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Healing the Wounds of Abortion, Part II

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Editor's note: This is the continuation of an in depth interview with Mrs. Vicki Thorn, founder of Project Rachel, a healing ministry of the Church for bringing healing and reconciliation to men and women suffering grief and remorse from the trauma of a past abortion. Fr. Blair Raum, Ph.D. has recently been released by his bishop, William Cardinal Keeler of Baltimore to work with Project Rachel full-time. In our last edition of the Sooner Catholic we discussed the devastating effects of abortion on the abortive parents and extended family. In this segment we discussed how it is dealt with (and not dealt with) by the helping professionals and the need to reexamine approaches taken by the larger pro-life community. The interview will conclude next issue.

Fr. Blair, you've said the psychological community has not come to recognize post-abortion syndrome as something that should be listed in the DSM-III-R, but you related it to post-traumatic stress disorder. Could you speak about that as a diagnosis of what's happening here?

Fr Blair: Unfortunately, the APA, the American Psychiatric Association, is influenced greatly by political issues. So at their conventions and meetings where they plan for and prepare the diagnostic materials, the APA has taken the political position of being pro-choice, which already biases their view of looking at post-traumatic stress disorder, post-abortion specified, that's how you would diagnose it from their manuals. But they publicly deny the fact that there's any problem with abortion aftermath, rather than take a neutral position and make us prove it to them.

Those who have done research in the area, and can present good research can't even get it published. So it's a political issue and the problem is that the profession is supposed to be a healing profession. So they've really compromised their basic mission of healing in favor of a political position.

Now given that, that does not stop the mental health professional from seeing this clinically. The problem is the mental health professional may not be looking for it because they may not think it exists. So he may see the symptoms but no know how to add it up. One of my former clients of Project Rachel came to me, she had an abortion, she was in great personal distress over it, so she checked herself into a mental hospital. In individual therapy she told the doctor, "I've had an abortion and I can't deal with it." The *doctor* was the one who couldn't deal with it. He said, "Well, it's probably predisposing psychological factors" – which to some degree it can be. He had all kinds of reasons why abortion wasn't the problem. He wasn't listening to what she was saying. He was following the prevailing political theory. In group therapy the therapists consistently steered her around the abortion as the problem. And finally she thought to herself, "These people are not going to help me. The only thing I can do is feign health and get out of here." And that's exactly what she did. She acted healthy. They thought they had solved the problem, they let her go, they had discharged her, and when I wrote for her records they had written on the bottom of her records, "but we're not sure if our treatment was helpful or if she just played an act to get out of the hospital." So even they sensed that she may not be authentic. She came to see me and said, "My problem is I got an abortion and I can't deal with it." And then we dealt with it. And that's when her symptoms began to be relived as she worked through the process and was healed. So the mental health professionals today who follow the APA perspective may not be able to add up the symptoms in an appropriate way to come to an understanding of where she's coming from. And it is not a good service to the client when that happens.

It sounds like this woman was healthy enough to have the presence of mind to seek further help.

Fr. Blair: Yes, she knew what was wrong with her. She knew when the symptoms started and she knew why she was feeling the way she was. She didn't have the resources to work her way through the healing as oftentimes we cannot self-heal. But she had a sense about what was going on with her and what she needed.

But wouldn't be bullied that abortion wasn't her problem.

Fr. Blair: She was searching for help and she was determined she was going to find it. And if they weren't going to give it to her she was going to do what she had to do to get it.

Vicki: These women have a clear sense of what needs to be done many times. They know what the problem is. I had a woman who called Project Rachel in Milwaukee who had been in a psychiatric hospital many times with massive

depression and suicide attempts. She knew that her abortion was the problem and she wanted to discuss it. She kept bringing it up. She kept getting the same psychiatrist and he made it quite clear to her that he was the father of two aborted babies and he didn't think that was her problem.

Another anecdotal story someone shared with me was of a male therapist who was helping a father go through a miscarriage experience and the miscarriage father was grieving a great deal. After the miscarried father left the office the therapies didn't come out, and his fellow therapists became concerned. The came in and found the man just sobbing and sobbing. Well, what happened is the miscarried father's grief as an aborted father and he had never touched his own grief. So there's also that element in that community, just because of the sheer numbers.

We also have people whose own abortion issues are under wraps. And to give somebody else permission to deal with their pain directly impacts their own experience that might be unhealed. So I think you've got a kind of two-fold kind of thing going, it's not politically correct, but it might also be personally too painful to allow someone else to discuss that, so they tend to go with the "lets talk about your symptoms, oh you have a drinking problem. Oh your marriage is coming apart, well, we'll deal with that." The people who are seeking help keep saying, "I want to talk about my abortion." The professionals are saying, "No, we don't want to talk about your abortion."

It sounds like a whole segment of the profession is in denial.

Fr. Blair: The whole society is in denial. I find consistent experience with clients whenever the presenting problem is, whatever the diagnosis is, often if they're in the right atmosphere with the right support and the right safety and the right caring and the right empathy, they will be able to search out what their solution is.

Vicki: Because we have an 800 referral line, we can find people help anyplace in the country, and it always amazes me that the women who call have a sense of at least some of the things they need to do. So if you just ask them, what they have done in terms of resolution, they'll say I did X, Y and Z. The intuitively knew that those were things they needed to do. Are there pieces missing? Yes there are, but it's this drive toward wholeness and this intuitive sense that this was a life event that's got to be reconciled. It is always amazing to me to see how these people, on their own, have put many of these pieces in place just intuitively. They instinctively have taken care of some of those pieces. It's one the things I see going on, all of a sudden. Maybe it's a new awareness.

But even in terms of the pro-life message, there is that question of how to speak our message. I think that's very important because, as Father Blair says, you've got the front line people, but we are no longer speaking to the same group we were speaking to 20-22 years ago. Then we were speaking to a naïve group. A minimal number of people had abortions. A minimal number of people had even thought about it. It wasn't a topic that people were even conscious of. Now we've moved to a new place where people, influential people, will say, "Well of course, everybody knows it's a life because medical science has made that quite clear, but that's an irrelevant point because it's about whether I want to be responsible for that life, so it's my choice about responsibility. Jill Clayburgh says that in a book, and I think it's very articulate, but we have this great gray middle in terms of the pro-life, pro-abortion, pro-choice spectrum of people who say they're personally opposed but..."

I've done a whole lot of things in the pro-life movement. I've been a crisis pregnancy counselor, I've worked in Church education, I've worked with state right-to-life groups, worked nationally, and we always tend to say that we don't know what to do with those people who adamantly say they're "personally opposed but..."

What I've come to discover over the past about two years is that many of these people, if we talk to them about abortion's aftermath, will finally risk telling you that this "personally opposed..." is about the fact, and the "but..." is "my loved one has had an abortion." "My mother, my best friend, my aunt, whoever, and I don't know what to make of that. So in my own personal code of ethics, abortion is unacceptable, so I say I'm personally opposed. I could never do that. But I love this person and I don't know what to make of the fact that they had to make this decision. And so I have to believe that they're basically a good person, and there must have been some compelling thing that made them have to choose abortion, so I have to take the stance that I'm "personally opposed but..." which keeps them fixed in this sort of middle area where they don't deal with it.

When we can very gently present this side that talks about abortion's aftermath, and what it does to the family, and how people grieve, and what impacts the siblings and relationships, these people suddenly are freed to look at what happened to their loved one. And when we talk about the pressures that are placed on these people, whether it's the medical profession saying "you have to do this because this is an unhealthy pregnancy, it's not going to be a healthy baby," or parental pressures, or social pressures, or whatever, when we do that we free these people who are in this gray area to really be able, for the first time, to examine what that abortion experience meant in the bigger picture of the family system.

I am convinced that as people involved in getting the message out, we have to start doing that more often. Because these people are stuck and we in the pro-life movement tend to sort of pooh-pooh these people. I think we have to be much more gentle with them in this invitation. As people who are committed to life we need to engage those people in conversation.

I think sometimes we grow impatient and don't want to talk to them. Rather, we need to say, "Why do you feel that way? Do you know someone who's had an abortion?" Because if we keep our mouths shut and invite the story then they can begin the process of being able to make sense out of it. And we may be the first person who's ever invited to them tell their story. And so I think that's part of re-tailoring the pro-life message – that invitation to hear the stories.

There are so many people who are wounded. And we're cutting them off because we're coming on in such a fashion as to be so doctrinaire that we can't take time to hear the story. We're compelled to get our own piece of the message out there. We can't be heard. We're not dealing with the same group. These are not naïve people. These are people whose lives have been touched by abortion. I had a whole string of these experiences about a year and a half ago and it was just amazing the consistency of the whole thing.

The most recent one occurred when Father Blair and I were in Poland in September and went to the hotel office. While I was waiting to take care of some business, there was a woman there from Australia who spoke fluent English. She asked what I was doing there and I told her. She was not part of our conference. She just worked at the hotel. I began to talk about abortion's aftermath and how I worked with the Church. And she kept saying "I can't believe the Church cares. I never thought the Church cared about that. Why, that's just amazing to me." She asked me all these questions. This little dialogue went on about half an hour and at the end of it she said to me, "You know, my mother had an abortion after I was born. I've never ever thought about what that might mean to my mother." I knew that she was suddenly in a different spot. She was suddenly looking at this whole experience in a very different way because of our conversation. But it's that ability to spend that little bit of time and draw out her story. I was willing to answer her questions without any judgments. I was just willing to answer whatever questions she had for me. And I think maybe that's the way we need to go because the pro-life movement has been perceived with such anger that people are afraid. They're really hesitant to even approach. We are supposed to be the lovers of the world. We're talking about loving all of life from conception to natural death, and if anything's been lost because of the frustration of what's going on in the pro-life movement, I think it's that ability to just love people and to just be present to people and to invite their stories.

Right now in Boston, since the shootings in the Brookline clinics, the tension on the street is incredible. In the last Sooner Catholic, we had a story about an elderly man who has been going to the clinics for years to pray. Allegedly a woman from the other side threw hot coffee on him. He jolted and hit her in the mouth with his cane, maybe accidentally, maybe instinctively, it hasn't been determined yet. A lot of people are realizing that something has to be done to avoid more tragedy but many people feel torn between following Cardinal Law's call for a moratorium, or following the call they sense to be present to pray. That's what this man was doing when this altercation took place, he was part of a rosary group. There's tremendous tension. Is this approach you speak of a solution, an avenue, that all this has to take to avoid more hostile polarization?

Vicki: Yes, I think we have to be keenly aware of the fact that we're now dealing with armed camps on both sides. There was an article I believe it was in *Glamour* magazine interviewing an abortionist who talked about the fact that he was armed. He regularly carried a gun and he wore a bullet proof vest, and his house was built as a fortress. So we're seeing this arming of two camps and seeing two sets of very angry people, both very wounded.

You can't be an abortionist, a physician, or a health care provider for very long without having that get to you on some level. We see, for example, that at the National Abortion Rights Action League conference every year there are special stress management workshops helping them deal with the fact that alcoholism is a problem, divorces are a problem, nightmares are a problem – these things are going on. So I think that this ability to step back and to listen and love is certainly part of that kind of response. The other thing is something a woman from Virginia, I believe, shared with me. A group of potential adoptive parents had taken a very interesting tack. They go to the abortion clinics, set up a table, bright colors, balloons, coffee, brochures, talking about adoption, about the different kinds of adoption, and giving some portraits of some potential adoptive parents. These are potential adoptive parents who are just there as a kind and gentle presence. And the response they've received from the police is incredible. One woman officer asks to be detailed to them when they're there because they're just cool people.

It's a different sort of thing. In the few weeks that they've been there – they go once a month – they have had eight women change their mind because this was a positive, not angry, different approach that really struck people as novel, but also really provided an answer.

Here are adoptive parents who are saying to these women, "We want to be parents, we're willing to take your children." I think those are the kinds of things that we need to be doing.

We've almost entered into the specter of death in the kinds of protests that go on and I think we can get sucked into that ominous, depressive, angry frustration that leads us into violence. I think it's time to regroup in terms of prayer, in terms of saying to God, "exactly what is it that we're about? Who are we as Christians? And how do we need to get the message out there?" Because clearly the message we're getting out there isn't necessarily working with this question of violence on both sides.

There are people whose lives have been broken by abortions, who are out there saying "no way, no how, I'm going to stop abortion." Many of the people who are doing clinic protection will say, "I've had an abortion, it was a good thing," and are keeping their own issues under wraps and this is a recipe for disaster. You know, we've reached that point now, we're at critical mass where there's so much woundedness that it's going to spill over. It's not going to stay under wraps any longer.

And this is probably exactly Cardinal Law's point.

Vicki: I think there was a great deal of fear on his part that this was going to escalate beyond this and that there would be more massacre in terms of more lives being lost at the clinics. I think in a pastoral sense he had to say that. I think he saw what was going on. And we don't know what Cardinal Law was privy to that we're not privy to. He's simply not in a position to say, "hey guys, you ought to know." We need to trust that judgment. These are not foolish men and these are not men who respond carelessly. Certainly Cardinal Law's track record as being pro-life and in offering some very creative approaches to pro-life issues has been very important. The woman affirming life group, that began in his diocese. There's been a lot of leadership going on there.



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