



Published in "Ethics & Medics"
January 2007 Volume 32, Number 1

A Publication of **Rachel's Vineyard Ministries**
www.RachelsVineyard.org

Pre-Cana and Post-Abortion Trauma: Psychological and Pastoral Implications

By: Patrick DiVietri, Ph.D., and Steven Bozza, M.A.

There is a movement in some dioceses toward incorporating post-abortion trauma and healing into marriage preparation workshops, or Pre-Cana. The rationale behind this movement is quite valid. Without healing, post-abortion trauma has the potential to cause great harm to a marriage.

However, we believe that including this topic in marriage preparation workshops places a very sensitive question in a public context that is much better suited to a private discussion with a priest or deacon. In our consideration of this topic, we point out those items which are too delicate and private for a public venue but which are instead a confessional matter with major psychological implications. We also address practical questions about the objectives of marriage preparation programs and about the demographic disposition of the Catholic engaged population.

Major Psychological Implications

To put this issue in its proper perspective, we begin by referring to known psychological problems associated with post-abortion trauma. Women suffering from post abortion trauma demonstrate a number of defense mechanisms. This psychological state is not to be interfered with by anyone who is not competent to deal with it in a personal, intimate, and professional manner.

Abortion is a violent act that contradicts a woman's feminine and maternal nature. These defense mechanisms exist for a purpose. They insulate a woman against the trauma related to the guilt that she experiences in killing her own child. The discussion of abortion in a public setting tampers with this insulation, so to speak, and the psychological trauma associated with abortion is encountered and exposed, leaving the woman dramatically vulnerable to others. A topic of this magnitude demands personal attention, in privacy, from one with

the skill of a pastoral or professional counselor. This provides personalized care and sensitivity for the woman while bringing healing to her wounds in a healthy and safe manner. It also requires the immediate or proximate availability of the sacrament of penance.

Pastoral Sensitivity

Because of the fragility of those who have participated in abortion, there are many reasons why an elaboration of the effects of abortion on marriage and post-abortion healing should not happen in a public setting.

The most critical reason that this subject cannot be discussed in a general presentation is that the majority of women who have had abortions have not told their fiancés. Many married women live for years without telling their husbands for fear of rejection or losing their love and respect, and this causes untold grief.

It is not appropriate, nor is it just, for women who have had abortions to be exposed in a public setting of marriage preparation. The proper pastoral care for these women include private, intimate, and individual counseling to assess the most appropriate manner of addressing their concerns.

For example, a competent counselor knows how to assess the security of the couple's relationship in regards to the man's disposition towards his fiancée before informing him of the prior abortion. The woman must expose this truth about herself to her future spouse in order to initiate healing, but it will also make her vulnerable to his reaction. The counselor must ensure that the character of the man is such that he will not use the knowledge against his fiancée or in any ridicule or purposely hurt her feelings.

Also, the woman may feel that she will be rejected by the man she loves because of her prior willingness to have an abortion. Thus, the husband should not do anything that would confirm such a notion. His benevolent understanding is critical for the woman's healing and well being.

Problems in the area of communication must be healed first in order to create a disposition of trust for the sake of the woman's vulnerability. Premature exposure of her abortion, when met by rejection on the part of her future husband, could result in new trauma that associates itself with the existing post-abortion trauma. Now the woman may suffer from both of these traumas each time her future husband acts in a way that shows disrespect toward her.

Another area of concern is rationalization. In order to live with her decision to have an abortion, the woman tries to reconcile the image of the

destruction of life within her to make it appear to be good and justifiable in some way.

These rationalizations are sometimes driven by vehement emotional issues that are connected with her original decision to abort.

Often, a woman is pressured into the abortion by others, such as the father of the child or even her own parents and relatives. She may have been abandoned by those who should have been there to help her do the right thing at the time. This creates a sense of betrayal toward those on whom she relies for help and support. Or if the abortion were completed in secret, there may also be associated fear of what could have happened if she told her parents, or if she went through pregnancy and adoption. All these emotional issues, pressure, abandonment, and fears inhibit the ability to make sound judgments according to right reason.

As we stated above, abortion is an act of violence perpetrated not only on the unborn child, but also on the woman. It is more grievous than rape since rape does not often result in the death of the victim; rape is also not chosen by the victim. However, the woman chooses abortion, either willingly or by coercion, just as the rapist chooses to violate the dignity of the human person.¹

Post-Abortion Trauma and Marriage Preparation

Marriage preparation is a requirement for couples who wish to be married in the Church. Common topics discussed in the typical Pre-Cana program are the nature of married love, communication, changes and adjustments, sacramentality, the truth and meaning of human sexuality, natural family planning, and family dynamics and goals. This catechetical sequence is essential to prepare couples adequately for marriage.

Premarital sexual activity and cohabitation are major challenges to address in marriage preparation. Yet pastoral care needed to address these issues does not lend itself to public presentations. Pre-Cana programs do not deal with such particular questions because the programs are designed with an essential catechetical sequence. For instance, sometimes alcoholism is a factor in marital difficulties. However, it would be out of the question to deal with this subject in depth in a marriage preparation course. Thus, a presentation might include a reference to drinking as a problem that would emphasize the importance of seeking professional advice immediately. So, too, with the subject of prior abortion.

There is also a question of discretion. Priests and deacons in active ministry are well aware of the delicacy of such an issue and the care that they

must give in addressing it. They must give the woman the respect due to her and not press her to reveal such a serious sin outside the context of the confessional spiritual setting. The woman's need and desire to expose this truth about herself must determine the appropriate time and setting to do so. It would be impossible to do this in a public marriage preparation workshop.

There are important practical decisions that need to be addressed before a decision is made to include a discussion of prior abortion in marriage preparation programs. First, those who support this change need to ascertain how many women in the engaged population who approach the Church for marriage have had abortions. This will enable them to predict what percentage of attendees might find themselves vulnerable.

According to the Guttmacher Institute, Catholic women account for 27% of all abortions performed in the United States.² Since this includes all abortions, it does not isolate engaged women from the large population. This statistics accounts for married and divorced women as well as those who have had multiple abortions.

Nevertheless, the data suggest that a minority of couples participating in marriage preparation workshops will need to address issues of post-abortion trauma. Since the overwhelming majority of Catholic women do not experience this trauma, we question the need to include this issue when discussions of more general concerns are in order.

More prevalent pastoral issues among engaged couples are the problems of cohabitation and premarital sexual activity. Studies have shown that an overwhelming majority of people engage in sexual activity before marriage, and that over 50% are cohabitating. Yet these issues are not addressed in the public setting of marriage preparation. Priests and deacons provide guidelines for counseling these couples in private, where the potential for embarrassment and hurt feelings is managed better.

A Better Topic

Post-abortion trauma is an exceptional issue that must be addressed before a couple is able to form an open, honest, and life-giving covenant that is a total and sincere gift of themselves to each other. However, the delicacy of the topic, and its potential for unwanted public revelations, make it an inappropriate subject during the normal public presentation courses in Pre-Cana. We do not deny that this subject might be given some mention in marriage preparation, but we consider a focused and thematic presentation ill-advised.

Patrick DiVietri, Ph.D.

Executive Director, Life Family Institute
Marriage and Family Therapist
Manassas, Virginia
Adjunct Professor of Pastoral Counseling
Mount St. Mary's Seminary
Emmitsburg, Maryland

Steven Bozza, M.A.
Director of the Family Life/Respect Life Office
Diocese of Camden, New Jersey
Adjunct Professor of Biomedical Ethics and Theology
Immaculata University, Pennsylvania

Notes

1. This comparison does not intend to place women who have had abortions on the same level as rapists, but rather to highlight the defenselessness of the victims.
2. Rachel K. Jones, Jacqueline E. Darroch, and Stanley K. Henshaw, "Patterns in the Socioeconomic Characteristics of Women Obtaining Abortions in 2000-2001," *Perspectives in Sexual and Reproductive Health* 34.5 (September-October 2002), <http://www.guttmacher.org/pubs/journals/3422602.html>



Rachel's Vineyard Ministries
808 N. Henderson Rd.
King of Prussia, PA 19406
610-354-0555—1-877-HOPE-4-ME