

**WORLD-PRAYER-CONGRESS for Life in LOURDES 2008**

28<sup>th</sup> of Oktober – 4<sup>th</sup> of November 2008

„Maria, To You We Entrust The Cause Of Life.”

(Johannes Paul II., *Evangelium vitae* 105)

**Talk No. 11**

from 31<sup>st</sup> of October 2008 by Dr. Angelika Pokropp-Hippen:

**„Women who suffer after Abortion: 3 Examples“**

## Diagnosis and Therapy of Post Abortion Syndrome

I work as a general practitioner and psychotherapist. Within the framework of psychotherapy I work with an orientation in depth psychology with an emphasis on the use of catathymic image perception and am specialized in trauma therapy.

The term catathymic imagery goes back to a publication in 1954 by the German doctor and psychotherapist Hans Karl Leuner, who was based in Göttingen. Catathymic is a word of Greek origin and means something like: "according to the soul, according to emotions or feelings". Emotions are stored in the central brain chiefly in the form of images. That is why therapeutic work on the level of symbols – as it is practiced in catathymic imagery, especially in the form of analysis of daydreams – is the ideal method of dealing with repressed elements of the unconscious.

It is particularly in the treatment of traumatized patients, where Catathymic imaginative Psychotrauma-Therapy (KiPT) offers a perfect opportunity of accessing emotional material which was suppressed in the course of traumatization and is not accessible via verbal communication. Under the prerequisite condition of support and stabilization of the ego, such material can this way be made conscious and open to integration.

I would like to begin the lecture by presenting the interpretations of some pictures painted by patients, who suffer Post Abortion Syndrome. (I.) Then I will go into the theory of stress, discussing the basic framework of post-traumatic stress disorders and explaining the characteristic pathological features of the PAS. My purpose is to demonstrate, that the set of symptoms of this psychic disease belongs to the group of Post Traumatic Stress disorder (PTSD), a fact that has not yet been dealt with in scientific research nor has it been the subject of any publications. (II.) I will discuss the following two approaches to treatment: Catathymic imagery and Catathymic imaginative Psychotrauma-Therapy (KiPT). In conclusion, I am going to present different cases of PAS and explain the characteristic symptoms (III.) and finally discuss my personal concept of PAS treatment. (IV.)

### I. PAS Case 1, 3 Pictures

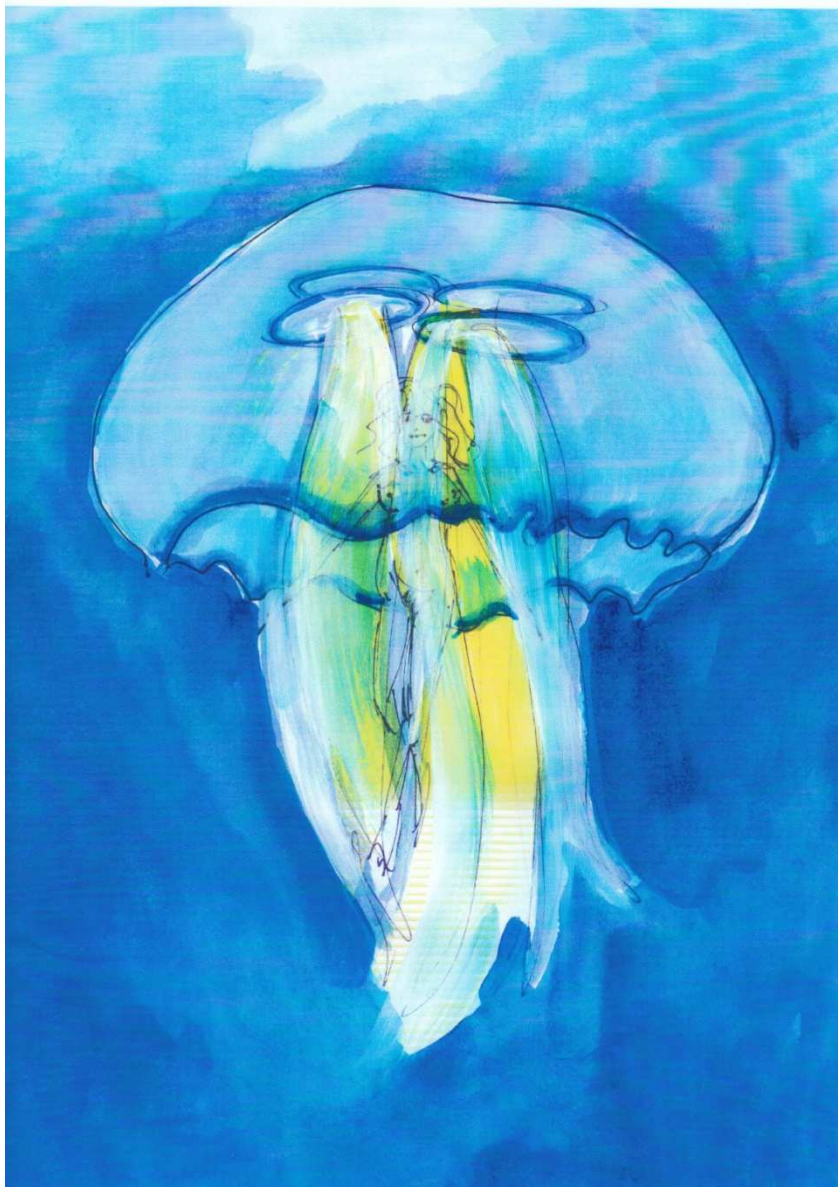
You can see a pregnant woman, who floats within a jellyfish in the sea. The female patient is 40 years old. She had an abortion when she was mid-twenty and another when she was thirty years old. After the first abortion she became ill with depression. She married the father of her aborted children with the hope that by marrying him she would receive healing from the pain of the abortions. A short time later, she had to admit that this hope for healing was not realized. Since she had not been able to process the painful and oppressive emotions related to the abortions, she then became even more mentally ill, with a paranoid Psychosis.

A few years later, during a subsequent pregnancy with her daughter she suffered a further psychotic episode, whereby the emotional burden of her conflicts involving her two abortions played an important pathologic role. The patient had to be treated for several months.

Four years later she suffered another difficult phase. In many years of psychotherapy not once was there any mention that her abortions and their importance could have caused or largely contributed to the heavy psychological decompensation in the way of Post Abortion Syndrome. The patient herself recognized the connection between the abortions and the depression which soon after followed, and how this then eventually developed into a psychotic decompensation mental illness. She says, since the abortions she feels her "a dirty womb"

Also rituals like marking slate tablets with names of her aborted children and the abortion data as well as burying these boards in the garden in the presence of the children's father brought only temporarily relief to the patient regarding her depressive symptomatology along with substantial motivational disturbances, sleep disturbances as well as vegetative symptoms. She had to give up her career. The access to grieve over her aborted children confronted the female patient again and again with strong feelings of guilt which led the patient into a spiral of fantasies of self punishment which included suicidal tendencies. In the context of psychotherapeutic work focused on the PAS, the following pictures developed.

I. Fall 1 PAS, Bild 1



Here you see a woman, who floats in a jellyfish in the sea. Sea is an archaic symbol for the origin of the life. It connects us, Carl G. Jung, spoken with „participation the mystique“, to the internal community with all work as creatures of this planet. The Italian poet jetty Paolo Pasolini wrote, like Karin Struck quoted „in my dreams, in my whole behavior lives on - as with all humans - something from the existence before the birth, of blessed swimming in the mother body: I know that I already existed.

The patient presents herself in this picture as being pregnant. Her body is enveloped down to under her breasts by a transparent jellyfish, which calls to mind a placenta and strengthens the pre-natal symbolism. In the four openings in the jellyfish appears the number of the complete family that belong to the patient (a husband, a living child, two aborted children). The patient is shrouded in light from three of the openings. Associatively the light calls to mind the patient's hope, that the dead unborn children may be living with the Creator. She could not draw her children in a concrete manner, as through the pre-natal loss and the trauma of destroying the children's bodies by abortion she has no access to the children's physical level. She drew her children hidden in herself, as she experienced the pre-natal existence of her children, by representing herself as pregnant. She lacks hands and feet. This



is an indication that the patient could not protect her children from death (no hands) and could not bring them onto the earth (no feet). It is also an indication of her mental state. The patient feels herself in Post-Abortion Syndrome helpless and presents her being lost in a psychological illness. The „robotic feeling“ described by women in Post-Abortion Syndrome is expressed here as the missing hands and feet, organs of self-determination. The patient drifts in the expanse of the ocean, as she is often without direction in the structural deficits in the context of her psychological illness. Her relationship with the living child and with the husband are overshadowed by the conflict, which is to be understood in context with the patient's general relationship disorder on one hand and the specific relationship disorder through the Post-Abortion Syndrome on the other hand. The Post-Abortion Survivor Syndrome, the wounds in the relationships with the living family members caused by the abortion trauma and its consequences, are clearly exhibited.

I. Fall 1 PAS, Bild 2



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In the second picture the shape of the woman is less concrete. She appears to be resting behind a curtain of rays of light. The curtain symbolically stands for the difficulties this female patient has regarding her self perception as well as giving herself space to mourn over the two children she lost to abortion. The patient finds it difficult to find access to an important part of her self, whereby pain and feelings of guilt play a central role. The jellyfish appears more lively. It is now illuminated by five openings, which correlates to the number of members there would be in her complete family, including herself. The female patient often experiences herself as passive, helpless and betrayed amidst the social dynamics surrounding her and this experience is symbolized in the picture in that she allows herself to be driven away.

In the third and last picture of this series, the five sources of light seem to be extinguishing and the color white dominates the jellyfish, which seems to be frozen. This figurative representation correlates with the description which the female patient gives of the fact that she often feels that her feelings for life are frozen and rigid - that she can neither give access to her emotions nor can she live with this rigidity in her family. The yellow color, which remind us of the sun and of life, is a cold white color pointing to the feeling of being extinguished. Here a part of the patient identifies with the deceased children, which prevents her from being able to move forward living with her family.

I. Fall 1 PAS, Bild 3



I. Fall 2 PAS, Bild 1





Here follow two drawings made by different female patient with Post Abortion Syndrome; these have a theme of “cave” and “house”. Both “cave” and “house” symbolize prebirth existence. Felicitas Betz writes: “The first house or home all of us had was the body of our mother. Because of this fact, for the Egyptians, a house was closely connected with the image of a mother’s womb. The goddess Hathor, who bore Horus, has the name “house of Horus”. That one can either feel “at home” or “not at home” in the world surely has its roots in one’s perception of this prebirth experience of one’s first home. On the other hand “the house” in a woman - both her physical identity and her emotional internal sense – following the loss of a child, particularly after an abortion, becomes uninhabitable. The “soul of the house” becomes unplugged from the “warm, emotional river, which belongs to the deepest

sense of one's identity". Nelly Sacks writes: "Always, where children die, the quietest things become homeless". This relationship to one's sense of personal homeland will become a heavy burden, if a child loses its own homeland in a woman and she will feel especially existentially threatened, if this "child's loss of his first house, is due to an abortion.

The female patient, who painted the following two pictures, had an induced abortion in the twelfth week of pregnancy. As is so often the case, she felt spontaneously glad, upon finding out she was pregnant. However, her boyfriend and those around him pressured her so much that this woman, in her mid-twenties and at the end of her studies, was driven to go to Holland to have her child aborted. Later she married the child's father and gave birth to two children. About 15 years after the abortion she painted this picture of a cave in a forest – representing a meeting place for herself and her child(ren).

(Case 2 PAS, fig. 1)

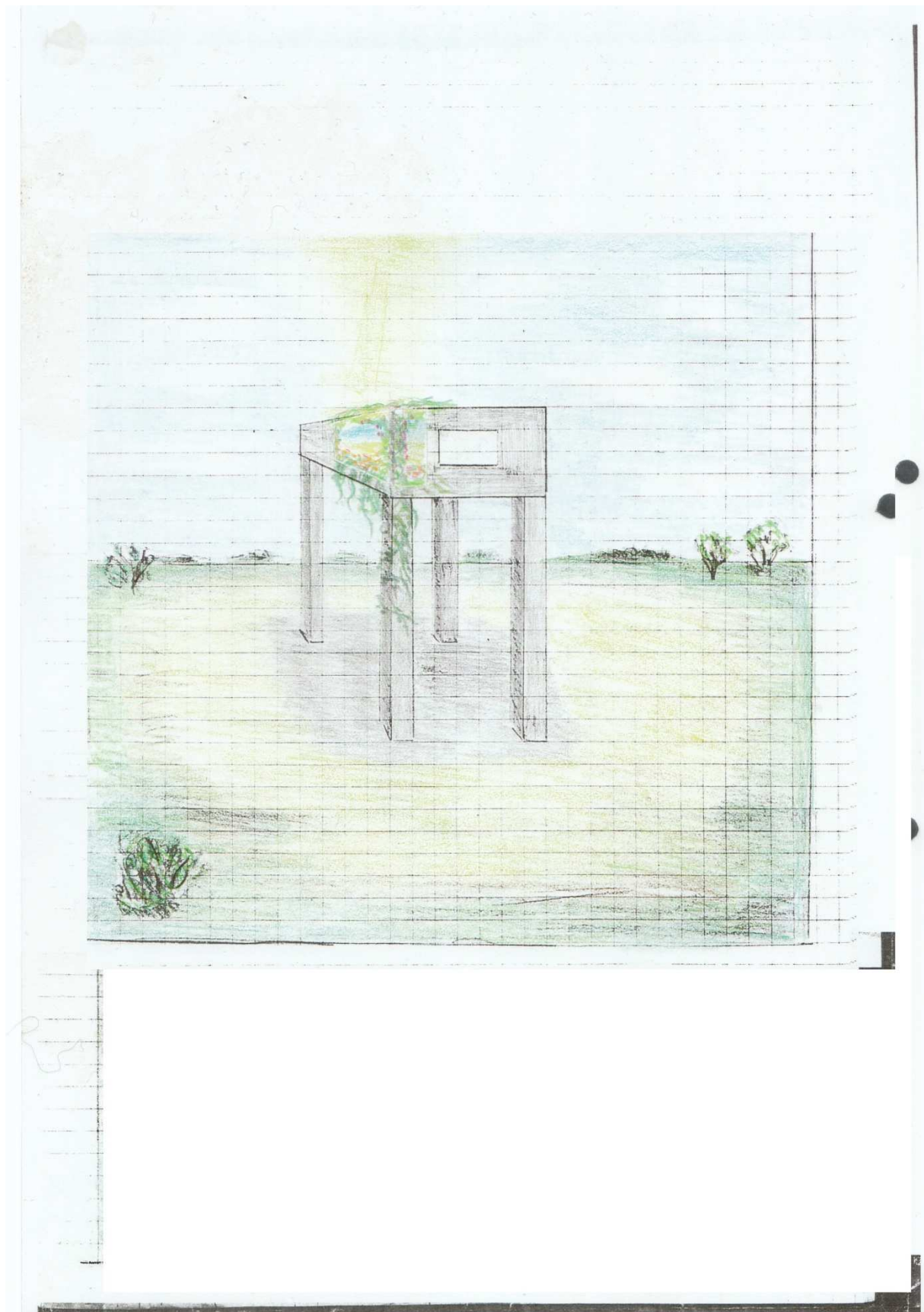
The patient came to therapy because of increasing fear and panic attacks as well as symptoms of depression. She had previously finished a program of behavior therapy and experienced a change of symptoms: Her initial phobia, a fear to leave her house and to drive a car was replaced by a Cancerophobia (fear of acquiring cancer). Her marriage was very problematic, particularly since the husband was alcoholic and could no longer hold down a job. And because of her symptoms, she also had become unable to work in her profession as a teacher.

A "cave" associatively represents a sense of protection, security, but also, a possible threat from the cave. This connection concerns itself with the symbolic level of an archaic picture of the "cave" of a mother's womb, whereby the patient presents herself with her child. The prevailing depressive mood of the patient shows through in her painting of the forest covering the cave; it is sparse and cold; it's Winter. The patient floats over the ground. Neither hands nor feet were painted here. The woman does not have a grip on her child, since she didn't bring the child "to the world", this painting depicts that she hasn't yet been able to ground herself because of the conflicts she has regarding her aborted child. Both the child and the woman have no faces. The interpretation of this image involves both the destroyed relationship with the child and also the shame she feels over handing her child over to a violent death. The face of the child has never seen its mother and through her abortion experience she has lost her own face.

The patient is surrounded by a yellow light, which more intensively fills the shape of the child. She hopes for a life of the child with its creator and for a re-establishment of the relationship with the child in God, although her own religious way is not grounded (shown by the floating shape). Emotionally, the patient is doing better after painting this picture and this step was the first attempt to connect again with her aborted child on this symbolic level.



I. Fall 2 PAS, Bild 2



In a second picture, which developed later in the process of the therapy, this same theme of a house was worked on again. Again there is a meager landscape. And we see a house resting on four columns. (Case 2 PAS, fig. 2) As in the previous picture, the patient's drawing of the house does not have a stable contact with the ground. It rests on four thin columns, the number family members with the born children. On the symbolic level, "house" also represents the soul having a dwelling place in life. The lack of contact with the ground figurately expresses the emotional situation of the patient and her family, not to have been able to have a place in life, whereby, in this context, the trauma the patient may have experienced in childhood would also play a roll.

Likewise, the issues surrounding the first child, who was not welcomed in this dwelling place is here symbolically a theme, whereby there is a deep emotional relationship between the patient's sense of feeling or not feeling accepted in life and the ability for the patient to accept someone else.

As the work of mourning over the aborted child progressed, this progression was evidenced on a subsequent picture, whereby the previously completely grey house was now surrounded by plants both inside and outside, which indicates the decrease of depressive illness and a return to life. In analysis of the picture we see that since the landscaping (addition of green plants) begins from the left side of the picture, this indicates that the patient is expressing in the painting what is stemming from her subconscious.

#### I. Case 3 PAS, fig. 1 (Recurring dream after 3 abortions)



The following two pictures, were painted by a woman patient with PAS, two years apart from each other, while she was receiving psychotherapeutic treatment. In her case history, it is mentioned that the patient married at age 20 and a few months after the marriage ceremony suffered a miscarriage. The birth of two sons as well as the abortion of three further children followed in the next ten years, the last one, when the female patient was 48 years old. The patient began to suffer from symptoms of depression, like lack of motivation and sleep disturbances. After the subsequent two abortions, the patient started suffering from severe anxiety and panic attacks, for example, great anxiety about traveling by air, ship or car. The patient was repetitively hospitalized due to unclear abdominal pain, but a possible connection with her previous abortions was never considered as a factor. The patient suffered thirty years in this way from these consequences of Post Abortion Syndrome, without receiving any adequate treatment. At most, the patient received Valium infusions. After suffering a nervous breakdown at 68 year of age, and being hospitalized for the first time in a psychiatric ward, this patient came to my medical psychotherapeutic consultation. In the discharge form from the clinic where she was interned, there was only mention of four miscarriages instead of one miscarriage and three provoked abortions. For the diagnosis, no mention was made of post abortion consequences or any link to the abortions she suffered.

The first picture (case 3 PAS, fig. 1), shows the topic of a recurring dream, which the patient suffered for many years. In these dreams, the patient always entered a formerly stately house, which was now in desolate condition. In one room she always found three blood-red marks on the walls, which despite all her efforts, she was unable to remove. In the next recurring dream, the patient again strove to remove the stains with no results. The three blood-red marks correlate with the three abortions, which the patient cannot remove from her consciousness. The two columns are reminiscent of the two born children.

#### I. Case 3 PAS, fig. 2





At the end of the therapy, in which she was able to work through the complex topics of childhood traumas, her marriage situation, as well as the abortions, the patient painted the following picture in the context of Guided Affective Imagery Therapy, using the theme of the house. (Case 3 PAS, fig. 2)

The room is again furnished, the blood-red marks on the walls have permanently disappeared. Three windows point to the connection to the outside, which indicates that the patient now has as a connection to her three aborted children, who are now in another world. The three framed mirrors which hanging between the windows symbolize an unpainted picture for each one of her aborted children. The patient never saw the faces of her children, therefore she selected not the symbolism of a picture, but of a mirror. In the mirror one sees a part of oneself, like her unborn children were emotionally a part of the patient.

In the process of the therapy, the patient was able to confine her formerly diffuse and unlimited mourning, and distinctly define this grief, which is represented now by the frames. On the opposite wall, the two mirrors represent her born children, while the four columns are representative of her four deceased children. A column connects ceiling and ground working together as support. On the symbol level, the columns show that, through the therapy, the patient gained a connection to her unborn, deceased children and was able to ground, or resolve her mourning. By receiving treatment for PAS, this patient, after thirty years of suffering, was able to be reconciled with the children she lost. The Sacrament of Confession also played a central role in her emotional and psychological healing.



## II. Post Traumatic Stress Disorder (PTSD)

### II.1 Definition of Post Traumatic Stress Disorder (PTSD)

Post Traumatic Stress Disorder (PTSD) is an anxiety disorder which can occur after the experience of a traumatizing event, and which manifests itself through disturbances of physical and mental functions.

For diagnosis, there are four groups of symptoms, which may manifest after the experience of the traumatizing event and which remain for at least four weeks. In the following list, the four categories of disturbances required for a diagnosis of PTSD, will be presented.

## III. Post Abortion Syndrome (PAS)

### III.1 Definition

Post Abortion Syndrome is a mental illness which occurs after abortion. It has psychological and/or psychosomatic symptoms, which arise at variable time intervals. PAS is a special form of the PTSD (Post Traumatic Stress Disorder). The connection with trauma (abortion) is often displaced. The connection with physical/mental disturbances is often not directly recognizable for concerning and aide (S. PTSD). I again summarize the typical mental and physical disturbances of the Post Abortion toilet ion syndrome the clarity for the sake of in tables, in order to make faster access possible to these data.

### III.2 Typical Mental and Physical Disturbances:

Depressions, sleep disturbances, nightmares, fear and panic attacks, guilt complexes, relationship problems (divorce, over protecting of born children, Post Abortion Abortion Survivor Syndrome (Prof. Philip Ney, Canada), etc.), development of addictions, eating disorders, manifestation of psychosis, etc.

Psychosomatic illnesses with organic manifestation: for example, migraine headaches, back problems, asthmatic complaints, heart problems, digestive problems, problems related to menstruation, skin diseases, etc.

Until now a large collective denial of the reality of PAS exists. Many in the fields of science and politics refuse to recognize PAS as a legitimate illness. They must deny the reality – say that it doesn't exist, for a variety of reasons.

While abundant statistical research is expected regarding every medical intervention or drug, the statistical research regarding the risks and side effects of abortion, is grossly unsatisfactory and the topic is too often ignored. Longitudinal studies (studies during a longer time period) and transverse studies (studies using a larger group of subjects) regarding abortion and its aftermath are urgently necessary.

### III.3 Typical Times when PAS is Manifested

- Immediately after the abortion
- After a phase of the discharge - weeks or months after the abortion
- At or around the projected date of birth of the aborted child
- Anniversary date of the abortion = anniversary of the death of her child
- With subsequent pregnancy and/or birth or pregnancy/birth in her social surroundings
- In severe illness or accident of born children
- After a death (the aborted child does not have a grave, where it can be memorialized like other lost loved ones; rather it is disposed of as so-called "medical waste". A place of mourning is missing.
- After separation or divorce
- When other children leave home
- With Menopause
- When confrontation with own death.

The frequency of the PAS is also a factor: Each abortion is a further trauma. Due to a still small number of scientific investigations it remains reserving the future empirical research to designate here statistically secured orders of magnitude. Due to estimates it can be assumed that after an abortion, approximately 80 per cent of women show mental and/or psychosomatisch symptoms. These symptoms can be very different in strength and development from one woman to another.

### III.4 Connection between PTSD and Post Abortion Syndrome

Numerous symptoms of women, who suffer from the Post Abortion Syndrome, are comparable with the symptoms of those suffering from Post Traumatic Stress Disorder.

**Tabelle 2. Häufigkeit von Traumen und Entwicklung einer PTSD [4].**

	Häufigkeit	Inzidenz von PTSD
Vergewaltigung	5,5	55,5
Sexuelle Belästigung	7,5	19,3
Krieg	3,2	38,8
Drohungen mit Waffen	12,9	17,2
Körperliche Gewalt	9,0	11,5
Unfälle	19,4	7,6
Zeuge (von Unfällen, Gewalt)	25,0	7,0
Feuer-/Naturkatastrophen	17,1	4,5
Misshandlungen in der Kindheit	4,0	35,4
Vernachlässigungen in der Kindheit	2,7	21,8
Andere lebensbedrohliche Situationen	11,9	7,4
Andere Traumen	2,5	23,5
Irgendein Trauma	60,0	14,2

Rape  
Sexual Harrassment  
War  
Threats with weapons  
Physical violence  
Accidents  
Witness (to accidents, violence, etc.)  
Fire / Natural Catastrophies  
Child Abuse  
Child Negligence  
Other lifethreatening situations  
Other traumas  
Miscellaneous traumas

Frequency  
Incidence of Post Traumatic Stress Disorder

The table displayed does not include the concept of PAS. It is safe to assume, that these cases are contained under the items "Andere Traumen" (other traumata with a frequency of 2,5%) or "IrgendeinTrauma" (various traumata with a frequency of 60%). This is an illustration of a process that the depth-psychologist C. G. Jung (1875 – 1961) labeled with the term "collective suppression". Estimates are that per work-day. 800 to 1000 abortions are performed in Germany. That means that per day approximately 1600 to 2000 men and women become mired in the abortion of their unborn children. In addition a great number of children have to deal with the effects of the abortion of an unborn sibling. The institutions that issue the required certificates of consultation, as well as the doctors and the medical personnel that perform the abortions are also being affected.

Such collective suppression of a fact always takes place when a matter that involves guilt or shame seemingly becomes easier to cope with that way. The price we pay for this in the case of PAS is a total lack of scientific research that could demonstrate the consequences of prenatal killing for all the people that are involved in it. Unless we take up a broad-based investigation into the frequency and types of post-abortion pathologies – mental, physical or psychosomatic and both of women and men – we will remain stuck with the situation that many patients will be flooding the offices of GPs, gynecologists, orthopedists etc. and complain of unspecified symptoms, while the common denominator of all these disorders will elude both the patients and the doctors or therapists. Even among psychiatrists and psycho-therapists we are widely confronted with a similar situation, the method of collective denial and suppression of this disease in tune with the mainstream rules of modern accepted wisdom.

Instead, this disorder is being categorized under various similar types of illness for which there is an accepted official name. If the therapist happens to be personally involved in a PAS himself, the possible result can be a secret alliance of silence about the trauma inflicted by abortion. The foreseeable consequences for the success of the therapy will turn out accordingly. Shift of symptoms is a recognized phenomenon (e. g. symptoms of anxiety at the beginning and after they cease, symptoms of depression will manifest themselves) or symptoms will be transferred to a psychosomatic level when therapeutic treatment is confined to dealing with symptoms instead of trying to reach the focal point (e. g. PAS) of the disorder.