

TANGAZA COLLEGE
THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

**HEALING OF WOMEN WHO HAVE
HAD AN ABORTION:
A Pastoral Issue Today In An African And
Christian Approach**

AUTHOR: ANDREW DIONIS MASSAWE, CSC

TUTOR: REV. PROF. RAPHAEL WANJOHI

FEBRUARY, 2002

NAIROBI- KENYA

2002
MAS

TANGAZA COLLEGE
Catholic University Of Eastern Africa

Department Of Pastoral Studies

**HEALING OF WOMEN WHO HAVE
HAD AN ABORTION:
A Pastoral Issue Today In An African And
Christian Approach**

**A Study Work Submitted To The Department Of Pastoral Studies In Partial
Fulfillment Of The Requirements For The Degree Of Bachelor Of Arts In
Religious Studies.**

Author: Massawe, Andrew Dionis, csc

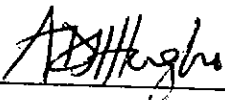
Tutor: Rev. Prof. Raphael Wanjohi.

Date: February 2002.

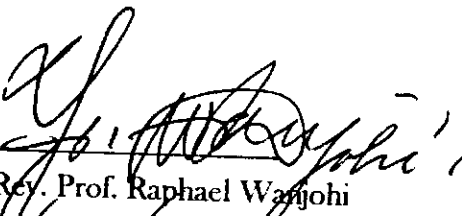
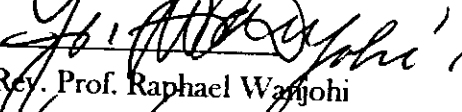
Nairobi - Kenya.

STUDENT'S DECLARATION.

I hereby declare that this study work is my original work and has never been submitted for any academic credit to any other learning Institution.

Signed 
Andrew D. Massawe, csc

Date 6th feb 2002

Supervisor: 
Signed 
Rev. Prof. Raphael Wanjohi

Date 6/02/2002

DEDICATION.

This work is entirely dedicated to all women who have had an abortion. Also, to all pastors in pastoral fields whose work is to care and bring healing to the victims of abortion. Finally, to all people of good will, men and women especially those involved in the work of counseling.

ACKNOWLEDGEMENT.

I wish to express my sincere thanks to all the Staff of Tangaza College for the support offered in nourishing me intellectually, spiritually and morally, all these years of my study here.

Very special words of thanks go to Professor Raphael Wanjohi for his good and health contribution, guidance, advice, insights, correction and order in the fulfillment of this work. In a special way, I would like to thank Mrs. Emmy Gichinga for her total support and dedication in proof reading this work quite often, and her contribution in restructuring as well as the use of her library. Many thanks to my friends Masime Chris, David Eliaona, CSC and Fr. William Lukati, CSC for their brotherly concern, support and dedication to this academic endeavor.

My sincere thanks to all the Holy Cross community members especially those residing in McCauley House in Nairobi, for their moral and material support and patience as we spent uncountable hours in computer room. Finally, thanks to my family members for their support and love as I was fulfilling the requirements of this work.

God Bless you all abundantly!

TABLE OF CONTENTS

CHAPTER ONE.

1.0 GENERAL INTRODUCTION

1.1 BACKGROUND OF THE STUDY	1
1.2 STATEMENT OF THE PROBLEM	2
1.3 OBJECTIVES OF THE STUDY	4
1.4 SCOPE AND LIMITATION OF THE STUDY	5
1.5 SIGNIFICANCE OF THE STUDY	6
1.6 DEFINITIONS OF THE KEY WORDS	8
1.7 CONCLUSION	11

CHAPTER TWO.

2.0 LITERATURE REVIEW

2.1 INTRODUCTION	12
2.2 SURVEY OF RELEVANT LITERATURE REVIEW	12
2.3 CONCLUSION	24

CHAPTER THREE

3.0 RESEARCH DESIGNS AND PROCEDURES.

3.1 INTRODUCTION	26
3.2 RESEARCH INSTRUMENTS AND METHODOLOGY	26
3.3 DESCRIPTION OF INSTRUMENTS	27

3.4 DATA COLLECTION TECHNIQUES	29
3.5 ANALYSIS PROCEDURE	29
3.6 POPULATION SAMPLING	29
3.7 CONCLUSION	30

CHAPTER FOUR.

4.0 RESEARCH FINDINGS

4.1 INTRODUCTION	31
4.2 RESPONDENTS DESCRIPTION	31
4.3 DISCUSSION AND INTERPRETATION OF DATA	36
4.4 CONCLUSION	41

CHAPTER FIVE.

5.0 RECOMMENDATIONS, PASTORAL SUGGESTIONS, AND GENERAL CONCLUSION

5.1 INTRODUCTION	42
5.2 PASTORAL SUGGESTIONS	42
5.3 RECOMMENDATIONS	43
5.4 RECOMMENDATIONS FOR FUTURE RESEARCH	49
5.5 GENERAL CONCLUSION	50
ABBREVIATIONS	52
BIBLIOGRAPHY	53
APPENDICES	56

CHAPTER ONE

1.0 GENERAL INTRODUCTION.

1.1 BACKGROUND OF THE STUDY.

It is during my pastoral year in western part of Uganda, when I met a young woman who had a story to narrate to me. It is her sad story that took my attention to even think of developing it in this paper. The following is her story.

My name is Cleopatra [not her real name], I am sixteen years old. I am a drop out from Kyebambe Secondary School I dropped out of school immediately after the second term of Senior One. The following is what caused my ordeal. It was when I went home for my vacation and visited my boy friend at his parent's home. He told me that he loved me so much and has been waiting for me to come home and visit him. I did not have a perfect relationship with him though. He suggested to me that we have sex since it would make us friendlier. It was not right to have sex with him but I did. After a while I started experiencing some difficulties, and when I went to the clinic, the doctor told me that I was pregnant. When I returned to the boy, he suggested that I should go for an abortion since we all had to finish school. In fact, he was the only one who knew about it. Finally, I had an abortion the following week. The minute I left the clinic, I hated myself and wished that someone had stopped me. Afterwards I felt like an empty soul. All my life was torn apart for what I was told to do. Everyday I think about it. It is very hard to express my feeling and my thought. She ended her story with tears flowing in her eyes.

Coming back to Tangaza College, I had an opportunity to attend a course in pastoral psychology being offered and taught by Rev. Prof. Raphael Wanjohi. While discussing the topic on the victims of abortion, it gave me an opportunity to put together the story of this young woman. Her words made me feel a strong desire to develop this work. There is something in our heads that we know and is quite different from what we know in our hearts. One may intellectually know that abortion is wrong, but the emotional fears and terrors may outweigh that knowledge and prevent the heart from understanding and acting on that truth. This was the same with my friend Cleopatra.

My approach to the whole issue is about what could be done for the woman in the story above. She is disturbed and in agony because of the pain and loss. Having followed

her story quite closely, we became more convinced that, there are many women who might be in the same situation hence development of this work. We are here considering an African as well as Christian perspective on the whole issue of healing of the women who have had an abortion. For, as long as this ministry is ignored, we run into the risk of developing a society of traumatized mothers or women who at the end will turn into other abuses searching for answers that may not be found.

1.2 STATEMENT OF THE PROBLEM.

The most serious duty of transmitting human life, for which married persons are free and responsible collaborators with God the Creator, has always been a source of great joy to them, even if sometimes accompanied by some difficulties and distress. It is indeed common knowledge that there are many women who have procured abortions and many others who wish to do so. Of course, there are unmarried and even married women who attempt to procure abortions.

The real problem ahead of us is how to reconcile the woman who has had an abortion, at the same time remains a Christian. This is a big issue especially in the Church, both from African and Christian perspective. The Church in Africa today has to face this challenge and we have based our focus mostly in Africa simply because our pastoral activities will take shape from here. Indeed, our Church basically has the laws that govern it. We are even reminded by the Scripture that 'thou shall not kill'. What then is being done to help those who have fallen victims of this disaster?

There are so many reasons that lead to the practice of abortion. For some women, the argument is that: it is more convenient to have an abortion than the baby since they

are not ready for the baby. Many young married couples say that they want to enjoy being young. They would like to be free to go to the lake, spend nights in discos, and at parties without being bothered with the care of an infant.

Likewise, young unmarried women who have just started a new job and who become pregnant feel that it is rather too early to be applying for maternity leave within the first month of employment and so, they resort to abortion. Others, e.g. dancers, actresses, airhostess, etc. may use the professionalism not to opt for the child because of the conditions and nature of their job hence, abortion.

Other women argue:

- I am too young to be pregnant, so abortion is safer than having the baby.
- I'll lose my boyfriend or husband if I have this baby
- I am to bring a baby into the World that I can't take care for.
- Having a baby now would really mess up my mind
- I can't handle it emotionally, I will go crazy
- I know lots of women who have had abortions, and they are fine now.

The consequence of all the above leads so many to procure abortion and subsequently suffer post-abortion trauma. The loss of life and suffering of these women calls our attention to investigate ways of bringing counseling and healing of those who have fallen victims of abortion.

According to the "Research Archives Statistics in 1978 a survey showed that in 1428 patients at Kenyatta National Hospital were being treated for the post-abortion effects and attempts. This does not tell how many attempts were successful or how many

failed to report their condition because they were afraid of being prosecuted. The figures are just telling us that abortion is something that is present and real among us"¹.

1.3 OBJECTIVES OF THE STUDY.

This research aims at reaching some ways of healing or counseling of the woman who is a victim of abortion whether willingly or unwillingly. Thus, the objectives of this study are:

- To offer support, love and compassion necessary to help the victim discover positive alternatives to abortion as she faces the challenges of abortion.
- To bring hope and consolation to all the victims of the tragedy of abortion.
- To bring to the attention of the Church and society at large that the woman who has aborted needs to be reconciled with the society and the Church.
- For the victims of abortion, this work will aim at giving them life again, rather than the feelings of being an outcast.

Realistically, this work intends to challenge those who justify abortion with arguments like:

Legal abortion will stop "back street" illegal abortion.

A woman has the right to control her own body.

Abortion helps in preventing much suffering of children who would be born into poverty.

Abortion is needed to prevent overpopulation.

Abortion is essential in order to correct rape or incest.²

¹ Emmy Gichinga, *Unmarried Mothers* (Nairobi: Uzima Press, 1996), 98.

² C. Newbury, *Life is the First Human Right, in the Lamp* (New York: In the Lamp Publishers, 1990), 13.

We are convinced that even with all challenges and crisis created, there is hope. One could be helped to work through this difficult phase of life as alternatives and many other avenues for healing are explored, and counseling is offered.

1.4 SCOPE AND LIMITATION OF THE STUDY.

The study will concentrate on the healing and counseling women who have had an abortion. Our study therefore deals with issues such as:

What is the understanding of Abortion? Which issues lead to abortion? What are consequences? And, entirely what steps can be taken to reconcile and heal the woman who has had an abortion? Is there any African or Christian approach to be used in the healing? Again, we shall show where the study was carried out, and when the researcher started collecting data and methodology employed.

This work remains entirely in the limits and the requirements set in the academic yearbook of Tangaza College. The college requires the final written project to have ten to twelve thousand words of the text (excluding preface, table of contents, bibliography etc.). This work therefore, considerably suffices to this requirement. The work consists of five chapters:

Chapter One: General Introduction

Chapter Two: Literature Review

Chapter Three: Research Methodology

Chapter Four: Research Findings; the results, discussions and presentations of the interpretations.

Chapter Five: Recommendations, Pastoral suggestions and conclusions.

During the data collection, the researcher was faced with many difficulties. I will mention just a few. First, the major problem was that the respondents did not keep the

promise of meeting the researcher. Secondly, some of them did not even finish the work given. Another limitation was the language barrier. Thirdly, the researcher was compelled to use the English language for data collection. This was a barrier to some respondents who preferred another language all together. However some respondents showed uneasiness and suspicion to the researcher for their own unknown reasons.

1.5 SIGNIFICANCE OF THE STUDY.

There are quite a number of reasons why this study is significant. However, with such reasons, we may as well talk of the questions that might arise. For instance, what can we do to heal and reconcile a woman who feels empty and traumatized because of abortion? This is the problem facing many women today especially those who are not attended to through counseling. Thus, the call is to the pastoral agents to face the problem of women who have had an abortion with faith and love. Also, other agents especially those in counseling centers, parishes, families etc., should be in a position to see that what is happening in the society isn't just left out there to continue ruining the entire society.

Secondly, through the light of the gospel message, there can be a way of bringing back hope and trust of the woman who had despaired because of the feelings of insecurity and loss. It is good to remember that the society today is faced with the serious problem of traumatized women who are the victims of abortion.

Thirdly, the whole concept of Church's understanding of the law and abortion are two things apart. So, bearing in mind that the Canon Law no.1398 condemns and by law

excommunicates the person who willingly and knowingly has participated in abortion, the woman who has aborted feels that, even the Church that is the last resort has abandoned her. The Church might need to revisit and soften such a concept in order to bring about healing and life to these women. This is a cry and someone somewhere needs somebody to listen to her. It is not our work to judge and condemn these women. It is God's work to judge but ours is to provide the healing to those crying out there looking for help as best as we can.

Fourthly, the tendency of human beings to sin and presence of an evil force in the world and in the person, are influential forces with a strong pull towards wrong doing. We are all responsible for the choices we make in life, whether wrong or right. However, we can learn and benefit more when we look into the origin of the whole problem so that we may try as much as possible to avoid a repeat of the same problem in our society. We may ignore the victims of today and now, but tomorrow might be somebody of your own. Thus, it is significant to nurture the values, that we consider helpful, and given to us from the family, church, school etc. The entire church leadership should help in bringing some of those values back again to the victims since they see Christ in person as they look at the clergy in general.

Fifthly, this work will bring help to all those who work in the field of healing, for instance counselors, clergy, social workers, etc. to enter the field with the women who have aborted and all those we know whose lives are touched by abortion. They could be family members, friends, co-workers etc.

Healing does not come from our own efforts. Therefore, this project brings our precious life before the eyes of the Lord. God's healing is restored to us once we realize

the sacredness of our life. Thus, the woman who is the victim of the abortion is enabled to have a better understanding of some of the intense emotions and feelings she has felt and that she may yet feel as she cries to be whole again.

1.6 DEFINITION OF THE KEY TERMS.

Abortion is the deliberate destruction of a fetus before viability³. This is called induced abortion. The more accurate and honest definition would be “the intentional or unintentional expulsion of the pre-born child at anytime after fertilization and before the natural birth process is completed”⁴. It is an act of giving premature birth; specifically the expulsion of the human fetus prematurely, particularly at miscarriage.⁵ In medicine abortion is an expulsion of the fetus during the first sixteen weeks of pregnancy; a later expulsion occurring before the time of viability is called miscarriage. An expulsion occurring after the fetus is viable, but before the normal time, is generally termed premature delivery or labor.⁶ According to the refinements in definition, common in Canon Law and medicine, are not generally known, but the distinction in civil law between legal and illegal abortion is of considerable social significance. In law the term abortion usually implies criminality in producing miscarriage, the latter term denoting any premature birth irrespective of its cause.⁷

Abortion is not defined in ecclesiastical law, and it is to be accepted for what it is in reality. As universally described in medical circles, abortion is the detachment and

³ William J. Mc Donald, *Catholic Encyclopedia* (USA: Jack Heraty & Associates, Inc., 1981, Vol. 1), 28.

⁴ The Pontifical Commission for the Authentic Interpretation of the Code of Canon Law statement of 24th November 1998, quoted in “Church Elaborates Definition of Abortion”. National Catholic Register, 11th December, p. 3.

⁵ William A. Nelson, *Webster's New International Dictionary of the English Language* (USA: G&C Company, Publishers), 6.

⁶ *Ibid.*, 7.

expulsion of the pre-viable fetus. It is the interruption of the pregnancy at any time before viability.⁸ According to the research I did in Kenyatta Hospital and among the pro-life groups at Tangaza College and C.U.E.A., the 26th to the 28th week, is the generally accepted minimum age for viability. While the civil law evaluates abortion in terms of a crime against human life and can be prosecuted by the state, the canonist is concerned primarily with the ecclesiastical penalties from abortion. The moral theologian treats abortion in terms of the disorder it introduces into human nature itself and as a violation of the law of God.

The law of the Church concerning the crime of abortion may be expressed as follows: Anyone who procures an abortion automatically incurs the penalty of excommunication, reserved to the ordinary: a cleric, moreover, is liable also to the penalty of deposition. These provisions go back to the legislation of Popes Sixtus V and Gregory XIV in the late 16th Century. Formal ecclesiastical legislation punishing abortion was enacted in the West by the Council of Ancyra in 314.⁹

Canon Law views abortion as a crime, that is, an external violation of the law of God. Although not every sin of abortion is a crime, every crime of abortion does presuppose the abortion in question to be a grave sin. For, in accordance with the principles of ecclesiastical penal law, there can be no crime and no consequent liability to penalties unless serious moral guilt is involved.¹⁰

African approach: As regards abortion refers to the methods taken and the general understanding of the term abortion among Africans. This differs from one

⁷ Ibid.

⁸ Ibid.

⁹ Mac Donald, 29.

¹⁰ Ibid., 4.

particular place of Africa to another. It also includes the methods that are used by these groups to heal the victims of abortion. However, abortion was not permissible in Africa.

The traditional African understanding of abortion particularly among the Luhya of Western Kenya and the Chagga of North-East Tanzania, where I did some research work is almost the same. Both groups regard abortion as an evil in which the one who performs it or participates, brings bad luck to the society. Abortion according to these particular societies is an elimination of the child to be, from the sacred womb of the mother by any means. It is regarded as an evil and not accepted by these societies.

Christian Approach here refers to the methodology as well and the understanding of the abortion as far as the Christian religion is concerned, particularly the Catholic Church. The Christian approach follows the stand that Christ himself had when he established the Church here on earth. Moreover, the healing methods that are approved to help the victims of abortion become whole again. In this approach basically, we refer to the Catholic Church today and its response toward the healing of the women who have had an abortion. Here, we include the laws that govern the Church herself.

Africa refers to Sub-Sahara part of the Continent.

Healing refers to restoration of the lost energy. Also, the recovery of what was originally lost. In this case, the healing is more of the energy lost by an individual spiritually, emotionally, physically, psychologically, etc., in an action performed.

1.7 CONCLUSION.

As we come to the end of this chapter, which is the general introduction, we have outlined and dealt with different issues. The background of the study explains why the researcher chose this particular topic.

The statement of the problem highlights the pastoral problem concerning abortion and some of the reasons that lead to abortion. Moreover, the laws that govern the church affect the whole concept of the victims of abortion; hence the problems that they pose to the entire church and society.

The objective of this study expresses the aim this work intends to achieve at the end. The scope and limitation of the study expressed the limits required by the College as well as the difficulties that the researcher faced during the data collection.

The significance of the study indicates the reason why this study is important. Finally, the definitions of key terms are for more clarity of the terms that are used in this work for a better comprehension. The following chapter examines other people's views on this particular subject. Also, the approaches by African as well as Christian and the steps involved in the healing process.

CHAPTER TWO

2.0 LITERATURE REVIEW.

2.1 INTRODUCTION.

In this chapter, we intend to review some important works that have been written on the issue of abortion that is, a review of different ideas and insights that have been highlighted by other people concerning abortion and the healing process as an issue in our pastoral activities. We hope to develop and modify these ideas to suit our contemporary society. We shall also consider African and Christian perspectives on abortion and healing steps that are involved.

2.2 SURVEY OF RELEVANT LITERATURE REVIEW.

When we look briefly at the historical background of abortion, we realize that there are so many people who have given different point of view. Napoleon, when talking of early development of every person said that to make a human person takes twenty years and philosophers say a lifetime¹¹. On the same issue the Christian would say it takes eternity to fulfill the human destiny. In a careful and patient observation, the medical doctor discovers an evident truth which everyday language has always recognized, i.e. the human being is never complete. He or she is a continuum.

The moral problem of abortion has existed throughout human history. However, public morality and legislation has strongly protected the unborn life. In all of Christian

¹¹ Donald De Marco, *Abortion Perspectives* (Ohio: Hiltz & Hayes Publishing Co., Inc., 1974). 18.

tradition, the prohibition of abortion was considered as an essential part of the commandment "Thou shall not kill"¹² (Ex. 20:13).

Kenya Broadcasting Corporation interviewing the public on abortion on 29th October 2001 played an important role in regard to this research. It showed clearly how many people do not support the legalization of abortion in Kenya. An important key player on this interview was Dr. A. M. Ngumuta M.B., Ch.B., M.Med., (Nbi). She spoke very strongly against legalization of abortion at all costs. She gave an insight to the participants of the seminar and explained all the dangers that Kenyans are moving into if abortion is legalized. Abortion is by law illegal in Kenya. Emmy Gichinga basing her Counseling Guide on Kenya writes that Kenya has one of the strictest laws on abortion in the World.¹³

A pastoral letter of the Uganda Catholic Bishops to the people of Uganda states "The Church's teaching has always been that life is sacred from the moment of conception, when a new life begins. Any interference with that new life is wrong."¹⁴ The taking of that new life through induced abortion at any stage is wrong; it is evil, it is sinful. It is murder of the most vulnerable, innocent and defenseless of human beings. As Africans, we celebrate new life. In the words of John Paul, II, we read from the letter of these bishops that in African culture and tradition, the role of the family is everywhere held to be fundamental. Open to this sense of the family of love and respect for life, the Africans love children whom they joyfully welcome as gifts from God. The people of Africa respect life, which is conceived and born. They rejoice in this life. They reject the

¹² Todd, Longman & Darton, *The Jerusalem Bible Standard Edition* (New York: Doubleday and Company Inc. 1985).

¹³ Gichinga, 99.

¹⁴ Catholic Bishops of Uganda, *The Evil of Abortion* (Kampala: 1998), 3.

idea that it can be destroyed, even when the so-called 'progressive civilizations' would like to lead them in this direction.¹⁵ One pro-abortionist and an advocate in England said "abortion usually is a simple, surgical procedure almost as easy to perform as a tonsillectomy. Nothing is removed, usually except an amount of tissue half the size of a teacup"¹⁶. Robert says that, "doctors may advise you, ministers or priests or rabbis and counselors may counsel you, lawyers may tell you your rights but when they are gone their ways, only you, the mother, will make the final decision of abortion."¹⁷ This is to show that it is really unjustifiable to decide for someone to have an abortion. It has to be a personal reflection that shows clearly the risks that will befall the woman even after an abortion has been performed, after which one needs not to do so. Germain Grizes writes that there are factors that lead to abortion: medical, biological, sociological, religious, ethical and jurisprudential. The questions involved in the abortion debate are not merely of theoretical and speculative concern; they are of great practical concern, and in resolving these questions, we are to take into consideration the consequences too.¹⁸

Paul Marx writes that pro abortionists would have us believe that abortion is strictly a medical problem. This would lead to false implications of abortion like:

- All legal abortions are safe and all illegal ones dangerous. Briefly, all abortions carry an element of danger to the mother, some of the danger not immediately apparent.
- Permissive law reduces the number of illegal abortions. This is false since more and more women are determined to obtain illegal abortion when denied a legal one.

¹⁵ Ibid., 4.

¹⁶ The statements are from a well known English Abortionist, advocating that abortion should be treated just like a tonsillectomy, i.e., a minor operation to remove an unwanted or harmful tissue growth in the body. This definition created a problem though arguments against were written to react upon him.

¹⁷ Robert E. Cooke, *The terrible Choice* (USA: Bantam Book Ltd, 196), 1.

¹⁸ Germain Grizes, *Abortion: the myths, the realities and the arguments* (New York: Corpus Books, 1970), 2.

- Laws that are broken should be repealed.¹⁹

Stephen J. Heancy, in his book on abortion, writes that the abortion issue has been severe trial to the community of love, because it brings into question how we act not only as private moral persons but also as public persons in the legal and political arenas. Abortion stirs up raw emotion in a way no other issue does. When it is suggested that abortion is permissible, his position is that we need inspiration. Above all, we need lots of prayers since appeals to intellect have failed. There are so many historical misconceptions used to justify abortion. We shouldn't be blind.²⁰ Abortion though a moral issue, has become the centre of political and social debates worldwide. About 50 years ago, this was not the case. Abortion was practiced then, but by general consent it was regarded as immoral and even criminal. Britain in 1967 legalized abortion, US Supreme Court in 1973 likewise, and other more developed countries soon followed this trend. In a period of less than 30 years the whole situation has changed. The change to legalize abortion did not in any way consider the traumatic implications of abortion on the woman indulging in this act. This stigma calls for healing and reconciliation in the life of the victim. John Connery writes that early condemnation of abortion doesn't depend on theories regarding the time of fetal animation. Abortion from the time of conception was considered wrong and the time of animation was never looked on as a moral dividing line between permissible and immoral abortion. As long as what was aborted was destined to be a human being, it makes no difference whether the abortion

¹⁹ Paul Marx, *The Death Peddlers, War on unborn* (Minnesota: St. John's University Press, 1971), 1.

²⁰ Stephen J. Heancy, *Abortion a new Generation of Catholic Response* (USA: Massachusetts, Library of Congress, 1992), 1.

was induced before or after it became so. The final result was the same, that a child was not born.²¹

Some methods of Abortion.

Depending upon the gestation age of the pre-born child and the physical condition of the mother, the abortionist has a variety of abortion methods in his or her arsenal.

1. D&C - Dilation and Curettage or suction abortion. Abortionists use this method mostly in the first trimester abortions, and can also use it up to 16 weeks. The abortionist inserts a sharp looped knife (curette) into the uterus to scrape its walls. He then cuts the pre-born baby apart, removes the body parts, and checks them for completeness.²²
2. D & E- Dilation and Evacuation abortion. Commonly used during the first half of the second trimester (13-20 weeks), but is employed up to 28 weeks. The baby is dismembered, and the pieces are removed one by one. In many cases, the abortionist cuts off one or more of the baby's limbs and waists until he or she bleeds to death before proceeding with the abortion. Larger babies must have their heads crushed so the pieces can pass through the cervix. Abortionist Warren Hern, who specializes in late-term abortions, had this to say "we have reached a point in this particular (D&E) technology where there is no possibility of denial

²¹ John Connery, *Abortion: The Development of the Roman Catholic Perspective* (USA: Loyola University Press, 1997), 304.

²² Warren Hern, *Abortion Practice*, (Philadelphia: J.B. Lippincott Company, 1990), 123.

of an act of destruction by the operator. It is before one's eyes that the sensation of dismemberment flows through the forceps like an electric current".²³

3. Saline abortion also known as the "intra-amniotic injection". This method is used for second trimester and clearly third trimester abortions, but has become less popular due to possible harm to the mother brought on by accidental injection of saline solution into a blood vessel. About 200 milliliters of amniotic fluid is withdrawn and replaced with saline or urea solution.²⁴ The baby breathes and swallows this concentration and dies painfully over a period of hours from salt poisoning, dehydration, brain hemorrhage and convulsion. The baby's skin is often severely burned by the solution, and delivery occurs 24 to 48 hours after the baby dies.
4. Dilation and Extraction (D&X) abortion. This method exposes the cruel and inhumane nature of both abortion in general and abortionists in particular. At this point (after the baby has been entirely delivered except for the head) the right-handed surgeon slides the fingers of the left hand along the back of the fetus and hooks the shoulders of the fetus with the index and ring fingers. The surgeon forces the scissors into the base of the skull of the baby after which he spreads the scissors to enlarge the opening. The surgeon punctures the back of the baby's head with sharp scissors and spreads the blades, tearing a massive hole in the soft part of the baby's skull. Finally, he/she vacuums out the baby's brains and completes the delivery in just a few seconds. Since the muscles of the baby can toughen to the point where it is impossible to chop him or her apart without

²³ Warren Hern was addressing the Association of Planned Parenthood Physicians Convention in San Diego. "What About Us? Staff Reaction to the D & E Procedure" 26th October 1978.

harming the mother, the abortionist is faced with the prospects of the “dreaded complication” i.e., a live, crying new born baby. Therefore, he/she must make sure the baby dies before he or she is fully delivered. He therefore uses forceps to twist one of the baby’s legs and pull it out through the birth canal, which tears muscles and breaks bones and must cause the baby unspeakable agony.

5. Prostaglandin abortion: Is used during the late second trimester and third trimester. About eight milliliters of prostaglandin hormone is injected into the uterine muscle, which contracts to expel the baby in an artificial-induced and extremely violent premature labour that takes about 20 hours. This method is now rarely used, because up to seven percent of pre- born babies are born alive during the procedure.²⁵ In such cases, the abortionist must clandestinely kill the baby or risk a so-called “wrongful life” situation and a possible lawsuit and bad publicity to those places where abortion is legalized.
6. Hysterotomy abortion: is a Cesarean section done during the last trimester of pregnancy when other two types of abortion may be too dangerous to the mother. The mother’s uterus is surgically opened and the baby is lifted out. The helpless baby is then either left to die or is killed by the abortionist.

Other crude methods especially in poor areas includes oral methods like use of many tablets like Malariaquin and other related drugs, taking very strong tea, concentrated juice and squashes, soap powder. Also, use of piercing objects inserted in the birth canal. Others use the herbs and other related materials as given to them by the back street doctors.

²⁴ Ibid., 124

²⁵ Ibid., 126.

Different types of Abortion.

There are number of medical and legal terms for the different types of abortion, both intentional and unintentional. These are listed below.

- **Complete abortion:** When all of the contents of the uterus (i.e., the pre-born child and the placenta) have been expelled from the womb.
- **Criminal (illegal) abortion:** Any abortion committed outside the parameters set by law. For instance, an abortionist commits a criminal abortion if he aborts a minor without her parent's permission in a state with parental consent laws, or if he commits a D&X abortion on a woman at 28 weeks gestation for convenience purposes in a state where third trimester abortion are banned except in the case of severe fetal anomalies.
- **Early abortion:** An abortion within the first trimester (i.e., first twelve weeks of pregnancy or the first three months).
- **Habitual abortion:** Spontaneous abortion (i.e., miscarriage) occurring in three or more consecutive pregnancies. Women who suffer from habitual abortions account for the majority of miscarriages.
- **Incomplete abortion:** An intentional or unintentional abortion in which parts of the pre-born child and /or placenta remain within the uterus.
- **Induced abortion:** An intentional abortion brought on by mechanical (surgical) or chemical (abortifacient) means.
- **Inevitable abortion:** A condition marked by vaginal bleeding and cervical dilation which indicates an impending miscarriage that cannot be prevented, and follows a condition of threatened abortion (see below).

- Infected abortion: An abortion associated with, and possibly caused by an infection of the uterus or the genital tract, such as a venereal disease.
- Septic abortion: An abortion associated with, and possibly caused by an infection of the uterus.
- Therapeutic abortion: The current medical literature quotes legal abortion with therapeutic abortion. However, the definition of the word “therapeutic”²⁶ means “treatment of disease”.²⁷
- Threatened abortion: A condition that usually includes vaginal bleeding but not cervical dilation, and may or may not lead to a condition of inevitable abortion.

The Emotional Effects of Abortion.

For many women, their first emotion after having an abortion is immediate relief that they are no longer burdened with unplanned pregnancy.²⁸ This feeling of relief is short-lived and is soon replaced by guilt, sadness, anger, fear and regret. In fact, these are just but a few of a subsequent feelings identified in post-abortion syndrome, after the loss of their aborted child.

The aftermath of abortion includes suffering identified as depression, grief, anxiety, sadness, shame, helplessness, hopelessness, sorrow, lowered self-esteem, distrust, hostility toward self and others, regret, insomnia, recurring dreams, nightmares, anniversary reactions, suicidal behavior, alcohol and or chemical dependencies, sexual

²⁶ The use of the term “therapeutic” is another pro-abortion attempt to sanitize a repulsive act, and it also implies that pregnancy is a disease, an assertion many pro-abortionists have made directly.

²⁷ Benjamin F. Miller, M.D, and Claire Brackman Keane, *Encyclopedia and Dictionary of Medicine, Nursing and Allied Health* (Philadelphia: W.B Saunders Company, Third Edition 1983).

²⁸ Michels Nancy, *Helping Women Recover From Abortion* (USA. Bethany House Publishers, 1988), 29.

dysfunction, insecurity, numbness, painful-experiencing of the abortion, relationship disruption, communication impediment, isolation, fetal fantasies, self-condemnation, flashbacks, uncontrollable weeping, bitterness and a sense of loss and emptiness.

How a Woman Responds to Abortion.

Each woman's experience is unique to herself. Her reasons for having the abortion and her personal circumstances at the time of the abortion will vary. However, how a woman responds to the experience can be categorized into three distinct types: Emotional, Behavioral and Cognitive.²⁹ The more common Emotional Responses include grief, guilt, anger, fear and depression. A woman can experience several of these responses or all five. Behavioral Responses can be varied and include frequent crying, the inability to communicate with others concerning the pregnancy and abortion experience, flashbacks of the abortion experience, sexual inhibition, thoughts of suicide and increased use of alcohol. Cognitive Responses are also varied. The common response after an abortion is the desire to learn more about pregnancy, fetal development and abortion procedures. This can be stress reducing if it helps the woman integrate the abortion of pregnancy and abortion that enhances stress. The woman's new awareness of fetal development and the abortion method used for her own abortion can cause great deal of guilt, anger, and depression resulting in higher stress.

²⁹ Dr. Anne Speckhard, *The Psycho-Social Aspects of Stress Following Abortion* (Doctoral Thesis submitted to the University of Minnesota, May 1985), 109.

The *healing journey* is a process by itself. It is not a day's duty that could just take an hour or so. Drawing from Trimble Holly³⁰, in the healing process any woman who had an abortion needs to acknowledge the following:

- A human being was killed during abortion.
- That human being was my own child.
- That child was created in the image of God, precious and unique
- I was wrong
- I am sorry
- I am hurt

An African Approach On Post Abortion Healing.

In a purely traditional African set-up, the idea of abortion was awful even unconceivable. In many societies, abortion was equated with a curse. However, the girl who was pregnant outside marriage was faced with the dilemma of self-pride and dignity. She knew that she was supposed to be married while still a virgin. To be found pregnant before marriage implied psychological torture of shame, guilt and worthlessness for her own self and for her entire family. In such a pressure, the young woman tries to restore her lost dignity and pride by referring to the skills of a medicine man and woman who would procure abortion.

In most African traditional society (ies), offending acts such as abortion not only disturbs the peace of the wrong doer, but also that of the entire community. Peace which

³⁰ Trimble Holly *Healing Post Abortion Trauma: Help for Women Hurt by Abortion*, (Holly Trimble, 1993),1.

includes physical, spiritual and psychological self, can only be restored by rites of purification³¹ Let us now take examples of two tribal societies to illustrate our point.

Luhya community of Western Kenya: In the case of abortion, the aborted child according to this community would be given a proper burial to show that he/she was already a human being. If the aborted child were a girl, the family would sleep at the grave for four days. In case he was a baby boy, they would do so for three days. After which, the mother would be shaved the entire head and then taken to the main road to bid farewell to her deceased child. An elderly woman who would be giving her moral support, encouragement, and forgiveness escorted her in the farewell journey.³²

The whole procedure, however incomplete it might have been, was helping the guilty mother to free her sinful act, accept it, and grieve for it with the support of the whole family. Only then could she be freed with the necessary admonitions.

The Chagga of Northern part of Tanzania. In this community, where faithfulness to tribal rules and loyalty are very much stressed, abortion was met with disgust and horror. The community looked at the agent of abortion as a curse. Hence the curse had to be taken away to restore the woman who had an abortion. For this purpose, a ceremony of purification, which included sacrifice to the deity and ritual cleansing, was organized. The woman was brought in front of the assembly holding in her hand a calabash containing the remains of her aborted child. After she had confessed her sin, she asked for the forgiveness of the ancestors and that they may take away from her the evil that led her to abort. Then the traditional priest would offer a sacrifice of a white animal

³¹ Fanusie Lloyd, *Sexuality and Woman in African Culture : Will to Arise Women. Tradition and the Church in Africa* (New York: Orbis Books, 1992), 143.

³² Mrs Cecilia Ochieng, a Luhya, is a mother of four and she offered this input to me. She is sixty five years old.

to the deity on her behalf. Later, she was led into the ancestral shrine, where she was bathed with blood of the sacrificed (sacrificial) animal together with a magic potion. This bath was to cleanse her from the evil spirits and from her evil deed. To conclude this process, she was sent away from the family for three months. Thus, this was to show the disapproval of the community regarding her act. It is only after completing all these that she was welcomed back for a normal life. Life continued normally after all the above had been fulfilled.³³ Today, the society has changed due to modernization and the so called technological advancement age.

2.3 CONCLUSION:

As we come to the end of this chapter, in any healing process God is the agent *par excellence*. We are just, as Mother Teresa of Calcutta puts it 'a small pen that He uses to write His message of love for humankind'.

In our sinfulness, we must always turn to him that he may restore in us wholeness. From this perspective, we would like to conclude with a prayer for healing that has been made by WEBA association.

God our Father, we thank you for the gift of life. Give us a sense of compassion, love and healing. Father, we make so many mistakes. We are human and sometimes we fail. Sometimes we want to walk in front of everyone... It is at those times that you remind us that you wish to send your Son to walk besides us and be our friend.

Father, for the woman today who needs healing, we pray that by the grace of our words and your love that healing might take place. For the children that have come to you through the pain of abortion, welcome them home Father, with mercy, love and compassion. Let their innocence Lord, remind us of your call in our hearts to be pure, holy and innocent. If I knew then what I know now, you would never have died my child. I'd had held you close and nurtured you, and

³³ Mtembezi Lello, aged 70 years old from Moshi Rural.

kept you by my side. I'd sing you songs and treasured you more than silver... But this song is all I will ever give to the babe I will never hold. I have never written poetry that has not been praised to the Lord who wept with me and held me through those days. Jesus, now I am asking, I know you hear my plea. Please hold my baby for me.³⁴

³⁴ WEBA= Women Exploited By Abortion

CHAPTER THREE

3.0 RESEARCH DESIGNS AND PROCEDURES.

3.1 INTRODUCTION.

After exploring on the literature review on “Post-Abortion healing” in chapter two, we now want to consider the methodology employed by the researcher in the development of this paper. In order that the interviews carried out during the long vacation of May 2001 to August 2001, also September and October during school time, to be successful, the respondents were assured of confidentiality in all responses. The areas that were involved are: (Arusha, Moshi) in Tanzania; Nairobi, Kenya; and Fort-Portal, Uganda, where the researcher did his pastoral work.

The research involved different people in terms of sex and status. Some centres of counseling were very helpful especially (GEM) Emmy Gichinga Counseling Centre in Nairobi, for literature review and interviews. Amani Counseling Centre was helpful too for the research while looking for some answers through interviews. People interviewed by the researcher included different age and work experience; married and unmarried people, doctors, nurses, counselors from counseling centres, college students as well as high school students. The researcher considered different cases of different people and tribes living within the above mentioned places.

3.2 RESEARCH INSTRUMENTS AND METHODOLOGY.

The data collections were carried out through questionnaires and personal interviews with the respondents who agreed to be part of this project with the researcher.

The undertaken questionnaires were prepared by the researcher himself and approved by the supervisor. The researcher used the questionnaires as the method to give the respondents freedom of expression. This was the easiest way to collect data that were needed by the researcher.

However, the face to face interview gave the researcher a great understanding of the respondents views concerning the issue of Post Abortion Healing. Again, it was possible to meet two women who had an abortion but asked for anonymity of their identity. They were able to provide the researcher with concrete examples of their experiences that were not expressed in writing. These volunteers were introduced to the researcher by a nurse in one of the hospitals in Moshi, and they were quite helpful. This was so since it was difficult to get some more victims who would freely share their aftermath experience of abortion. These two women gave the researcher a clue, thought, and taste of the pastoral work in the future.

The questionnaire instrument was set in a way that would lead the researcher towards the attitude and ideal thoughts of the respondents on the whole issue of abortion, and its implications, and then the healing of the victims.

3.3 DESCRIPTION OF INSTRUMENTS.

The data collection was arranged into two sections. Section A consisted of two parts. Part One, had four items which described the respondent: the name (which in order to facilitate free response was made optional), indicating whether a foreigner or an inhabitant, age, occupation, place/work experience, student and marital status.

Part One had thirty-five items. These are formal questions which were structured as interview questions and they were related to the attitude statements. But these were purposely for the interview. The questions involved: questions one to ten were to find out if abortion is an issue today in our Church and the society at large.

Questions eleven to nineteen were to find out the role played by the society (including typical setting of some parts in East Africa) the age, number of victims, education of the young girls, effects, etc. Questions twenty to twenty five asked about who is involved, what age, marital status, and what next? Questions twenty six to thirty one dwelt with the healing that can be obtained, and attitude toward the supernatural through prayer. Questions thirty two to thirty five dwelt with the attitudes of the victims; the role played by God amidst their suffering, and reactions of those victims.

Part two had thirteen items on the attitudes toward abortion and its healing as well as the effects. These questionnaires were typically for the interviews. The attitude statements were formulated according to the requirements of the research work. The respondents were required to indicate whether they strongly agree (SA), Agree (A), Undecided (U), Disagree (D) or strongly Disagree (SD) by putting a mark in the particular statement. This was done with the intention of making possible avenues for answers by the respondents somewhat easy.

All the questions and statements were given before hand to the respondents who accepted to be interviewed so that they could have enough time for the preparation in order to provide the information that is vital and perhaps accurate during the actual interview.

3.4 DATA COLLECTION TECHNIQUES.

The questionnaire forms were distributed on time by the researcher. The respondents were instructed on how to respond to them by simply reading the instructions given on each part/section; after which they would fill them. Enough time was given before they were collected back by the researcher. Out of all the questionnaires distributed, three questionnaire papers were not returned, five were returned by the respondents to the researcher. The rest were collected by the researcher. The languages used by researcher in the research instrument were both English and Kiswahili. English was more predominant.

3.5 ANALYSIS PROCEDURE.

The researcher employed the coding procedure after the completion of the data collection. This was done manually in order to categorize the data analysis. Lastly, quantitative method and data processing were employed. In tabulation the researcher used the frequency and percentage distributions for the data organization.

3.6 POPULATION SAMPLING.

The questionnaires were open to people of different status. In this research work, the researcher managed to get some participants who were all above fifteen years of age. These were nurses, doctors, counselors (professional), single mothers, youth, high school and college students and priests. Fifty five forms were distributed. Only fifty two were collected with response. All of these were responded fully, and given back on time. This is equivalent to 94.5%. The researcher was capable of interviewing twenty five (25)

people out of fifty two (52), which is 48%. Three were priests, which represents 12%, five nurses 20%, three counselors 12%, twelve college students 48%, two doctors 8%.

3.7 CONCLUSION.

In this chapter, the researcher discussed different components employed in the data collection. These components included its research instruments and descriptions, data collection procedures and population sampling. The following chapter will deal with the research findings.

CHAPTER FOUR.

4.0 RESEARCH FINDINGS.

4.1 INTRODUCTION

In this chapter, we are going to analyze the research findings that are relevant to the questions supplied on the issue of healing of the women who have had an abortion. We also consider this to be a pastoral issue today in African and Christian perspective. With this in mind, tables are inserted for more clarity and the summarized interpretation of the data of the research work.

This part on the one hand, will analyze the description of respondents: sex, age, occupation and marital status. On the other hand, it intends to discuss the presentation and interpretation of the tabulated data.

4.2 RESPONDENTS DESCRIPTION.

The researcher involved fifty five respondents. Fifty two fully participated as they fulfilled the requirements by the researcher. This is 94% of all the respondents. The following were the findings.

Table one: The overall distribution of all respondents:

Respondents	Frequency	Percentage
Doctors	2	3.63
Nurses	5	9.09
Priests	3	5.45
College students	12	21.81
Counselors	3	5.45
High School students	20	36.36
Single mothers	10	18.18
Total	55	100

The table above presents the total number of 55 respondents. The respondents frequency were 2(3.63%)doctors, 5(9.09%) Nurses, 3(5.45%) priests, 12(21.81%) college students, 3(5.45%) counselors, 20(36.36%) High School students, and 10(18.18%) single Mothers.

Table two:

Represents the total number of the respondents who fully participated in the data findings.

Respondents	Frequency	Percentage
Doctors	2	3.8
Nurses	5	9.6
Priests	3	5.8
College Students	11	21.2
Counselors	3	5.8
High School Students	18	34.6
Single Mothers	10	19.2
TOTAL	52	100

The table above shows that out of 2(3.8%) doctors, 5(9.6%) nurses, and 3(5.8%) priests, all of them participated fully in responding to the questionnaires. Again, 11(21.2%) College Students, 3(5.8%) Counselors, 18(34.6%) High School Students, 10(19.2%) single mothers responded fully.

Table three: Shows the gender distribution of the respondents.

Gender	Frequency	Percentage
Male	15	29
Female	37	71
TOTAL	52	100

The data above shows that out of fifty two respondents who participated in the research findings, 5(29%) were male, and 3(71%) were female. The table gender distribution reveals the difference of 42% between male and female.

Table three: The marital status of the respondents.

Marital Status	Frequency	Percentage
Married	20	38.5
Unmarried	32	61.5
TOTAL	52	100

Marital status table reveals that married respondents were 20(38.5%) male and 1(50%) female out of the 2(3.8%) doctors were married. 3(60%) male and 2(40%) female out of 5(10%) were married. 4(36.4%) male and 8(72.7) female out of 11(21.3%) College Student were married. 2(66.6%) male and 1(33.3%) female out of 3(5.8%) counselors were married. On the other hand, the unmarried were 3(5.8%) priests, 9(50%) male and 9(50%) female High school students and 10(19.25%) single mothers.

Table five: The age group for both male and female respondents.

Age group	Frequency	Percentage
10-20	2	3.85
20-30	8	15.38
30-40	21	40.38
40-50	10	19.23
50-60	8	15.38
60-70	3	15.38
TOTAL	52	100

The table above illustrates the age distribution of those respondents who participated in the research work. The table frequency shows that majority of respondents were between the age of 30-40 (40.38%) and 40-50 which is 19.23%.

Table six: The total number of the respondents who participated in the interview discussion.

Respondents	Frequency	Percentage
Doctors	1	5.26
College Students	10	52.63
Priests	2	10.53
Counselors	2	10.53
Single Mothers	4	21.05
TOTAL	19	100

The table reveals that out of the total respondents only 19(36.4%) respondents participated in the interview. These were 1(5.266%) doctors, 10(52.63%) College Students, 2(10.53%) Priests, 2(10.53%) Counselors and 4(21.05) Single Mothers. One of the College Students and the High School students were not available for the interview.

4.3 DISCUSSION AND INTERPRETATION OF DATA.

The number of the respondents 2(10.53%) priests, 1(5.26%) doctors, 8(42.11%) College students, 2(10.53%) Counselors and 3(15.79) Single Mothers agreed with the statement that one of the major problems in our society today is the issue of abortion. Those who affirmed the statement as indicated above were quite affirmative. Only 2(10.53%) College Student and 1(5.2%) were undecided. This suggests therefore that the majority of the respondents consider the issue of abortion as one of the major problems in the society today. Those who were undecided showed a possible doubt of 'who cares' if at all abortion is an issue or not?

On the other hand, 1(5.26%) College Students, 2(11%) Priests, 1(5.3%) Counselors, 3(16%) Single Mothers agreed with the statement that "there are many women who have aborted and very few of them are aware of how to deal with the effects of it. This suggests that a large number of the respondents accepted the difficulties in connecting the whole issue of abortion with the effects that follow after. This explains further why so many women remain caught in between wondering as per which is the path to follow once abortion has been performed. The same number of respondents agreed that it is somehow difficult to find a big number of women who have had an

abortion willing to undergo counseling or healing. Some reasons given include shame, fear of being known by the people and many other unjustified reasons.

In the description of the instruments in chapter three, the first two statements were placed to test the assumption whether the issue of post abortion healing is a pastoral one today. It has been proved through the respondents that the pastoral agents have a task to attend to as regard post abortion healing in our society today.

During the interviews between the researcher and the respondents, the majority of respondents suggested that the issue of women who have aborted requires attention by the Church and the society at large. A majority of the interviewed priests said that healing among the women who had an abortion is one of the issues in their pastoral work, since most of their faithful especially the victims of abortion do not understand the value of reconciliation through the sacrament of reconciliation. Moreover, others consider themselves as outcast since the action is not accepted in their own society leave alone in the Church.

Most of the respondents 2(10.53%) priests, 1(5.26%) Counselors, 3(15.8%) Single Mothers, strongly agreed with the statement “many women especially teenagers opt for abortion because of the pressing needs that would face them if the baby is born. The minimum number of respondents 1(5.26%) Single Mothers, 2(10.5%) doctors disagreed with the statement. The 8(42%) College Students were undecided. This suggests that there is a need of bringing awareness to the teenagers. More so, the truth about healing after abortion since they are the most vulnerable, keeping in mind the pressing needs they face often when a choice is made to bring the pregnancy to term. Again, this could as well suggest that there could be a is a problem whenever a choice is

made between the mother who is to either carry forth abortion and the people surrounding her e.g. family members, friends etc. At the end, the choice made affects her terribly since most of them opt for abortion in order to counteract the pressing needs that could have surfaced if the baby was born.

Sharing with the interviewed respondents, the majority of the Single Mothers and the College Students said that they find difficulties on how to interpret the teachings of the Church. A number of counselors 2(10.53%) argued that there are other issues apart from the one of the Church law concerning abortion and healing which add more pressure on the victims of abortion. Today, the Church faces difficulties when the society is projecting an ideal of a woman. Some women use a lot of money to do whatever they want especially abortion and do not go for healing after that. Sometimes it sounds to them as if they are safe though in truth they are not. The difficulty the respondents mentioned is that of all the two types of women mentioned above, the poor ones turn to the priests looking for assistance, while the rich who are quite few do not. They keep their wounds within themselves and they do not go for healing.

Another issue discussed during the interview between the researcher and respondent about the evil of abortion as the result of the foreign influence. A number of respondents mentioned the problem of their fellow committed Christians who participate fully in the Church but are refused participation in the table of the Lord e.g. Eucharist. This may be either because they have in one way or another participated in the evil of abortion and they have not looked forth for healing. In this sense, the unity which the sacrament should reflect becomes a division. It was said that many young people even abandon going to the Church because they have a wrong understanding of the Church'

teachings that that once a crime of abortion is committed, the person involved deserves condemnation and should be excommunicated by the Church. Of course, the Church has the laws that govern it but at the same time offers the substantial help to heal the wounded ones, for this matter the women who have had an abortion.

Almost all the respondents 1(5.26%) doctors, 10(52.63%) College Students, 2(10.53%) Counselors, 2(10.53%) Priests, and 4(21.05%) Single Mothers disagree with the statement that 'the girls who abort while in schools should discontinue their studies. Some of them said that today it is very common to find dropouts from schools simply because of an attempted abortion. On the other hand, Fr. Shiyo Alex, a diocesan priest, added that in his pastoral work he has encountered some of the young women who have dropped out of school because of pregnancy and finally who ended up opting for an abortion. They now seek for help in his parish where there is a program to help the women who have had an abortion. This suggests that there are many wounded women who have had an abortion in our society today who have not yet turned out to seek for help. Some of them do not come out strongly and declare themselves as victims in order to receive help. Instead, they hide and keep their wounds until the worse come to the worst. From the above, we can say that majority are in favor of allowing even those victims of abortion to continue with their studies, since dropping them out does not help them but rather destroy them.

All the respondents disagree with the statements formulated in seven, eight, nine and ten in the interview. They are as follows. In case of rape, and unwanted pregnancies, abortion should be the solution. Contraceptives should be advocated in order to avoid unwanted pregnancies. Couples who have failed to have a baby due to an abortion

procured prior to their marriage should be granted a divorce. Lastly, it is important to establish counseling centers in almost every Parish in order to meet the needs of women who have had an abortion, instead of just establishing them in urban centers. The reason given here is that it will be costly, inefficient and inadequate if they are so many centers established.

A number of respondents 2(100%) Doctors, 5(100%) Nurses, 3(100%) Priests, 12(100%) College Students, 3(100%) Counselors, 20(100%) High School students and 10(100%) Single Mothers strongly agreed with the statement that “in our own churches, the role played by the clergy and social workers in offering counseling skills on healing after abortion is strongly felt by the victims. However, almost the similar number above were undecided while responding to the statement “the teenagers are the ones who mostly need to be taught about the evil of abortion than the married couples.” They are undecided because of the suspicion they have on the kind of information they would receive claiming that there is ignorance even by those providing the information. This suggests that there is ignorance of the respondents as they do not know what is contained in the programs offered in order to receive the healing. Again, those offering the skills may not be Catholics or well trained. However, it was observed that the information given out of friendship could be misleading.

A number of the interviewed respondents 2(10.53%) Priests, 1(5.26%) Doctors strongly agreed with the statement that: “it is possible that regardless of all the information available for counseling, there are so many people who have not yet known how to go about this issue of post abortion healing.” The local Church should train Catholic teachers, lay people and all other interested Christians in carrying out this task.

It is after involving a variety of people of different status in life that the issue of post abortion healing can be put to rest once many men and women are aware hence making the society a better place to live in. The Church at large can not do it alone. This needs the support of every person of the good will.

4.4 CONCLUSION

This chapter has been dealing with the research findings. It has come out with the results, discussions and presentations of the interpretation of the questions concerning the post abortion healing of the women who have had an abortion. Some different insights, thoughts, ideas, and opinions have been addressed that highlight what is to be done in dealing with the issues. Now we turn to our final chapter, chapter five, which carries over the recommendations, pastoral suggestions for our future pastoral work and conclusion.

CHAPTER FIVE.

5.0 RECOMMENDATIONS, PASTORAL SUGGESTIONS, GENERAL CONCLUSION.

5.1 INTRODUCTION

In this chapter we want to consider and present some recommendations, pastoral suggestions for future research work and general conclusion on the findings on *Post Abortion Healing of the Women who have had an Abortion*. In addition, we want to present this as the pastoral issue today.

As we already mentioned in the objective of the study in Chapter one, it is our duty to investigate the ways to be followed or rather recommendations to be applied in order to minimize the whole issue of abortion and its effect, and bring healing in our society today.

5.2 PASTORAL SUGGESTIONS

1. In a Christian setting society, the woman would have to see a pastor who stands in the person of Christ. The woman knows that she has sinned against the law of God and she needs to confess her sin and be forgiven and reconciled to the people of God.
2. Consequently, we suggest that in a healing ministry, we must seek to lead the woman who has had an abortion to remember not to intensify her pain but to help her to deal with post abortion trauma so that she might begin the process of letting go of her pain, and grow from it.
3. As a woman embarks of this journey of healing, the first relief she will receive from God through the pastor is not instant relief, but a sense of hope that healing is

possible for her. Thus, we suggest that we do not underrate the Church's use of Canon Law, but we believe that the Law can not save by itself. It can only help recognize sinful acts.

4. We also suggest further that, it is the law of God that should prevail not Canon law as such. For this reason, the pastor must avoid canonical and theological approach to the woman's situation. We are called to heal and convert, not to condemn. Condemnation may destroy the seeds of conversion and healing. That does not mean that we are playing down the abortion, pretending that it was insignificant. In fact, Canon Law must lead us to work for the total healing of the sinner.
5. The Parish setting should emphasize the importance of prayer. This could as well be organized in prayer groups that meet often to share the Scripture. Those who are victims of abortion could see this as a way of coming closer to the pastor to seek the assistance for healing.

5.3 RECOMMENDATIONS.

In order to enter the journey of healing fully, it is necessary to have some recommendations that can help us fully in our field once followed carefully though technically. We therefore recommend the steps that have been put in place by others in the field of counseling and healing to be applied in any encounter of the healing of the women who have had an abortion.

Let us look closely at the few steps involved in such journey of healing as presented by Reisser Teri and Paul³⁵. Moreover, we recommend strongly the other eight

³⁵ In this section of the psycho-pastor healing process, we shall follow closely the steps presented by Reisser Teri and Reisser Paul in their book "*Help for the Post-Abortion Woman*".

steps listed on page forty-seven of this work which are used today in any professional counseling and healing of the women who have had an abortion. The following are the steps by Reisser Teri and Teri Paul.

(i) Working through the denial.

Building a relationship with the woman who had an abortion is the foundation of the healing process.³⁶ As a part of the Lord's healing ministry, we are not called to be a woman's master on her problem, but her friend. To really care is to wish the best for the other, and perhaps to predispose her to be open to the experience of healing that will come through the one we have recommended, if not ourselves. Her openness and trust will condition and encourage her to go through the first step in which normally there is a lot of resistance in form of denial of the whole experience which is always painful. For women who have had abortion cannot seek wholeness through those who do not really understand or believe in the reality of their brokenness. Therefore, it is important to support the woman and help her get in touch with and express what makes her feel that way. The commitment is to be a 'truth speaker' in the life of the woman and help her gently. Being a 'truth speaker' helps to share what she needs to hear rather than what she might want to hear.

There is no need of trying to please, as this will not help the woman to confess the truth about herself under the cover of avoiding pain. Mannion makes it clear "denial is the common experience of one who has not yet committed herself to the healing process or even admitted its need."³⁷ Pain must be faced before it can be healed.

³⁶ Mannion Michael, *Abortion and Healing, A Cry to be Whole* (New York: Sheed & Ward, 1986), 39.

³⁷ *Ibid.*, 65.

(ii) Dealing with issues of guilt and accepting God's forgiveness.

In the Catholic tradition, the sacrament of reconciliation is an expression and a celebration of a healing process that is already in motion. Healing happens not only when the woman reaches out, but when she grasps God's hand as He reaches down to her. Our pastoral sensitivity must lead us to present in a clear and loving manner the Father's deep love and mercy for the broken woman (cf. story of prodigal son of Luke. 15). If not she may feel to be a subject of a mechanical spiritual process, at the end of which she is asked to say 'three Hail Mary'. The acceptance and experience of healing flow from a real trusting relationship with Christ, the Church and her ministers.

Healing takes place when tears come not so much because the past is painfully remembered, but because the present now carries with it the Father's hope and love (Rom 8:29). The woman who has not yet experienced God's forgiveness will find it hard to forgive those who were involved in one way or another in the abortion, including herself.

(iii) Anger and Forgiveness towards Herself and Others.

Most women experience post abortion syndrome consisting in anger that has been suppressed since the time of abortion. There is usually resistance to getting in touch with the dark sentiment. Sometimes this is due to the fear that expressing anger will lead to rage then total lack of control. In this sense, Christian women will suffer most because they have been 'bombarded' with sermons that tell them that anger and resentment towards others is bad. To forgive is nice and beautiful, but until we can identify what needs to be forgiven, it lays beneath the surface like a pool of toxic waste material, ever menacing to bubble up and poison on desperate striving for wholeness.³⁸

³⁸Teri and Paul, 60.

The post abortion woman must stop or reconcile her pain and anger she felt and still feels. Indeed the very first task of healing is to access the negative feelings that surrounded the abortion experience. This will clear the path to authentic and permanent forgiveness.

From the same perspective, it is important to identify those who are targets of the anger especially those who have something to do with the experience, including herself.

The whole purpose of this process is to understand that some anger is unjustified and hence needs to be released, or justified, in which case we need to forgive the other person. If God has forgiven us, who are we to refuse forgiveness to others?

(iv) Overcoming Debilitating Grief.

Illustrating from Holly Trimble, a woman who has had an abortion has suffered a great personal loss. She has lost a child to death. Grief is a necessary part of coming to terms with death. Though seemingly unbelievable, it causes us to grow and gain insights in ways that might not be possible or otherwise. If a person turns to God in her grief, God will use that pain and sorrow to draw her closer (Ps 34:18).

An important element in overcoming grief is to help the woman communicate her feelings, emotions.³⁹ In this particular case, “since the mother has no clear memories of her child, it is often necessary to help the woman recreate her baby, pretending that she knows his/her physical characteristics in order to plant a mental and emotional picture firmly in her mind.⁴⁰ Then she can ask forgiveness from the child for her act.

³⁹ Holly, 25-26.

⁴⁰ Teri and Paul, 66-67.

Another tool to ease the woman is to encourage her to write a letter to her aborted child, pouring out her heart, explaining under which circumstances the abortion was executed or done, how she/he is missed and how sorry she is etc.

Today, Professional Healing considers the eight steps. We can call them the healing steps to be whole again. We see ourselves as the healing instruments in the Church. When we encounter the victim of abortion who is searching for healing; the following 8 steps are necessary and recommended strongly to follow in order to reach the total healing of the victim of the abortion.

1. **STORY:** The priest begins as follows: "Tell me your story." Plead ignorance. Listen to her story. Every story is a tragedy. Keep in mind that story.
2. **GENDER:** lead her to this question. Was your child a boy or a girl? You will be surprised that 80% of the women who have had an abortion know the gender.
3. **NAME:** Again, lead her to this question: What name would you like to give your child? If she does not know the gender of her aborted baby then try to pick a name that is sexless. We are giving a child some person hood. We shall henceforth refer the child with this / by that name.
4. **MEMORIAL:** This means to concretize the child, as there has been no grave nor a marker. In concretization we try to establish some concrete way to remember a child. This can as well depend on the culture of the people, for example, a woman may plant a banana or mango or any other perennial garden flower to remind her of the child. This works as a marker. This will

- always act as a sign/symbol to remind her of the baby. She may also decide to buy a necklace, a chalice etc, which will act as a reminder of the child.
5. **LETTER WRITING:** Let your counseling lead her to writing a letter to her child. This opens up the communication between her and the child. This letter should include things like why she did what she did. She has to acknowledge that she was wrong and apologize to the child. The letter should be read by her during counseling session. This helps to open up the communication in many avenues. Some may prefer to compose a song or a poem to that effect.
 6. **INNER HEALING:** The counselor has to lead the client to questions like: *where is the child? With whom is the child? Is the child okay?* Here the intention is not to inflict pain, but rather to enter into the healing itself. With willingness to share deeply, the woman can visualize the presence of her child on the hands of Jesus himself. Then the invocation of the Holy Spirit and other prayers together may follow..
 7. **RECONCILIATION:** Some books place this step as the first. It is psychologically wrong. It is the last and not the first if it has to achieve its purpose. In case you are not a priest or clergy, then refer the client to a priest/clergy. For her to be healed has to meet the child she had killed as not hers in the first place but God's. This step consists of forgiveness; for Catholics the Sacrament of Confession and being handed over either a rose flower or rosary or the crucifix etc., is quite important. For other Christians who may not necessarily be Catholics, could be helped by professional

counselors towards healing. NB: Inculturation is here necessary depending on one's cultural background.

8. **CLOSURE:** Generally this means to end the healing relationship. Sometimes it is part of closure to make a referral for unresolved issues if any. Pain is reckoned with, because of the steps that have been taken above. Although now her maternity is restored, still different types of pains may persist. Pain is a sign of healing. It is normal to any mother who loses her child.

To go through the 8 steps may take one to three months or even more. Remember that sometimes a client may visit the pastor for only one point at a time and then return after several months for another. You just attend to one issue after another as they keep on coming. Remember that prayer is the key to success for the pastor if not for both.

5.4 RECOMMENDATIONS FOR FUTURE RESEARCH.

The findings reported in this work stress the need to carry out further research study in order to adequately deal with post abortion issues today in our society and in the Church at large. Thus, we make some recommendations in some areas for future study.

1. The need for more inculturation in a kind of African code of Canon law.
2. The survey similar to this which will involve Christian churches and other religions in order that there could be a balance since there are those who abort and are not Christians.

3. The means to reconcile the misguided understanding of how to obtain healing after abortion.
4. To create more awareness in our society through workshops and seminars to women in order that those not yet affected may have the basic knowledge about abortion and its healing.

5.5 GENERAL CONCLUSION.

As we come to an end of our work, we feel that that we have managed to deal with the issue of the healing of women who have had an abortion. This being the pastoral issue today, we have tried to come up with suggestion and recommendations that can be helpful in the pastoral field. Thus, we feel that we have managed to achieve the goals we aimed at our proposed main objectives as stated in chapter one.

The data used also helped us to find out if the victims of abortion are many in our society today. With the information we gathered through interviews and the literature review, we were able and confident in carrying this research work. Once we were able to discuss and analyze the findings, proved that healing of the women who have had an abortion is a pastoral issue today.

On the other hand, we hope that some pastoral suggestions, recommendations and future recommendations we have offered, will be helpful in dealing with any case of post abortion healing now or in the future.

It is our hope that as we come to the end of this research work there are people of good will outside there, who will pick up interest to continue to research on this topic. Moreover, they will perhaps offer better solutions in dealing with the issue of healing of

the women who have had an abortion. The approach will perhaps be wider one so as to allow a more and wider variety of participants who might belong to other denominations. The role of prayer in the whole issue of healing should not be undermined in any way whatsoever. Let it be a believer or not, prayer plays the major role at the end of it all.

ABBREVIATIONS.

D&C = Dilation and Curettage

D&E = Dilation and Evacuation

D&X = Dilation and Extraction

WEBA = Women Affected By Abortion

GEM = Gichinga Emmy Counseling Center

SA = Strongly Agree

A = Agree

U = Undecided

D = Disagree

SD = Strongly Disagree

Ps = Psalm

BIBLIOGRAPHY.

1. BOOKS.

Cochrane Linda. *Forgiven and Set free, A post Abortion Bible Study for Women.* USA: Baker Books, 1996.

Connery John. *Abortion: The Development of the Roman Perspective.* Chicago: Loyola University Press, 1997.

Cooke Robert. *The Terrible Choice.* New York: Bantam Books, 1968.

Duffy Paul. *The Politics of Abortion.* Honebuh: Alba House, 1971

Friedman, E. A. *Therapeutic Abortion.* New York: Liturgical Press, 1974.

Gichinga Emmy. *Unmarried Mothers.* Nairobi: Uzima Press, 1996.

Grizes Germain. *Abortion: The myths, realities and the arguments.* New York: Corpus Books, 1970.

Heancy Stephen. *Abortion a new Generation of Catholic Response.* USA: Massachusetts, Library of Congress, 1992.

Hern Warren. *Abortion Practice.* Philadelphia: J.B. Lippincott Company, 1990.

Karanja Stephen. *Abortion.* Nairobi: Pauline Publications, 1994.

Mannion Michael. *Abortion and Healing. A cry to be whole.* New York: Sheed and Ward, 1986.

Marx Paul. *The Death Peddlers, War on unborn.* Minnesota: St. John's University Press, 1971.

Marx Paul. *Abortions International.* Minnesota: Liturgical Press, 1971.

Mc Donald William. *New Catholic Encyclopedia.* USA: Jack Heraty & Associates, Inc., 1981, Vol.1

Michels Nancy. *Helping Women Recover from Abortion.* Minnesota: Bethany House Publisher, 1988.

Miller Benjamin. *Encyclopedia and Dictionary of Medicine, Nursing and Allied Health*. Philadelphia: W.B. Saunders Company, 1983.

Nelson William A. *Webster's New International Dictionary of the English Language*. USA: G & C Merriam Company Publishers, 1945.

Newbury C. *Life is the First Human Right in the Lamp*. New York: In the lam Publishers, 1990.

Noonan John. *The Morality of Abortion, Legal and Historical Perspectives*. Massachusetts: Harvard University, 1970.

O'Donnel Thomas. *Medicine and Christian Morality*. New York: Alba House, 1996.

Oduyoye Mercy and Amba Kanyoro. *The Will to Arise Women, Tradition, and the Church in Africa*. New York: Orbis Books, 1992.

Reardon David. *Aborted Women Silent no More*. Illinois: Crossway Books, 1987

Regan Augustine. *Though Shall Not Kill*. Wisconsin: Clergy Books Service, 1970

Reosser, Teri, Reisser Paul. *Help for the Post-Abortion Woman*. New York: Life Cycle Book, 1994.

Schwarz Stephen. *The moral Question of Abortion*. Chicago: Loyola University Press, 1990.

Shaw Russe. *Abortion on Trial*. Ohio: Pflaum Press, 1968.

Speckhard Anne. *The Psycho-Social Aspect of Stress Following Abortion*. Doctoral Thesis submitted to the University of Minnesota, May 1985.

Trimble Holly. *Healing Post Abortion Trauma: Help for Women hurt by Abortion*. New York: Holly Trimble, 1993.

2. JOURNALS.

Byrne Harry. *A pro-life strategy of persuasion*. New York: America Press. 2001, Vol. 184, No. 2.

Clifford James. *Was there any real Choice? What happened to the "pro" and "anti" abortion?*. New York: America Press, 2000, Vol.183, No.2.

Curtiss Regan. *Abortion: Moral blight, National Scandal*. Washington: Catholic News Service. 2000, Vol. 30, No.19.

3. UNPUBLISHED ARTICLES.

Wanjohi Raphael. *Pastoral Psychology*, Class Notes. Nairobi: Tangaza College, 2001

Zimmerman Karl-Peter. *The code of Canon Law*, canon 1398, Class Notes. Nairobi: Tangaza College, 2001.

4. OTHER SOURCES.

Nation Newspaper. *The daily paper of Kenya*. Nairobi: East Africa Media, 28th June 2001.

New People Magazine. *Cast away fear*, A contribution to the African Synod, On family. Nairobi: Comboni Missionary Media Centre, 29th March-April 2000.

APPENDICES

APPENDIX ONE

Questionnaires.

Kindly write YES /NO/ SHORT ANSWER after each question.

1. Does rape have enough reason to justify abortion? -----
2. Does the principle of lack of consent justify abortion in rape? -----
3. When a 19 year old girl is raped, is there a possibility of telling the parents? -----

4. Should a girl with unborn baby be allowed to procure an abortion? -----
5. If not, is the society/family/institution willing to provide social, financial and religious help to such a girl and her baby in number four above? -----

6. Will classes in sex instruction and parenthood training in the schools cut down pregnancy among teen-agers? -----
7. Does abortion in the countries/towns/cities that you know prevent mental illness among the pregnant women? -----
8. Is abortion a solution to population control? Race control? Poverty control? Give any other. -----
9. Is abortion a substitute for an adequate welfare program? -----
10. Is family planning a better solution to counteract abortion? -----
11. What role should a father/mother play in the decision on abortion? -----

12. Does a change in laws that advocate for abortion lead to an evasion of responsibility? -----

13. Who should speak for the rights of the voiceless fetus? If the rights of the fetus are in conflict with those of the mother, who decides which one prevails? -----

14. Is it correct that one of the major issues in the counseling centers is counseling women who have had an abortion? -----
15. What could be done to establish a better knowledge to the people who don't have access to the information about the spiritual, and physical healing after abortion? ----

16. Do you feel that the number of abortionists and their victims in your country is increasing or decreasing? Why? -----

17. Is abortion before marriage somehow affecting most of marriages today? Could it one of the causes of divorce today? -----
18. Should the Church refuse full communion to those who commit the evil of abortion to be its members? -----
19. Do you think abortion is one of the causes of some childless marriages? What do you think can be done to help such a couple? -----

20. What are your views on question 19 if the answer is no? Do you think it can happen to you? What would you do if it happened? -----

21. How can young people who want to have an abortion be helped? What would you like to tell them as far as their future is concerned? -----

22. What is your view on the use of contraceptives as a solution to unwanted pregnancies that might result into abortion? -----
23. How would you counsel someone who comes to you and confesses that she had an abortion? -----

24. Do you think the sin of abortion is unforgivable? Why? -----

25. Do you think that the women who abort go to seek for professional help with easiness or difficulties? What makes you say so? -----

APPENDIX TWO.

Questionnaires for the Interviews.	Strongly Agree (SA)	Agree (A)	Undecided (U)	Disagree (D)	Strongly Disagree (SD)
1. One of the issues in our society today is the problem of the women who have aborted.					
2. There are many women who have aborted and very few of them are aware of how to deal with the effects of it.					
3. Many women especially teenagers opt for abortion because of the pressing needs that would face them if the baby is born.					
4. Some of the Church laws regarding on whoever participates in abortion whether indirect/direct should be revisited.					
5. The evil of abortion was never heard of among African indigenous people. It is just a result of the foreign influence.					

<p>6. The girls who abort while in schools should be discontinued from their studies.</p>					
<p>7. In case of rape and incest pregnancies, abortion should be the solution.</p>					
<p>8. Contraceptives should be advocated for, in order to avoid unwanted pregnancies.</p>					
<p>9. Couples who have failed to have a baby due to an abortion procured prior to their marriage should be granted a divorce.</p>					
<p>10. It is important to establish counseling Centers almost in every Parish in order to meet the needs of women who have aborted, instead of just establishing them in Urban Centers.</p>					

<p>11. In our own churches, the role played by the clergy and social workers in offering counseling skills on healing after abortion is strongly felt by the victims.</p>					
<p>12. Teen-agers are the ones who mostly need to be taught about the evil of abortion than the married couples.</p>					
<p>13. It is possible that, regardless of all the information available for counseling, there are so many people who have not yet known how to go about this issue of post-abortion healing.</p>					