bringing food, inquiring whether the widow is eating properly, sleeping and we often offer reminders of things to do. (Have you ordered flowers? Called the priest? Planned the liturgy? etc.)

I have observed that when women prior to their due date engage in the healing process, many do not seem to finish their work. They are in a magical thinking process and they are relying on the caregiver to make it better. When they go through the motions and they don't feel better, they internalize this to mean something is wrong with them. In fact, they are not emotionally available to do the work at that moment and will go through the motions to please us. She is also desperate for the pain to go away, so again, she will do whatever we tell her. I believe we have a moral obligation to be careful here. We need to be sensitive to her readiness and timetable. We must neither rush her nor impose our expectations upon her. If she is not ready and we force her, she will simply leave believing that real healing is not possible.

The first step is that she makes contact with us. We need to listen carefully and see what it is that she needs. Often she is so overwhelmed that she can't articulate what she needs, but she will tell you some of what is going on. She will probably ask you some questions, spoken or unspoken. Often these concerns seem a little muddled to us. If we can use reflective listening techniques to mirror back to her what she seems to be saying, she may be able to clarify her needs further. Remember, if we do nothing but hear her concerns in a gentle manner, we have done a great deal to help her. She knows there are people who can hear her and not judge her.

She may ask you if some physical symptom is normal. If she asks this sort of question, you need to suggest that she go to a doctor or a clinic for a check up. Most women do not return to the clinic for their follow up check up. I trust if she is asking that question there is

something that does not feel "right" to her. It is not up to us to answer those questions but to convince her to be seen by a physician. You may refer her to a physician or suggest that she go to an ER or Urgent Care Clinic. It is possible that there is some damage or a possible complication. (Infections are so common after an abortion that most clinics prescribe antibiotics to take home with her.) Any kind of heavy bleeding is a medical emergency.

She often shares that she is very sad and confused by what she is feeling. After listening to her, I talk with her about the fact that abortion is an invasive surgical procedure. Early in the conversation, I acknowledge that abortion is always a life-changing event. I talk about the chemical complexity of pregnancy. I explain to her that abortion leaves the body in a confused state. Many women have shared with me that once they passed the anticipated due date, their body suddenly felt better. They describe this as a hormonal shift. I share this information with her. While medical professionals will say the hormones settle quickly, I believe the lived truth women have shared with me. It is true that the brain is the most powerful organ in the body and I believe the brain was set for nine months of pregnancy. If it is her experience, we have prepared her for it and given her a marker to look forward to. If, in fact, we are getting a placebo effect, that is she feels better at that point because we suggested she would, that is all right too. Our basic rule must be to do no harm.

Explain that her body needs to heal and this has been a shock to her body and to her spirit. It will take time for her body to mend and I urge her to try to be gentle with herself while this is happening. I listen carefully to determine if there is any particular burning issue troubling her. I make a point of giving her some very specific suggestions of how to care for herself.

### CARING FOR HERSELF

Ask if she is eating. I ask if she is bingeing on sweets, soda pop, or chips. Explain that at this time junk food is not a good thing to be eating because she may be setting up a chemical reaction in her body that isn't good for her. Explain when we eat sweets our body feels better for a little while but then when the sweets wear off, our blood sugar drops lower and we eat more sugar to feel better again. The difficulty is each time our blood sugar swings, it drops lower and we feel worse and worse. (In fact, it is possible, that if her blood sugar drops too low, she will become suicidal.)

Recommend to her that she needs to be eating balanced meals and nutritious snacks. I define a well balanced meal as one containing protein, such as meat, fish, or poultry, the size of the palm of her hand or a deck of cards, as well as fresh vegetables and fruit. Suggest that if she doesn't have much of an appetite, snacks such as cheese, nuts, and cold meat are good for her. (The goal here is to get her to eat foods that balance her blood sugar and are nutritionally sound. It is also our goal to help her set up a healthy eating pattern. It is my belief at this point following an abortion, an eating disorder can take hold. If she is bingeing on sweets, she could swing into bulimia. If she is not eating at all, anorexia might take hold.) In any case, she needs to be eating well to feel better. She also needs to do this so her body can repair itself.

Ask if she is sleeping. Usually the answer is "not well." Suggest she take 20 minute naps to offset the effect of severe sleep deprivation. Sleep deprivation makes you feel worse, and in fact, can lead to suicidal ideation. There is much research now on the benefit of 20-minute "power" naps. These naps will help her feel more refreshed and should not be too frightening as she will not sleep deeply enough to move into dreams and nightmares.

Ask if she is getting any exercise. Usually, this is also a "no" answer. I suggest that it would be good for her to get even a little exercise-maybe walking to the end of the block. Exercise triggers our naturally occurring endorphins, and also makes us feel better.

### POTENTIAL CAUSES OF SUICIDAL URGES

Inquire if she is doing an unusual amount of drinking or drugs. If she responds affirmatively, try to gently suggest that while these seem to alleviate her pain for a while, they are in fact aggravating it.

Listen carefully to determine if there are other issues overwhelming her at the moment. One young woman had an exam the next day and was terrified that she couldn't possibly study and get the "A" her parents expected. I told her that given what was happening in her life at the moment, all she had to do was pass the exam. That shift in perspective moved the roadblock. When issues like this arise, see if you can reframe the problem she is presenting into a manageable challenge. Perhaps you can break down the task into steps or help lower her expectations so she can accomplish what needs to be done.

Talk to her about taking life one moment at a time. I explain with time the pain will lessen. Grief takes time. Experts say it takes at least a year, maybe two to work through grief. I assure her that many women have gone before her in this place and they have experienced healing. I explain healing is a process and that grief is a journey. I explain that, despite the fact that she is in so much pain right now, in the end this will turn out to have been a blessing. It will allow her to heal more quickly than the women we have talked to who have put it aside for 5, 10 or 50 years. I often say to her that while she feels she is in a black cave, she is really in a tunnel and once she is able to take a step or two forward, she will see there is light at the end of the tunnel.

I suggest she purchase a note book and begin writing about the abortion experience and any nightmares that she may have. If she is artistically inclined, she can draw or paint. This is parallel to trauma debriefing. She may be too fragile to speak to someone about the experience, but if she gets it out on paper, she may be able to spend less time ruminating about it, and thus free some of her emotional resources for other things.

It may seem that she needs a referral to a therapist at this point. Attempt to make the referral. However, she may not want personal contact with anyone at this point, so it is important we provide her with whatever guidance we can. If you have been gentle and spoken the truth, I believe she will come back when she is emotionally strong enough to heal. It is crucial at the end of that first contact to assure her she can call anytime and you will

be there to talk to her. If it happens you will be out of the office for a period of time, I always make a point of telling her, in case she does try to call.

On the other hand, she may have come to trust you and want to stay in phone contact with you. You will have to observe how needy she is. If she calls constantly and stays on the phone for long periods of time, you may have to put some limits on her. For instance, she can call at 2 p.m. everyday and you can talk for five minutes to check in with her. It is OK to explain to her that you have other clients to deal with and so it might be hard for her to get through to you. This plan makes sure you can connect. You can also simply tell her that you won't be available on certain days.

You need to be listening for suicidal ideation in your contact. If she says things like, "I just wish I could go to sleep and not wake up" or "I want to be with my baby", you need to ask her if she is thinking about hurting herself. You want to ask her if she has thought about how she might harm herself. If she is actively suicidal, you need to move to the suicide protocol of your agency. At this point confidentiality is a moot point and your moral obligation is to try to get her help. This may mean calling the authorities. It is possible to trace a telephone number through the phone company, but you need another telephone to do this. You might want to talk to your phone company about procedures for this before you encounter it.

As she approaches her due date, it is important to acknowledge that this will be an emotionally hard time for her. Offer to do something with her on or near the date she thinks her baby would have been born. This is an important day to mark. This can be meeting for breakfast or lunch and just being together. You might want to suggest that she do something symbolic that day. One suggestion involves buying balloons and writing a note to the baby, if she is in the right place to acknowledge that her baby was lost. Attaching the note to a balloon can be a meaningful ritual of letting go of this part of the experience and moving on to the next.

If you stay in contact with her, it is important to reflect back to her signs you observe that she is healing. She is too close to the experience to see the changes in herself. She will often say to you, "I am so stuck. I just don't seem to be getting better." Any thing you have observed that would indicate she is moving will be helpful to her. The place she is in is filled with despair and we need to offer her hope whenever we can.

Once she has past her due date, we need to get a sense of how she is doing emotionally. Listen with your heart as well as your ears. Some women at that point are still too fragile to undertake the process of healing and need time. Others are ready to move forward and may be ready to work one on one with someone or participate in a retreat.

Each woman is unique in her journey. It is our gentleness and supportive love that will sustain her in hope and allow her to move forward, feeling safe to embark on the journey to healing. Any contact we have with her, no matter how brief, if loving, will empower her to move forward in God's time.