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Accompanying Suffering

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As a mother of twelve I can honestly say that balancing work and family is a constant struggle that I do only with the help of God, my guardian angel, and the many people who are always making allowances and reaching out to help my husband and I with this tremendous blessing of twelve children.

But I would be amiss if I didn't mention my other six children, children that are smiling down on us from above – yes, I had eighteen pregnancies. The six miscarriages (five in a row) have done as much for my understanding of pregnancy loss and early childhood abuse and neglect as having twelve healthy children has done for my understanding of love and life.

Let me explain. When I was asked to give the talk on the topic of “Meeting Suffering” I was somewhat surprised. But reading over the conference agenda and the topics that have preceded this last panel I realized how providential it was that I was asked to do this talk. Providential because it has been through “meeting suffering” in my six miscarriages and in my mother's two miscarriages that God has brought me to a much deeper understanding of pregnancy losses and their “inner connections” to “human ecology and what we are doing to humanity” – to use the words of Dr Philip Ney (a specialist in the study of maternal losses and their connection to child abuse and neglect).

Having worked at a pro-life Catholic pregnancy center for eighteen years in various positions – board member, Development Officer, Executive Director – I have spent the greater part of my adult life pondering the questions of love and life as it played out among my four constituencies: 1) first and foremost the clients that came to our door in crisis pregnancies; 2) the counseling staff that attended to them; 3) the donors and supporters of the pro-life pregnancy work, each with their own unique story of love and life that led them to participate in this controversial work; 4) the collaborating or antagonistic agencies and NGOs also dealing with what the secular world lightly calls “options counseling.”

Add to this the first and foremost work of my adult life – sustaining a thirty-six-year marriage, and raising twelve children – eleven of whom are now adults, and functioning well in this increasingly deteriorating culture. Naturally it is this latter work, this “harvest of love,” that gives me the ultimate credibility in sharing what I have learned and hope to pass on to you in this very brief and very personal talk.

Let me refer once again to Dr Philip Ney, a child psychiatrist in Canada who has done most of the pioneering work on the effects of unhealed maternal losses on children and society. This quote is from his book *Deeply Damaged: An Explanation for the Profound Problems Arising from Aborting Babies and Abusing Children* (Pioneer Publishing Co., 1997, p. 75): “Aborting babies is the most self- and species-destructive activity known to humanity. An innocent, unique person is killed. Many human qualities in the Perpetrators and Observers also die.” (Here let me stop for a minute and explain that in abortion you have what is called the tragic triangle. This triangle is found in almost all cases of abuse and neglect where there is a Perpetrator, a Victim and an Observer. In the large majority of cases the

Perpetrator is the male, the Victim is the child and the pregnant mother, and the Observer can be any of a number of people who allow the abortion to take place.)

Dr Ney continues (p.77):

“Abortion also undermines many species-preserving mechanisms and sets into motion a whole series of tragic cycles. Abortion is the centre of seven interlocking tragic cycles.... Abortion initiates and perpetuates these cycles. They continue from moment to moment and from generation to generation because a number of self- and species-preserving instinctual and social mechanisms become distorted by abortion.

“It appears that almost everyone is capable of killing. We all hope that we are never in circumstances where we would be ‘forced to kill.’ The circumstances of early childhood abuse and neglect, dehumanization, starvation or chemical dis-inhibition make people more likely to kill. Humans are restrained from killing by three important barriers: the law, morality, and instinct....

“Unhappily, in almost every country, *laws* no longer restrain, but encourage the killing of the unborn young. *Established morality* is so confused and is so confusing that it no longer keeps many people from their aggression towards helpless babies. *Instinct* is badly weakened by these seven vicious cycles that are set in motion by abortion. Thus, abortion is cause and effect in a series of events that are increasingly uncontrolled.”

I could continue explaining the seven vicious cycles that are set in motion by abortion, but in the interest of time and of getting one critical point across I will instead focus on one of these cycles, the PASS cycle or Post-Abortion Survivor Syndrome – what happens to the siblings of the aborted child. I will focus on this in order to give hope to post-abortive women that the cycle of abuse can be broken, and love and life can be restored to its proper place in the next generation.

Yes, we must “meet” their suffering, “accompany” their suffering. But in the process we must be clear about what *causes* their suffering. We must do the hard work of separating the causes from the effects, the truth from the lies, in what is becoming a tangled web of confusion and misinformation leading many to believe that yes is no, bad is good, and lies are truth.

I want to share with you the very painful case of one of my miscarriages, so you can see the moral confusion that is dominating the American health system as it deals with “procured abortion” patients and “spontaneous abortion” patients in a hospital setting. I was undergoing a “spontaneous abortion” commonly called a “miscarriage.” I was taken to the same-day surgery floor for my D&C procedure (Dilation and Cutterage, where the cervix is dilated to gain entry to the uterus, and the uterus is scraped clean of any remaining tissue from the pregnancy). The same room is used pre-op and post-op for prepping and recovery. I was waiting to be taken in for the surgery when a young woman was wheeled into the bed next to me. She was crying softly. The curtain between us was quickly drawn. Her mother, who was elegantly dressed, was with her, and after a few minutes the young woman said: “Thanks mom, for being here for me.”

The mother answered in a somewhat brisk voice: “Where did you think I would be?” It struck me as odd, since I would have expected a gentler tone. The daughter mumbled something I didn’t quite catch. But then she asked her mother if she could call “him.” The mother said: “I don’t think you want to do that or the whole school will find out.” The young woman answered: “Mom, the whole school already knows.” It was then that I realized that this poor woman had gone in for a D&C abortion. The same procedure I would be having shortly – only she went in with a live baby while mine was already dead.

I found myself in a surreal frame of mind as I pondered how the very same nurses who had comforted me on my loss had to also comfort this young woman – yet what could they say since she was “choosing” to abort her child? What a schizophrenic country we are! One child is denied life and even acknowledgement, while another is mourned and the mother consoled.

When it came time for this young woman to be sent home the nurse came in to give the “discharge instructions,” and said that the young woman should not do any horseback riding for at least four weeks. The mother defiantly asked: “Why not, she loves horseback riding!” The nurse replied: “Because when you ride a horse you go thump, thump (and she clapped her flattened hands one on the other) on the surgical wound.” The mother responded sharply: “If you know how to ride a horse properly you won’t go ‘thump, thump.’” The nurse got up and said in disgust: “Then you do whatever you want, I am just telling you what it says on the chart.” Once again, in overhearing this conversation I was struck by the mother’s unwillingness to acknowledge that anything of importance had just happened. She wanted her daughter to return to life as normal as soon as possible and put this whole thing behind her.

Then came my turn to go in for surgery. The orderly – a young black male – came in and said that he could not find a wheelchair and could I walk down the hall to the operating room. I was shocked at his request since I was bleeding heavily and had several pads placed between my legs to keep the blood flow under control. In theory I could walk, but in reality it would have been quite difficult with the blood flow. I started to cry, not knowing how to explain my dilemma, and he went and got the nurse. If you think about it, his job was also schizophrenic – in that the previous patient, the young woman, going for the same procedure, was perfectly able to walk since she had a live, intact pregnancy.

How was he to know that my D&C was needed because my baby had died and I was “bleeding out.” As they wheeled me into the surgery I saw one last reminder of this surreal situation. On the chalkboard listing the procedures that were scheduled (above my emergency D&C) were the letters “VIP.” Lest you should think that someone important was ahead of me in the operating room, let me tell you that VIP is a euphemism for Voluntary Interruption of Pregnancy – the procedure that the young woman had undergone.

So you see the ironic situations into which obstetrics and gynecological care has gotten itself. Life and death come and go. Some babies are chosen, some are not. What this is doing to our society is largely unknown, but now we are beginning to connect the dots. How so? Psychiatrists are beginning to see a whole cadre of patients suffering from Post Traumatic Stress Disorder connected to their mother’s abortions. This is one of the eight cycles of disorders associated with abortion that Dr Philip Ney has identified:

CAN = Child Abuse & Neglect

CEF = Convenient Eugenic Feticide

PAS = Post-Abortion Syndrome

LAR = Lessened Aggression Restraint

PASS = Post-Abortion Survivor Syndrome

FOA = Fear of Ageing

CFF = Contraception’s False Freedom

LOPS = Lack of Partner Support

One of the biggest components of PAS is the “unmourned death” that has occurred. It is the secrecy around the death. Remember the young woman in the bed next to me was not allowed to call her boyfriend because the mother wanted to pretend that nothing had happened. Society also wants to pretend that nothing has happened. And so we have 50 million women walking around with unmourned deaths in their hearts and minds.

And what this does to their other children is now becoming more evident. Why? Because when a woman has a child after an abortion – if she has not healed; that is, if she has not forgiven herself and her partner and asked for God’s forgiveness – she is likely to *detach* or *over-attach* to her other children.

Why is this? Detachment occurs when she cannot bond with the child because of her “fear of losing this one as well.” Part of that fear is her own self-hatred: she cannot trust her motherly instincts, as once already they have betrayed her into death. In the case of the “over-attached” mother, she over-attaches for the same reason – fear of losing this child. Also she needs to prove to herself and the world that she is a good mother, and that her meticulous care for this child is proof that the other child had merely arrived at an inconvenient time.

But then it is these children that become entrapped in the emotional nightmare of being wanted but not loved; at least not loved in the proper way, with proper boundaries. Turning once again to Dr Ney, here is what he has to say about PASS and how it is manifested. When children are raised in families where there has been (or could have been) an abortion, they are “survivors.” We call their resulting conflicts and symptoms the Post-Abortion Survivor Syndrome (PASS). Abortion survivors might have died because:

Other babies in their country are frequently aborted;

Their parents deliberated on whether or not they would abort them;

Their siblings were aborted;

Abortion was considered because they were the wrong sex;

Abortion was considered because they had a handicap.

Then Dr Ney further explains the conflicts these children are left with. There are many types of abortion survivor but they suffer from similar conflicts:

These children grow up with *survivor guilt*, which makes them doubt the validity of their existence and their future.

They do not trust their parents and have difficulty *attaching to* or trusting them and other authorities.

Their anxious attachment to parents tends to make them clinging, demanding, hard-to-raise children who are *less likely to explore their environment and develop their own intelligence*.

Because PASS children are insecure and demanding, their parents find little fulfillment in parenting. They tend to reject their role as a parent, will then abort a subsequent child.

Thus we see a cycle of abortion and neglect being passed on from generation to generation. Dr Ney also makes the claim that unexplained violence of the type we saw at Columbine (and I would add Newtowne) is most likely a result of unhealed post-abortion pain in the parents of these children.

Remember that the Columbine killings were done by middle-class teens, in seemingly intact families living in relative comfort and ease. This was not the result of inner-city abuse and neglect we usually see in combination with drugs and alcohol abuse. The question then remains: “Why were these parents, and in particular the mothers, so detached from their children that they did not realize what their

teenage sons had gotten into?” Perhaps they had “put their eggs in other baskets” – becoming overly attached to work, or success, or some other set of goals independently of raising their kids.

In Newtowne I would suspect serious psychological problems with a mother who was over-attached to her son. The questions we should be asking are:

Why would a woman use recreational shooting to bond with her son? To help him become a man? Supposedly she has said as much. And yet how can a mother substitute a father in this role?

I would guess this was a case of over-attachment due to abortion and divorce. She must have had deep gender-identity conflicts herself, leading to her son’s “love/hate ambivalence” and subsequent murders first of her, then the innocent children.

Dr Ney further clarifies what the symptoms are of the Post Abortion Survivor Syndrome:

A child with PASS, when he grows up, is *less optimistic* about the future in general, and the future his children might have in particular.

For those and other reasons, he or she is less likely to welcome children into the world.

If a woman does become pregnant, she is more likely to abort the infant.

Because PASS people are more likely to have been neglected as children, they will tend to re-enact that mistreatment by picking a less mature, less supportive mate, thus a connection is formed with the cycles of CAN and LOPS.

In sheer numbers, according to fertility rates, there are over 100 million potential PASS sufferers in this country.

I would like to focus further on the *male* children of post-abortion women. These children have a good chance of developing a Gender Identity problem along with their PASS. Why? Because the mother’s unhealed grief will keep her from allowing the male child to bond to males. In order to understand this we need to look at how the gender identity is formed in males. These views are controversial, but I believe well supported by experience.

It is during the second year of life that all children, male and female, form their gender identity. It comes about during and after the child’s first separation from the mother. In the case of the girl child, her sexuality is more clearly stamped on her body. She is “like mother,” and she more easily accepts her female body. The boy child has a second, bio-sexual development task of separating from the mother and attaching to the father.

If you look at adult male homosexuals you will always find an absent, abusive, or distant father. The relationship is wounded. This does not automatically mean that he will end up with a same-sex attraction deficit. The mother holds the key. To the extent that she loves herself and her husband she will not feel threatened by releasing her child to the male. Males in her eyes are not those horrible people that pushed her into having an abortion. A well-balanced and happy mother is key for this release of the child to the father to take place.

After all, mothers are known to be the emotional centers of the family. Precisely because the child has bonded first to the mother he is more likely to trust her than the father who only is introduced to the child after the birth. (Although we know that children hear and can identify their father’s voice from within the womb). At any rate, the process of identifying with males is an important one for the proper psychosexual development of the male. If this process is interrupted or hindered then, when puberty hits, the male child will eroticize his need for male approval and identity. He cannot be attracted to females until this maturation process is complete – until he feels affirmed in his masculinity.

I want you all now to suspend what I have discussed so far – about the pain and suffering brought on by abortion and its effects on the sexual identity of the male child – and hear for a minute what Pope Emeritus Benedict XVI had to say to his staff at Christmas, about a topic that is very related to PASS but of which very few health professionals are aware.

“The Chief Rabbi of France, Gilles Bernheim, has shown in a very detailed and profoundly moving study that the attack we are currently experiencing on the true structure of the family, made up of father, mother, and child, goes much deeper. While up to now we regarded a false understanding of the nature of human freedom as one cause of the crisis of the family, it is now becoming clear that the very notion of being – of what being human really means – is being called into question.

“He quotes the famous saying of Simone de Beauvoir: ‘one is not born a woman, one becomes so’ (*on ne naît pas femme, on le devient*). These words lay the foundation for what is put forward today under the term ‘gender’ as a new philosophy of sexuality.

“According to this philosophy, sex is no longer a given element of nature, that man has to accept and personally make sense of: it is a social role that we choose for ourselves, while in the past it was chosen for us by society. The profound falsehood of this theory and of the anthropological revolution contained within it is obvious. People dispute the idea that they have a nature, given by their bodily identity, that serves as a defining element of the human being. They deny their nature and decide that it is not something previously given to them, but that they make it for themselves. According to the biblical creation account, being created by God as male and female pertains to the essence of the human creature. This duality is an essential aspect of what being human is all about, as ordained by God. This very duality as something previously given is what is now disputed. The words of the creation account: “male and female he created them” (Gen 1:27) no longer apply. No, what applies now is this: it was not God who created them male and female – hitherto society did this, now we decide for ourselves. Man and woman as created realities, as the nature of the human being, no longer exist. Man calls his nature into question. From now on he is merely spirit and will. The manipulation of nature, which we deplore today where our environment is concerned, now becomes man’s fundamental choice where he himself is concerned. From now on there is only the abstract human being, who chooses for himself what his nature is to be. Man and woman in their created state as complementary versions of what it means to be human are disputed.

“But if there is no pre-ordained duality of man and woman in creation, then neither is the family any longer a reality established by creation. Likewise, the child has lost the place he had occupied hitherto and the dignity pertaining to him. Bernheim shows that now, perforce, from being a subject of rights, the child has become an object to which people have a right and which they have a right to obtain. When the freedom to be creative becomes the freedom to create oneself, then necessarily the Maker himself is denied and ultimately man too is stripped of his dignity as a creature of God, as the image of God at the core of his being. The defense of the family is about man himself. And it becomes clear that when God is denied, human dignity also disappears. Whoever defends God is defending man.”

An entire conference would not be enough to dissect and discuss this excerpt. It concerns what man is, how people experience themselves, and how a family is formed. It is because of this that the traditional understanding of how gender identity is formed in the second year of life is now being denied by developmental psychologists.

Conclusion

In order to come alongside the suffering man, woman, or child we have to dig deep and discover if

there is a sexual identity problem related to an unhealed abortion, or in some cases a traumatic miscarriage. By mere statistical analysis there are approximately 100 million sibling abortion survivors in this country right now, all of them possibly suffering from some gender identity confusion as a result of over-attached or detached mothers. We can only truly accompany this suffering if we learn to recognize it for what it is. In order to heal one has to begin by identifying the source of the wound. Once that is known and acknowledged, real healing can begin. And as our Lord said, "The truth will make us free."

