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## The Heart of Healing

*One of the most common sources of female depression has been a taboo subject*

By: Terry O'Neill

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Pat Archer sits on the edge of a sofa in the living room of a mountaintop home outside Victoria and tells a story – her story. A bright-eyed, red-haired woman less than a year away from 50 now, Ms. Archer is a nurse, a divorced mother of two and a woman who is recovering from more than half a lifetime of inner torment. Bulimia, substance abuse, depression: she makes no secret of the fact that she has been through it all.

She is telling a complete stranger – this reporter – her story because she wants him and others to know what she went through, and how she eventually became whole again. More importantly, she wants everyone to know about the ultimate cause of her grief. It was abortion. She says she knows from personal experience that abortion does great psychological harm to a woman, especially to one from a trouble background such as hers. But, perhaps even more significantly, she also believes the damage done by abortion can be healed, allowing a better stronger and more loving woman to emerge.

Ultimately, Pat Archer's story is one of hope. And this is an age when hope is needed. It is estimated that 45% of women have had at least one abortion through their child-bearing years (see [afterabortion.com](http://afterabortion.com)); 10% to 13% of women report emotional distress immediately following abortions (a figure accepted even by pro-choicers); and when perhaps as many as 35% of women who have had an abortion admit to needing help to deal with the consequences of that procedure (according to Victoria psychiatrist Dr. Philip Ney). In short, it is a story which Ms. Archer knows must be heard by everyone, from politicians and judges to nurses and young women.

As the political, legal, and public-relations battles over abortion continue to be waged on both sides of the Canada – U.S. border, many counselors, psychologists and psychiatrists are recognizing that the issue is not so much about the laws of the land, but the state of the minds, hearts, and souls of women – women in crisis pregnancies, women who have aborted their children, and women whose guilt over those abortions has manifested itself in a tangle of behavioral and psychological problems.

In other words, there are two struggles underway, one public and the other invisible. Headlines focus on the likes of Henry Morgentaler (who has now gone to court demanding full government funding for private abortion clinics), anti-abortionists (who two months ago released polls showing a majority of Canadians do not support the country's unrestricted abortion policy) and the U.S.'s landmark *Roe v. Wade* decision

(marking its 30<sup>th</sup> anniversary this coming January). Meanwhile, thousands of caregivers on both sides of the border have quietly developed a new model of what it means to be a pro-lifer, and have entered into what is essentially a new arena of pro-life work.

While not explicitly part of the anti-abortion movement, it seems clear that these healers are implicitly delivering a powerful pro-life message. Indeed, whether it is by chronicling the often-devastating emotional and medical effects of abortion (which two new books, *Hidden Grief* and *Women's Health After Abortion*, do in heart-rending detail), or by reaching out to women through innovative therapy programs (such as Project Rachel and the fast-growing Rachel's Vineyard), these professionals are putting a new, more humane face on a pro-life movement that is too often represented in the mainstream media by angry pickets, offensive photos and, at worst, deranged gunmen.

"To be pro-life means to care about everyone, whether they are born or unborn," says Dorothy Blaak, a driving force behind the Focus on Life campaign in B.C. In just four years, that campaign has raised more than \$600,000 to pay for the broadcast of a series of empathetic, woman-centered television ads designed to speak to women in the time of a crisis pregnancy. A similar campaign is now in its second year in Ontario.

One ad deals directly with post-abortion trauma. "They said you wouldn't be bothered by a voice calling for you in the night," a female announcer says over scenes of a woman looking out a rain-streaked window. "There would be no trail of cereal through the house. No spills or stray toys. The clock ticks. All is calm. And you realize there is still a voice." The ad concludes by advising women that, if they "feel the pain of an abortion," to call a toll-free number (1-877-88-WOMAN). Calls to the helpline rise dramatically in the hours and days following the hours of the commercials.

Ms. Archer knows this sort of pain all too well. She left her Saltspring Island home, in B.C.'s Gulf Islands, shortly after graduating from high school, to escape an alcoholic and abusive father. She eventually entered nursing school, but soon found out she was pregnant. "At that time, in nursing in 1974, you were not to be pregnant or married as a nurse, so the option for me was to leave nursing," she says in a faltering voice, "or, um, to continue, ha-have an abortion, and continue." Four months pregnant, she chose to abort her child.

"And it was interesting when I went to the hospital – it was a Catholic hospital – the nurses were so angry at me, but not one of them said to me, 'You can get off this [table] and you can go.' As well, 'Nobody who knew that I was pregnant...nobody said to me, 'Pat, you can keep this baby. You can still go back to nursing later.' They were all contributing factors in the death of that child.

The emotional effects started soon after. "I became bulimic. I became severely depressed, angry. I became withdrawn, and then on another side, I became promiscuous." A short-lived marriage produced one miscarriage and two girls. "But what was interesting, when I had my first daughter in 1980, I couldn't connect with her. I could hardly hold her. Her father did most of the care. I couldn't cuddle her. I couldn't console her. I had trouble breast-feeding. I had trouble feeling love for her. I ended up bottle-feeding her, and I couldn't wait to get back to work."

Problem grew upon problem: binge-drinking, depression and “huge amounts of anger.” She saw a series of therapists and counselors, “but nobody would talk about, or even ask about, abortion.”

Meantime, she had begun working for a doctor who was one of Vancouver Island’s most prominent pro-choice advocates. Ms. Archer figures she ended up having a hand in processing 700 abortions. She rationalized it, she made excuses for it, and because she enjoyed the pay, she did not complain. Nevertheless, the work ate at her. Her distress became so intense that she started bringing a bottle to work. “I was actually feeling sick when I started typing up the operative reports,” she recalls.

And then it happened. “One time, a young aboriginal girl came in [while a male doctor was in attendance], and I just put my hand on her, and I prayed, ‘Jesus, don’t take this baby. Just don’t take this baby.’ So, when he finished examining her, he said, ‘I can’t do this. It’s too far along.’ So I just know that God wanted me out of there.”

It was about this time that Ms. Archer came into contact with Victoria’s Dr. Ney. A widely published researcher in the field of post-abortion trauma and recovery, it was he who identified the root of Ms. Archer’s problem. “And through our conversations, and through group therapy, I started to recognize how big a loss my abortion was to me,” she says.

Part of the recovery process is to personalize the aborted child, so that its loss can truly be grieved. “It was a son,” she says of her aborted child. As part of the therapy, “I named him Cameron. He would be 28 now. And, um...” She stops to choke back a sob. “It’s still hard. But there’s a lot of joy, because I shared that with my kids.” She went through the same process with her miscarried daughter, whom she called Erin. “So we talk about those children that aren’t there, but they are at the gates of heaven waiting for us.”

Dr. Ney is listening during much of this remarkable testimony. It is in his living room – in a house atop a peak that he and his wife, French genetic researcher Marie Peeters-Ney, call Mount Joy – that the story unfolds. And it is also there that Dr. Ney explains that 60% of the women referred to him have had an abortion. Surprisingly, given the mountain of research supporting his conclusion that abortion is harmful to women and their families, he says he is not against abortion on principle. “If someone can demonstrate that it is necessary, effective and safe,” he would accept the procedure. “But nobody has done it. Why? Because nobody can,” he says.

His long association with the issue began 35 years ago, and since then he has developed a number of startling insights. For example, he contends that so-called wanted children are actually at greater risk of abuse because parents place such high expectations on them. Instead of seeing children as wanted or unwanted, all children should simply be welcomed. He also makes compelling arguments about connections between abortion and disease and promiscuity, and abortion’s adverse effects on men.

"Abortion is the most difficult kind of grief," he says. "It's the one that mostly likely becomes pathological grief. Pathological grief contributes to depression. Depression interferes with your immune system. And if your immune system is compromised, you're more likely to have infections and cancers. And what is the government doing? [By legalizing abortion] it is the largest contributor to women's ill health."

Although it sounds at times as if Dr. Ney is on a one-man crusade to save the world from all the ill effects of abortion, he is far from alone. For example, the Catholic Church has instituted Project Rachel (PR) to help women recover from post-abortion grief. Founded in Milwaukee in 1984 by Vicki Thorn, Project Rachel now counts about 140 offices throughout North America and oversees. Valerie Jacobs, program coordinator in Seattle, Washington, explains that the PR system incorporates several basic steps of healing; being able to tell your story; being able to come to a sense of forgiveness from God; being able to give that forgiveness to yourself and others; and being able to connect with the lost child. On the last point, "we encourage women to name their baby, write letters to them," she says. "You have to be able to say hello before you say goodbye."

Janet Kormish, Mrs. Jacobs' PR colleague in Kelowna, B.C., explains that, despite the Church's view of abortion as a mortal sin, the therapy is completely non-judgmental. "They feel guilty enough without people [pointing fingers]," she says. "We're totally here to help them forgive themselves and get healed. We're here because we want people to be restored and made whole again."

This, too, is the compassionate motivation behind an associated movement, Rachel's Vineyard. Founded in the early 1990s by psychotherapist Theresa Karminski Burke of Pennsylvania, Rachel's Vineyard Ministries is funded by the American Life League, and offers a unique weekend-long program for post-abortion healing. The service is spreading rapidly, and is currently offered by well over 100 teams across the U.S., Canada, New Zealand, Australia, and Portugal.

Mrs. Burke describes a Rachel's Vineyard weekend as "an incredible healing journey" that is unlike anything offered by traditional therapists. Although it embraces Christian imagery in its many role-playing exercises, the program is open to – and works for – people of all faiths, or none at all.

"Everything is very affirming of who you are in God's image. "So rather than focusing on all the damage [caused by abortion]...that is being exchanged for a vision of wholeness, or who God intended you to be."

She explains that when people undergo the sort of trauma that abortion can produce, "their heart is shut down and there is a limited 'affect'. Which means, 'I never get really, really happy about anything, and I am incapable of feeling really, really sad about anything.' And so, even though you're functioning and you're fine, it's just like so much life that you're missing, in its depth and fullness. So when people are finished this healing process, they go home feeling so much love, for their children....the people around them, in their communities, in their own families. It just frees up so much energy for good."

Furthermore, "when this healing happens, on that deep level, when the shame is removed, there is nobody better to address the pain [being suffered by other post-abortion women] than post-abortion women. And [they can] stop their daughters from having an abortion, stop their girlfriends from having it, stop their nieces from having it. And that will never happen unless there is healing."

Mrs. Burke chronicles the intense need for healing in a new book, *Forbidden Grief*, she co-wrote with researcher David Reardon. It is gut-wrenching reading that validates the pain suffered by hundreds of thousands of women, explores their grief, and repudiates those who contend post-abortion trauma is a figment of the pro-life mind, or simply the result of guilty consciences that have been colored by outdated ideas of morality.

One chapter tells the story of a young American woman whose dream marriage disintegrated into a nightmare of self-recrimination after she was pressured into an abortion by her immature young husband, John. One night, "All her loss and anger she felt about the abortion and her [subsequent] chaotic relationship with John came to a head. She picked up a knife, walked into the bedroom, and cut off her husband's penis," Mrs. Burke writes. The woman was Lorena Bobbitt, and her husband was John Wayne Bobbitt. Mrs. Burke contends Lorena was suffering a classic case of post-abortion trauma.

Her co-author views his work as neither science nor cause-oriented. "I like to think of it as pro-woman," says Mrs. Reardon, director of the Elliot Institute in Springfield, Illinois. "It's a matter of protecting women's health. You can set aside the moral issue of abortion, and just look at the medical and psychiatric literature...It's clear that there is harm related to abortion."

The same conclusion was also reached earlier this year by Elizabeth Ring-Cassidy of Calgary and Ian Gentles of Toronto, co-authors of *Women's Health After Abortion*. Three things are most striking, says Mr. Gentles, a history professor. One "is the astonishing link between abortion, and much increased likelihood that a woman in her subsequent pregnancies will have a premature birth." That is worrisome, because there is a 3800% increased chance of a premature child being born with cerebral palsy. Two, the mortality rate associated with abortion is actually higher than with pregnancy. Three, "And this is becoming harder and harder to deny, if you have an abortion, you greatly increase your risk of breast cancer."

As does *Forbidden Grief*, *Women's Health* also finds troubling psychological impacts. "Abortion basically violates nature very profoundly," says Mr. Gentles. "We find that so many of the women who have abortions were pressured into it, and this leads to all sorts of psychological problems. And women who have a history of psychological problems, their conditions tend to be worsened by having an abortion. Abortion is not the solution to their mental distress. It exacerbates their mental distress."

Pat Archer learned that lesson the hard way. And now she wants to make sure others do not have to follow in her painful footsteps. A pro-life activist now, she speaks to youth groups, she writes open letters to those she may have hurt by assisting in their

abortions, and she works for a doctor who allows her to tell girls in crisis pregnancies about her own experience.

“I think we’ve saved probably eight babies,” she says with obvious pride. “This is my mission, my little mission. I’m a little missionary in the community of Victoria.”



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