



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

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

ABORTION TRAUMA BEFORE MARRIAGE A RESPONSE TO DIVIETRI AND BOZZA

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We welcome the opportunity to respond to Dr. DiVietri and Mr. Bozza, and appreciate their sensitivity, concern, and care for those wounded by participation in abortion. We begin by offering a brief background regarding our work in the field of post-abortion education and healing.

Dr. Theresa Burke is the author of *Forbidden Grief—The Unspoken Pain of Abortion*, an internationally recognized work in the field of post-abortion trauma. She has developed a number of treatment models for abortion and sexual abuse that have brought the emotional and spiritual healing of Christ to over sixty thousand men and women through diocesan and other faith-based ministries. Rachel's Vineyard, an international ministry of Priests for Life, has held over 1,852 healing weekends throughout the nation and is now available in seventeen countries. Together, we have been providing education and treatment models for professionals, religious, clergy, and laypersons, as well as leadership training for the many different ministries using the Rachel's Vineyard healing programs.

Our expertise is in the field of post-abortion trauma and healing with individuals, couples, and families. We rely on the knowledge and experience of those working in Family Life ministries and marriage preparation programs to decide in what ways they might integrate the information and experience we share regarding the relational dysfunction that can result from abortion trauma.

The Importance of Trust

We approach this issue with a shared sensitivity to the traumatic wound of abortion but also with the trust, confidence, and hope that comes from witnessing the deep and lasting healing of post-abortion trauma symptoms in the treatment programs of Rachel's Vineyard. We have seen lives restored, marriages renewed, faith deepened, and profound and miraculous transformation. So we do not view this issue in the same atmosphere of fear that seems to permeate the position taken by Dr. DiVietri and Mr. Bozza. Our experience of post-abortion healing is sharing a message of hope, and the good news of healing and restoration through Jesus Christ.

According to the latest statistics from the Alan Guttmacher Institute, one in three women between the ages of eighteen to forty-five will have at least one abortion during their reproductive period.¹ Like all victims of trauma, those suffering after abortion will struggle to suppress their feelings and put the event behind them. This complicated and buried grief finds self-destructive outlets in private addictions and compulsions, eating disorders, the abuse of drugs and alcohol, promiscuity, anxiety, depression, acting out, and workaholicism to provide a shield against pain—or to create a private fortress against future intimacy. One must remember that men are intimately involved in 95 percent of all abortion decisions and also suffer symptoms of postabortion trauma from their participation in the death of their unborn child. They, too, need to hear about the good news of healing. There is an equally strong hunger among all who suffer after abortion to make sense of the traumatic event, and to find healing and wholeness.

These symptoms significantly affect marriage and family life. Abortion creates a *relational* and *spiritual* wound. A healthy marital relationship is marked by a deep bonding between husband and wife, with a foundational trust that leads to vibrant and satisfying emotional, spiritual, and physical intimacy. Abortion is a traumatic death experience, which is closely associated to relational and sexual intimacy and creates a profound fracture of trust that strikes at the heart of a relationship. Secrets and extramarital affairs are not uncommon for those with abortion in their history.

Specific Responses

1. The psychological trauma associated with abortion will be encountered and exposed, leaving the woman dramatically vulnerable.

The symptoms of unhealed trauma, suffered in secrecy and isolation, wreak havoc on the lives and relationships of persons suffering after abortion. Bringing light to the problem and offering healing resources do not leave women and men vulnerable—they empower them with knowledge and hope. This is so important for victims of trauma!

We must be careful not to marginalize and overemphasize the vulnerability of this population in a way that reinforces their already deep sense of shame and guilt. By gently introducing the issue and stressing the desire of the Church to respond with love, we provide a great service to those we are called to serve so they do not suffer for years in ignorance and isolation.

2. This issue can be safely discussed only in a private meeting with a priest, deacon, or counselor.

When Dr. Burke initiated the first post-abortion healing groups and retreats in 1986, some therapists and post-abortion experts suggested that no one would

come and that only competent clergy or counselors could safely treat this problem in the sanctuary of their private offices or rectories. Now, twenty years later, there are over 450 Rachel's Vineyard weekend retreats, with almost half of them being offered by diocesan Project Rachel or other diocesan ministries. An outcome study on Rachel's Vineyard participants across the country confirmed that the retreat is a highly effective treatment process with a sustained relief of symptoms.²

There are good reasons to question the value of encouraging the post-abortive woman to enter into an exclusive relationship with a priest, deacon, or even one therapist as her sole source of support and treatment for post-abortion trauma. We have learned from our experiences across the country that the lack of boundaries, due to trauma and intimacy issues in these relationships, can become unhealthy and commonly sexualized. This is especially true of the many women who have experienced sexual abuse and abortion and may exhibit more serious relational dysfunction.

The latest research in trauma theory supports the efficacy of sensory-based treatment programs like Rachel's Vineyard working in a complementary relationship with clergy and therapist as the best treatment model for post-abortion healing.³ Traditional talk therapy should not be *the exclusive treatment option*. Trauma victims can get stuck in counseling sessions in the endless repetition of themes and feelings related to their experience. The same can be said for the thousands of women who are locked into a cycle of repeat confessions. There is a need to treat the trauma and complicated grief first or as part of a treatment process (confession is offered on the Saturday evening of a Rachel's Vineyard retreat) so that the woman may better receive the sacramental grace.

Healing requires a community that affirms and protects the victims, joining them in a common alliance. Victims can dismantle the secret in a social context of love and support, end the isolation, and connect with others who share their loss.

3. The delicacy of the topic, and its potential for unwanted public revelations makes it an inappropriate subject during the normal public presentation courses in marriage preparation.

We believe that gently and briefly introducing the issue in marriage preparation, in the context of related issues such as drug and alcohol abuse, or histories of sexual abuse that can affect marital functioning, would not produce undue anxiety. This is especially true given that the overall message will be offered as a loving invitation to deeper healing in the Lord, which will bless marriage and family life. Sharing information, local resources for healing, and Web sites, such as www.rachelsvineyard.org or a similar diocesan web page on post-abortion healing, will better prepare a person to seek further counsel and

healing. Many people will learn of the implications of post-abortion issues in marriage and may want to discuss this further with a priest, counselor, or layperson involved in marriage prep. Others may wait until sometime after their marriage, when they feel they are in a more stable position to make the healing journey. But couples will understand the possible implications of abortion on their married life and, if symptoms emerge, know that effective healing resources are available.

4. The subject cannot be discussed in a general presentation because the majority of women have not discussed the abortion with their fiancé.

Pre-Cana programs are preparing couples to enter into the most intimate and sacred sacramental union with one another. If the relationship is so fragile and unsafe that we cannot in a public setting gently introduce this issue with love and hope, then we have to ask if this relationship needs further maturation before the couple enters the sacrament of matrimony.

Men also suffer post-abortion reactions and will benefit from knowledge of post-abortive symptoms, the symptoms' effects on relationships, and healing resources in the diocese. Men are at risk when they marry women with a previous abortion. Post-abortion symptoms often emerge during the couples' first "wanted pregnancy." It is tragic to see a man realize late that his wife was suffering post-abortion trauma and that he was powerless to help her because of his ignorance of the symptoms and healing resources.

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Notes

1 "An Overview of Abortion in the United States," Alan Guttmacher Institute, http://www.guttmacher.org/media/press_kits/2005/06/28/abortionoverview.html

2 Martha Shuping, *Rachel's Vineyard Outcome Study* (Charlotte, NC: Rachel Network/Winston-Salem, NC: John Bosco Institute, 2004).

3 J. Lebow, "Mindfulness Goes Mainstream," *Psychotherapy Networker* (September–October 2005): 91–93.



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