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[http://www.ewtn.com/library/PROLIFE/zabortd  
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04 March, 2006

A Publication of **Rachel's Vineyard Ministries**  
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# Abortion And Depression

## *Part I*

### An Interview with Theresa Burke of Rachel's Vineyard Ministries

A woman goes through psychological stages in her relation with her unborn child as a pregnancy progresses — a factor often overlooked in the abortion debate. So says Theresa Burke, the founder of Rachel's Vineyard Ministries, a ministry of weekend retreats for healing after abortion. In this two-part interview with ZENIT, Burke discusses the relationship between a woman and her unborn child, and the link between abortion and depression.

*Part 2 appears in today's ZENIT service.*

**Q:** What is the nature of the psychological relationship between a woman and the unborn child as it develops during the pregnancy?

**Burke:** Pregnancy is not a disease or an illness. It is a natural event that has been going on for thousands of years, in every generation.

Women's bodies are instinctually programmed to nurture and sustain life. The psychological relationship between the mother and her unborn child is triggered by physical and hormonal changes, but also by the woman's support system and culture.

For most women the first trimester is a time of anticipation and excitement about the pregnancy, or anger and fear that an unplanned pregnancy has occurred.

Ambivalent feelings are common: The mother marvels at the mysterious fact that her body is capable of producing life; yet she may also feel overwhelmed by the responsibilities of caring for another human being.

As the pregnancy progresses, the mother may have both positive and negative feelings about the changes in the shape of her body. The third trimester may include anxiety about the birth; concerns about the health of her baby;

worries about how her partner will adjust to the new member of the family as well as financial concerns.

At the same time, the woman feels excitement and anticipation about the forthcoming birth of her baby and the beginning of a completely new phase in her life.

By the moment of birth, when the child is placed in a mother's arms, the mystery, the wonder, the excitement all culminate in a powerful bonding process as the mother joyfully welcomes a precious new life into the world.

We could say that women also require the full nine months of pregnancy to embark upon the emotional and psychological process that accompanies motherhood. Together, both mother and child are going through a dramatic and rapid developmental transformation.

**Q:** What roles do other factors, particularly the pressures from family and boyfriends, plus economic problems, place on a woman's decision to abort?

**Burke:** When we look behind the rhetoric of choice, we can more honestly ask, "Whose choice is it?"

Recent research indicates that in **95%** of all cases the male partner plays a central role in the abortion decision.

Other studies, such as a July 2005 report in the Elliot Institute's Post Abortion Review, reveal that up to **80%** of women would give birth if given support.

A former abortion-clinic security guard testified in Massachusetts that women are routinely threatened or abused by the men who took them to clinics.

Too often, abortion is the choice of someone else in her life and we hear most women say they had no choice but abortion.

In fact, murder is the No. 1 cause of death among pregnant women. Men who have been convicted of the murder of their pregnant partners cite not wanting to pay child support as the primary motive.

Such disturbing national statistics clearly indicate that there is a high level of coercion driving women into unwanted abortions.

Without the consistent support of the baby's father or her own family, many mothers fear they will not have the resources to provide for the child. Given

the poverty rates among single parents and the challenges they face, this is a real problem.

In far too many cases, behind every woman having an abortion you will find a host of persons that are very much involved in her "choice" and often in manipulative in their persuasion.

This can be a younger woman's parents who threaten her with a withdrawal of love or even eviction if she does not abort; the school/mental health or health care professional who use the power of their position to make abortion seem the rational, mature and only decision that makes sense given her circumstances.

This is especially problematic when there is a hint of any health problems with the unborn child. In these cases the pressure is often quite strong to abort.

For women who are faced with severe fetal deformities, **95%** of women who are offered perinatal hospice will choose this form of support as the more humane and emotionally desirable event. This avoids the complicated grief brought on by late-term abortions, which is a horrific experience for both mother and baby.

**Q:** What happens to the psychological relationship when a woman aborts? And is there a difference between the effects of a spontaneous miscarriage?

**Burke:** When a mother is abruptly and violently disconnected from her child there is a natural trauma. She has undergone an unnatural death event.

In many cases, she has violated her moral ethics and natural instincts. There has been a crushing blow to her image of "mother" who nurtures, protects and sustains life.

I have counseled thousands of women whose lives have been shattered by the trauma of abortion, which they experience as a cruel and degrading procedure. There is grief, sadness, heartache, guilt, shame and anger.

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

Others stuff their feelings through eating disorders, panic attacks, mental depression, anxiety and thoughts of suicide. Some have suffered permanent physical and reproductive damage that rendered them unable to have children in the future.

Abortion is a death experience. It is the demise of human potential, relationship, responsibility, maternal attachment, connectedness and innocence. Such a loss is rarely experienced without conflict and ambivalence.

It would be simple-minded to think that getting over it could be free from complication. In my book "Forbidden Grief: The Unspoken Pain of Abortion," with David C. Reardon, we invite the reader into the intimate heart of human experiences, a place where the abortion debate infrequently penetrates.

When the polemics, the marches, the politics of freedom and rights are over, there are emotional aspects of abortion which defy words.

The psychological and spiritual agony of abortion is silenced by society, ignored by the media, rebuffed by mental health professionals, and scorned by the women's movement.

Post-abortion trauma is a serious and devastating illness which has no celebrity spokeswoman, no made-for-television movie, and no platform for the talk show confessional.

Abortion touches on three central issues of a woman's self-concept: her sexuality, morality and maternal identity. It also involves the loss of a child, or at least the loss of an opportunity to have a child. In either case, this loss must be confronted, processed and grieved.

In a miscarriage, the mother has also suffered the loss of a child. The difference is in the level of guilt and shame that post-aborted women experience because of a deliberate and conscious decision to terminate life; versus a miscarriage, which occurs due to natural causes.

With abortion, her loss is a secret. There is no social support or consolation from friends or family.

It's important to note that there is also a high increase in miscarriages following abortion. When a woman loses a wanted child after an abortion experience, women frequently report complex grief and depression because they believe the miscarriage is "God's punishment."



**Rachel's Vineyard Ministries**

808 N. Henderson Rd.

King of Prussia, PA 19406

610-354-0555—1-877-HOPE-4-ME