Post Abortion Trauma and Healing

Dr. Ken Buckle (Texas Psychologist)
Founder and Director of Gratia Plena

The content of this presentation largely was the work of Cynthia Renaudo of Rachel’s Vineyard (Houston) and Innovative Alternatives.
Who Is Affected by Abortion?

- Mother
- Father
- Grandparents
- Aunts/Uncles
- Siblings
- Friends

Anyone involved in the abortion process could be affected.
This presentation is designed to address the psychological trauma of some men and women who experience abortion and how we as educators can best respond to their needs in order to help them find healing.

First step is to recognize that the polarity of the issue contributes to the experience of the post abortive woman (or man).

- The fear of not being understood or being judged makes talking about it more risky.

- Do not assume anger or resistance is a sign they do not want help... hurting people hurt others.

- Do not assume that a flippant attitude means no healing is needed.
Step 1: Recognize the Symptoms

- Depression and Anxiety
  - Crying
  - Withdrawn or Hopeless
  - Low self-esteem
  - Fearful and/or Jumpy
  - Aversion to goals and responsibility
  - Dissociation-not present in class
  - Suicidal thoughts or actions
  - Obsessive thoughts or Compulsive behaviors
  - Panic attacks
  - Identifiable time of year when symptoms are present not attributable to other factors

- High Risk Behavior-Hypervigilance or Avoidant Behavior
  - Addictions (alcohol/drugs/food/sex)
  - Multiple Sexual Partners or overly flirtatious
  - Other risk taking or self-destructive behaviors
  - A marked change in hygiene or appearance not attributable to other factors
  - Avoidance of or obsession with babies and/or conversations about motherhood and children

- Anger or Rage
  - Inability to take responsibility
  - Provokes fights or confrontations
Post Abortion Symptoms
(a partial list)

- Guilt 89%
- Worry 80%
- Shame 87%
- Fear 85%
- Insecurity 81%
- Anxiety 73%
- Hopelessness 79%
- Depression 81%
- Regret 82%
- Sorrow 71%
- Chemical Dependency 73%
- Sexual Problems 62%

Oneill, 2005)
Step 2: Identify Those at Risk

- Abortion is an equal opportunity offender.
- Men and women are both impacted by the choice to abort.
- Abortion crosses SES boundaries
  - Aftercare can be impacted by SES based upon service provider quality, cleanliness, professionalism, and ethics
  - Gosnell and Karpen are cases in point
- Don’t judge the person by their actions.
  - Abortion and trauma leads to risk-taking behaviors.
  - See the behavior as an indicator of an underlying problem.
Fear of being misunderstood

I’m just a soul whose intentions are good. O Lord, please don’t let me be misunderstood…

-The Animals

- Fear of being condemned by Pro-Life
  - Stigma and perception
  - Shame and Fear
  - Unworthiness

- Fear of being rejected by Pro-Choice
  - Grief is not tolerated
  - No patience for self-doubt
  - Just get over it already!

https://youtu.be/xE2OWkxFylY
Risk Factors

- Feelings of stigma
- Perceived need for secrecy
- Exposure to antiabortion picketing
- Avoidance and denial coping strategies
- Questioning decision
- Low perceived ability to cope with the abortion
- Late term abortion
- Being an adolescent having a non-elective (therapeutic or coerced) abortion
- Prior history of abortion (having a second or third abortion, or more)

(Reardon, 2016)
Risk Factors

- Terminating a wanted or meaningful pregnancy
- Perceived external pressure and/or opposition to terminate a pregnancy
- Lack of perceived social support from others
- Various personality traits
- History of prior mental health problems

(Reardon, 2016)
Women who had abortions were 160% more likely than delivering women to have psychiatric hospitalizations in the first 90 days following the abortion or delivery.
If you oppose abortion you’re a conservative…but conservatives **don’t** abort their children…so what are you?

- You can’t be sad about skating responsibility at your young age…it was the best decision.
- Yeah, so why are you still sad that was so long ago?
- Way to go…you dodged a bullet, you shouldn’t be sad!
- It’s your body and your choice, **don’t** feel bad about your decision!

Invalidating feelings hampers the ability to heal and prolongs the pain.
Who Has Abortions…

- 75% are Low Income
- 62% Religiously Affiliated
- 59% Already have a child
- 60% In their 20’s
- 12% are teens
- 4% Minors
- 39% White
- 28% Black
- 25% Hispanic
- 6% Asian
- 3% Other

(Guttmacher, 2016)
Mackenzie Phillips claims that her abortion was paid for by her father, John Phillips of the Mamas and the Papas, who sexually abused her as a teenager.

Osbourne has claimed that the biggest mistake of her life was having an abortion at age 17.

"Unbreak My Heart" singer Toni Braxton had an abortion in 2001, before she was married, according to her 2014 autobiography. She later had two sons, Denim and Diezel. Braxton believes that her son Diezel's autism is punishment from God for having the abortion.
Monroe had at least 12 abortions by the time she was 29.

The Fleetwood Mac front woman, Stevie Nicks has said that she is still haunted by her decision to have an abortion in the 1970s.

“I've never heard you cry I've never seen you whine I'm feeling oh so young But still I must die to get to you And if I do, I wonder how just you will see me And implicate the things I've done” --Kid Rock
Rape Victim, Kathleen DeZeeuw states she feels personally assaulted every time she hears the argument to legalize abortion for rape victims. She feels used by pro-abortionists without asking for her side of the story.

According to Reardon, the welfare of the mother and child are never at odds, even in sexual assault cases.

According to a study by Dr. Sandra Mahkorn, 75-85% of rape victims who became pregnant, chose against abortion.

According to studies, incest victims view pregnancy as a way to expose the abuse, thus ending it and an opportunity to develop a loving relationship with a child that is far different from what they experienced.

(Reardon, 2016)
Rape, Incest and Abortion

- Mythbusters

- Her body can’t handle being pregnant at the age of 13. It’s in her best interest to abort.

- She’s too young to raise a child…It wouldn’t be fair to put the child up for adoption with all the evil in the world, so abortion is the only option.

- Twenty-five years after her abortion, incest survivor Edith Young states “Throughout the years I have been depressed, suicidal, furious, outraged, lonely, and felt a sense of loss…The abortion which was to “be in my best interest”…only saved their reputations…solved their problems.”

(Reardon, 2016)
Men and Abortion
(According to Kevin Burke)

- "Roe v. Wade not only takes the life of the unborn child, but it also tempts the natural father to kill off his instinct to protect and provide for his children."

- "Men do not always recognize the symptoms they experience as having their roots in an abortion decision -- but scratch the surface and you will see it. ... They may struggle to make commitments, to be emotionally present to their current wives and children, to embrace their role as spiritual and moral leader in the home ... deep down they know they compromised that authority when they aborted their son or daughter in the past."

"Beneath the detached exterior, men often are suffering from their participation in abortion, and need to grieve the loss of their children." – K. Burke (Lopez, 2006)
Factors that Contribute to the Psychological Problems
Inability to Grieve and Process Loss

- Think of who you turn to for support. Now consider not being able to confide in them.
- The social and political stigma surrounding the issue makes it very difficult for a post abortive individual to know who they can turn to for support.
  - Friends may not understand or even know
  - Parents might have
    - Pressured them into the abortion
    - Used emotional blackmail…how could you do this to us?
  - Many individuals have not told their spouses if the abortion was in their past
  - Some spouses have chosen to abort while married and not told their spouse

(Personal Experience; Reardon, 2016)

Common thread of advice between some pro-life and pro-choice advocates: “You just need to get over it!”
Pressure to Abort: Choice Removed

- 95% of all women who abort are pressured by their partner
- Threats include leaving them or harming the mothers.
- 80% would not abort if they had support
- Parents often coerce women into abortion & threaten to withdraw love and support

Abortion is never a decision that is taken lightly, and there is always a very compelling reason why the woman is seeking an abortion. There is also an almost universal, overwhelming sense that they have “no choice” and that given the crisis they’re in, abortion is the only possible option.

(Elliot Institute, 2005)

“A woman doesn’t want an abortion like she wants ice cream or a Porsche, but like an animals caught in a trap who gnaws off its own leg”

-Fredrerica Matthewes-Green
A Lost Opportunity

- Abortion is a death experience…whether you consider the fetus a life or not is immaterial…it is still the loss of the opportunity for motherhood.

- “It is the demise of human potential, relationship, maternal attachment, and innocence. Such a loss is rarely experienced without conflict and ambivalence.”

- Abortion abruptly and violently separates a woman from her child…this represents a natural trauma and an unnatural death event.

- Abortion touches three central issues in a woman’s self-concept
  - Her sexuality, her morality and her maternal identity

(Burke, 2006)
Hard to Find Closure

- Desperate to have forgiveness of child
- Need to honor child to find closure
- Trouble forgiving self due to immense shame and self-hatred
- Compounded in cases of Complex Trauma

(Burke, 2006; Personal Communication)
Fertility Worries

- Will I be able to conceive again?
- Was that my only opportunity to have a child?
- Will God punish me by not letting me get pregnant again?
The trauma of abortion shatters thousands of men and women. Abortion for them is experienced as a cruel and degrading procedure. There is grief, sadness, heartache, guilt, shame and anger.

Post abortive women learn to numb themselves with alcohol and drugs, or master their trauma through repetitions of it. Some re-enact their abortion pain through promiscuity and repeat abortions. They become trapped in traumatic cycles of abandonment and rejection.

(Burke, 2006)
Psychological Impact

Abortion is shown to be associated with increased risk of depression, anxiety, panic attacks, bipolar disorder, suicidal behaviors and substance use disorders.

(Pourreza, A., & Batebi, A., 2011)

One of the big problems is that when women are assaulted by their own natural reactions to their loss, they don't understand what is wrong with them.

(Fergusson, Horwood, & Ridder, 2006; Coleman, Coyle, Rue & Shuping, 2008; Jeffries, 2014; Coleman, Cougle & Reardon, 2003)
"Posttraumatic stress (Post Abortion Syndrome) reactions were found to be associated with abortion. Consistent with previous research, the data here suggest abortion can increase stress and decrease coping abilities, particularly for those women who have a history of adverse childhood events and prior trauma."
Figure 1. PTSD symptoms following abortion by nationality and percent.
Several resources state the effects of abortion are more debilitating in clients who have experienced complex trauma.

“Complex Trauma exposure is the experience of multiple or chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature and early-life onset” (p. 433).

Clients with CT typically have comorbid diagnoses

May present with self injury; dissociation, emotional intensity or constriction, social isolation, substance abuse, disordered eating, excessive/constricted sexual behaviors, chronic medical problems, chronic & persistent mood alterations, reenactment of unhealthy relational patterns

(Blaustein, Spinazzola, van der Kolk, & Zucker, 2005)
Complex Grief

(Bui, Marques, Robinaugh, Simon, 2012)

- Substantial, persistent and distressing symptoms of grief
  - Separation Distress
    - Longing for deceased
    - Intense feelings of loneliness or emptiness
    - Suicidal thoughts-join deceased
    - Impair functioning
  - Thoughts
    - Rumination about circumstances of death
    - Inability to accept death
  - Feelings
    - Emotional numbness
    - Anger/bitterness about death
    - Difficulty to care for others
    - Auditory or visual hallucinations of deceased
    - Intense emotional reactions to thoughts of deceased
  - Behaviors
    - Excessive avoidance
    - Excessive preoccupations with people, places and things related to deceased or death
Most often, spirituality is an important facet of post abortion healing that cannot be overlooked. Most religions value and honor life. Therefore, when an individual is processing the trauma surrounding the loss of life, a need to reconcile with their belief system exists.

(Pressley & Spinazzola, 2015)
Two Examples of Extreme Trauma

In 2001, Davida Johnson changed her mind about aborting her 6-month fetus. Gosnell's staffers ignored her protests, smacked her, tied her arms down and sedated, she said. She awoke no longer pregnant.

Robyn Reid, age 15 was taken to Dr. Gosnell’s clinic by her grandmother. When she refused, Kermit Gosnell barked: "I don't have time for this!" He then ripped off her clothes, spanked her, wrestled her onto a dirty surgical stretcher, tied her flailing arms and legs down and pumped sedatives into her until she quit screaming and lost consciousness.
Resources for Post Abortion Healing
Where Do I Refer People for Help?
Archdiocese of Galveston Houston and Post Abortion Healing
Office of Pro Life Activities
Julie Fritsch-Director
Under the umbrella of this office are the following programs focused on abortion healing and prevention:

- Project Rachel
- Gabriel Project
- Helpers of God’s Precious Infants
- Jerome’s Hope-coming soon
- In collaboration with Rachel’s Vineyard-Houston, Texas:
  - Rachel’s Vineyard Catholic Retreats
  - Project Joseph Retreats-coming soon
Group Therapy & Spiritual Healing

- Project Rachel-individual therapy modality
- Rachel’s Vineyard-group therapy-Catholic (Rachel’s Vineyard-Houston) and Interdenominational (Gulf Coast Mercies)
- Project Joseph-Men’s group
- Forgiven and Set Free-Bible Study format
Rachel’s Vineyard-Houston, Texas
A Group Approach

- Catholic Retreat led by peers with Professional Counselors and Clergy
  - Confidential
  - Compassionate, experienced team who have experienced abortion themselves and have been through the retreat
  - Faith based
  - Group format to provide support and encouragement along the journey
  - Utilizes living scripture based meditations
  - Provides safe environment to process the experience as well as factors leading up to and subsequent to the experience.
  - Non-judgmental
  - Healing and closure from a personal and spiritual perspective
  - Sacrament of Reconciliation and Memorial Mass

- A retreat is being planned for this August, 2017 at the Cenacle Retreat Center.
Individual Catholic Counseling

- Catholic Counselors who are experienced in:
  - Post Abortion Recovery
  - PTSD/Trauma
  - Abuse & Domestic Violence
  - Child Sexual Assault
  - Self Harming behaviors

- Innovative Alternatives
  - Connie Austin
  - Cynthia Renaudo
  - Jennifer Kuhl

- Gratia Plena-Dr. Ken Buckle
- Nick Lopez, M.A., LPC-S

“‘My counselor was awesome. She helped me through a very difficult time in my life’”
Client Resources

- *A Season to Heal* (1993), by Luci Freed & Penny Y. Salazar
- *Her Choice to Heal* (2010), by Sydna Masse
- *Three Approaches to Abortion* (2002), by Peter Kreeft
- *You’re Not Alone: Healing through God’s Grace After Abortion* (2005), by Jennifer O’Neill
- *Forgiven and Set Free* (1996), by Linda Cochrane
- *Forbidden Grief* (2007), by Theresa Burke and David Reardon

- www.rvhouston.org
- www.innovativealternatives.org
- www.gratiaplenacounseling.org
- www.catholiccounseling.net
- http://www.archgh.org/Respect-Life/Project-Rachel/
One of the trends in mental health care over the past 50 years is secularization.

Catholics need to be aware of this!
This is one of the driving factors for the launch of Gratia Plena in 2012.
Breaking Down Barriers to Treatment

• Cultural mismatches (especially the secular-Catholic)
• Cost of care
• Transportation
• Childcare (we do babysitting, especially for PPD cases)
• Ignorance of resources
• Stigma
Gratia Plena

Latin, meaning “full of grace”...

We seek to be filled with grace, overflowing with the Spirit, to be able to desire and discern God’s will for us and have the ability to carry it out. When we are filled with grace and the Spirit, the Church is alive and on fire and can carry out Christ’s mission in the most effective way. We have more freedom to love.
To provide services to address mental illness (including addiction) as well as marriage/family problems, and the spiritual distress that often accompanies them, in a manner which is faithful to the teachings, values, and traditions of the Catholic Church.
Vision

A non-profit organization conveniently located in the Catholic community, which is readily identifiable and accessible, and designed to promote wellness of the whole person for the sake of Christ and His Kingdom.
Values

- Spiritual Health
- Relational Health (especially communication, teamwork, and respect)
- Mental/Physical Health
- Service Excellence (especially helping professionals, but for all staff)
- Ethics/Integrity/Honesty (being trustworthy, responsible, and accountable)
2/3/2017  Training relationship established with OLLU
1/15/2017  Sacred Heart Office opens in Conroe
11/19/2016  Cabrini office moves to NASA
9/17/2016  Stafford office moves to larger space
7/1/2016  Scanlan Foundation grant
3/4/2015  Second office location opens in SE Houston (Cabrini)
11/20/2014  Relationship established with A-GH Office of Family Life
1/14/2014  Training relationship with UST established
9/1/2013  Moved to larger office in Stafford
4/29/2013  Gratia Plena achieves 501(c)(3) status with IRS
5/1/2012  Gratia Plena begins receiving donations
2/9/2012  Opened office in Sugar Land as a nonprofit corporation
2008-11  Dr. Ken’s Discernment Process
Services

• Evaluation/Assessment (routine and crisis, some psych testing)
• Individual, Couples, Family Counseling
• All ages
• Spiritual Direction
• Public speaking
• Support of Catholic events
Public Speaking

• Our Lady of Guadalupe-Rosenberg, St. Theresa (Youth Education)
• St. Martha, St. Michael (Adult Education)
• St. Laurence, St. Paul (Parent Education)
• St. Michael, St. Laurence (Marriage Enrichment)
• Holy Rosary (Sacred and Safe)
• Archdiocese of GH (Disabilities Conference; Domestic Violence training)

• Western Deanery (Priests, DREs)
• Bay Area Deanery (Priests)
• Bluebonnet Deanery (Priests and Deacons)
• Central Deanery (Catechists)

• Catholic Radio 1430AM
Mental Health Support of Catholic Events

• 2016 Confirmation Retreats

• 2016 “Encounter” Conference (joint Adore/Franciscan U)

• 2017 FOCUS “Seek” Conference
Office Locations

• Thérèse Office:
  10707 Corporate Drive, Suite 135, Stafford 77477
• Cabrini Office:
  1100 NASA Parkway, Suite 103, Houston 77058
• Sacred Heart Office:
  704 Old Montgomery Road, Conroe 77301
Client Demographics

- 92% of our clients are Catholic, and most report going to Mass consistently
- 5% are older adults (65 years old & up)
- 67% are adults (26-64 years old)
- 13% are young adults (18-25 years old)
- 16% are children and adolescents (17 years old and below)
- 50% are seen for mental illness, 25% for addictions, 25% couples counseling
- 60% of our clients are engaged or married
- 50% Anglo and 50% other cultures
Current Staff

- Sara Alexander, LPC-I (counselor, Stafford office)
- Pui Au-Earls, LPC-I (counselor, Cabrini office)
- Stephen Bonnette, LPC-I (counselor, Cabrini office)
- Steve Brown, LPA, LSSP (counselor, Stafford office)
- Dr. Ken Buckle (psychologist and director)
- Melanie Burrhus (business manager)
- Dr. Jay Glynn (school psychologist, Stafford office)
- Mary Kay Malicki, MS (spiritual director, Stafford)
- Ivan Navarro, MA (Stafford and Cabrini offices)
- Fr. Solomon Ohiri, MA (pastoral counselor, Stafford)
- Derlyn Rhoades, MA (counselor, Sacred Heart office)
- Armando Tovar, LPC-I (counselor, Stafford)
- Noelia Valdivieso (office assistant, Stafford)
Outgoing 2014-2016 Board

- Dr. Ken (President)
- Bill Ward, COO Star Furniture (Vice-President)
- Jim McCollom (Secretary) attorney
- Paul Cashiola, CPA (Treasurer) accountant
- Bishop Brendan Cahill (Diocese of Victoria)
- Sr. Rosalie Karstedt, CDA (St. Mary’s Seminary)
- Charles DeJohn, MD, Ph.D. (psychiatrist)
New Incoming 2017-2019 Board

- Roger Peters (businessman)
- Dick Hogan (nonprofit development)
- Temporarily vacant (attorney)
- Lloyd Waguespack, CPA (financial)
- Fr. Dat Hoang (pastor of St. Faustina parish)
- Melanie Burrhus (Gratia Plena business manager)
- Charles DeJohn, MD, Ph.D. (psychiatrist)
- Dr. Ken (Emeritus member, nonvoting)
Some Statistics

New Requests for Services

- 2012: 85
- 2013: 164
- 2014: 243
- 2015: 337
- 2016: 500

0 100 200 300 400 500 600

Some Statistics

Counseling and Spiritual Direction Services Provided

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Donations Received

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Some Statistics

**Income from Fees and Donations**

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**Expenses**

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<td>$133,647</td>
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<td>$219,960</td>
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Fundraising

- Business registered in Texas as nonprofit corporation
- Approved by IRS as a 501(c)(3) charitable org
- Social media updates via multiple channels
- Donations from private donors
- Solicit grants from private foundations

- Gratia Plena does not survive on fees for service alone.
Marketing

• Most referrals coming from Internet searches, especially CatholicTherapists.com
• Nearly equal number of referrals from parish priests and deacons and other staff
• Some referrals from other Catholic mental health professionals
• Monthly Email Newsletter sent to over 1400 (sign up today via our website!)
Marketing, continued

• Web Site with blog www.gratiaplenacounseling.org

• Twitter (over 1000 “followers”)

• Facebook (approaching 500 page “likes”)

• Pinterest

• Instagram
Payment for Services

- Insurance and Medicaid/Medicare not accepted yet.
  (it is one of our goals for 2017 to attempt insurance)
- Sliding Scale fee structure with three tiers
- Cash, Check, and Credit Card
- Spiritual Direction by donation
“It is everyone's duty to make an active response: our actions must show that mental illness does not create insurmountable distances, nor prevent relations of true Christian charity with those who are its victims. Indeed, it should inspire a particularly attentive attitude towards these people who are fully entitled to belong to the category of the poor to whom the kingdom of heaven belongs (cf. Mt 5:3).”

November 30, 1996 address by Saint Pope John Paul II “The Mentally Ill Are Also Made in God’s Image”
The need is great in the Catholic community. **Gratia Plena** is love in action. “Love in action is service.” Saint Mother Teresa of Calcutta

Be a part of our mission.
How to join our mission of mercy:

- Pray for our staff, clients, and donors
- Join our Prayer Team (call office or email Dr. Ken)
- Volunteer (babysitting and special projects)
- Sign up to receive and read our monthly email newsletter
- Tell people about Gratia Plena
- Make referrals to Gratia Plena
- Become a regular donor (Lenten almsgiving approaches…)
- Break down stigma of mental illness, addiction, family problems
Stigma: a mark of **disgrace** associated with a certain circumstance.

If we are weighed down by stigma or shame, we may have difficulty living a life of grace.
Unfortunately, those with mental illnesses and addictions often find themselves disenfranchised and marginalized...by society and sometimes also in their own minds and through their own behaviors.
The wounds of Christ’s crucifixion are considered marks of stigma.

*The Incredulity of Saint Thomas* by Caravaggio
How can you and I erase this stigma?

1. Talk openly about mental health.
2. Educate yourself and others about mental health.
3. Be conscious of your language.
4. Encourage equality in how people perceive physical illness & mental illness.
5. Show empathy and compassion for those living with a mental health condition, including students and co-workers.
6. Stop the criminalization of those who live with mental illness.
7. Push back against the way people who live with mental illness are portrayed in the media.
8. See the person, not the illness.
9. Advocate for mental health reform.
What is the Church’s position on MI?

“The Church looks on these persons
with special concern,
as she looks on any other human being
affected by illness.”

(Encyclical Letter Veritatis Splendor, n. 10)

November 30, 1996 address by Saint Pope John Paul II
“The Mentally Ill Are Also Made in God’s Image”
Cardinal Timothy Dolan urged Catholics to be engaged in the public square saying,

”We root for the underdog in Catholic social justice.”

March 3, 2012 at the Annual Public Policy Convention of the Diocese of Rockville Centre, NY.
What is it like to live full of grace?

It means perhaps that we are living with integrity true to our own self, God, and others... fully present to self, God and others, that we exist in a feeling of serenity regardless of challenges... with the greatest freedom to love. God generously offers this gift to us each day. Miracles occur when we cooperate with this grace.
References


Coleman, P.K., Reardon, D.C., Rue, J.J., Rue, V.M. Induced abortion and traumatic stress: a preliminary comparison of american and russian women. Medical Science Monitor, 10(10), SR5-16.


Post-Abortion Trauma and Healing

February 20, 2017

Comments, Questions, Discussion