

Hello my friends,

Apologies for the delay in sending out this month's newsletter but it has been a really hectic but good month. Since the last newsletter, I have been to Papua New Guinea for a series of talks on abortion and post abortion trauma. A marvellous opportunity was given to me by Human Life International to team up with two of their people to present talks to men, women, children, staff, and students in catholic settings in New Guinea. Together, Gail, Louise and myself were given the privilege of bringing the pro-life message to a lovely race of people who appear to be vulnerable and prime candidates for IPPF.

Whilst in PNG we met wonderful missionaries from Australia and saw close up the work that is being done there and the dedication of those who are called to this kind of service for the Lord. It was also wonderful to see the response of those who came to hear the talks. Perhaps I have become hardened by the Australian conditions but I was so surprised, delighted and encouraged by the turn out to hear the talks. Unheard of in Australia. ... From Alotau (Fr. Stidwill, Fr. McGraine, Fr Doggett, Bettine, Florence, Damascene, John et.al) to Madang (Fr. Golly, Fr. Ziggy, Fr. Weigl et. al.,) to Brahman (Max, Sr. Imelda, John Yama snr principal, et. al) and so on the reception was magnificent. Up to 600 students sat and listened without sniggering. Teachers listened without scepticism and sarcasm. Principals listened and encouraged their students. Question and answer time lively (once it got started! This part was similar to Australia) and men and women interested and surprised at what was being said.

*"TL" (NOT TENDER LOVE)*

Whilst the talks went really well the reality is that IPPF has made very serious inroads into this culture. Large families are no longer the norm but as a placard says "stay alive-don't have five" We were told that after the fourth child the women are "encouraged" to have a "TL" (tubal ligation). Indeed I didn't click to what a "TL" was for some time. In my naivety I thought that it had something to do with "tender love" or some such thing. It was a huge surprise to hear the reality of what "TL" really meant. We were also told that following the delivery of the fourth child the woman is "urged" to have the "TL" before going home. It seems to me that there can be no time more vulnerable than following a delivery (many hours of labour) and it further seems to me that this is utterly dishonest



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because the woman cannot be anything but predisposed to sterilisation. At every venue that we spoke at the same was mentioned and the interesting thing was that always it was called “TL” and this is what I found disturbing. The language gymnastics. The innocent sounding “TL” hid behind it a decision, which has life changing ramifications not only for the immediate woman, her husband and family but for the whole PNG society. PNG is not over populated it is in fact under populated. It is a land rich in resources but possibly poor in management. The land can withstand a huge increase in population rather than the population control touted by IPPF and population control gurus.

International Planned Parenthood’s (family planning mob) tentacles have indeed spread far within PNG. From espousal of the benefits of condoms (free distribution) to the spread of the contraception mentality to the slow and insidious erosion of the people’s existing idea of family, and therefore the preparing of the people for overt acceptance of abortion, to their so called perceived concern for the HUV/AIDS epidemic, their influence is being seen and felt. Perhaps in Australia it can no longer be seen as much because it is like the proverbial forest and trees situation but in PNG it is seen because it is still in the beginning stages.

#### ***ABORTION:***

The abortion issue (illegal in PNG) is and has remained a major concern for me because even though there are children running and playing everywhere, abortion appears (from what we were told by the women) to be rife. And whilst it may be denied by the powers that be the reality is that it is alive and well. However, what appears to be happening is that “abortion” is considered to be “women’s business” and thus handled by the women themselves using herbal remedies. The understanding we were given was that possibly only in the main capital city **there may be some carried out by doctors** however elsewhere it is dealt with according to old ways and measures with at times added help such as “falling down” or “jumping off something”

Without exception, at every venue we spoke at this was the same story. The same language was used. The same understanding appeared to be held. However, what also appeared to be present when speaking about abortion was the denial factor. This is firmly in place ***and this is what interested me. Why the need for a denial factor if abortion is acceptable. Why the need to ask “if I fell down out of a tree-its not an abortion is it?” “if I took the herbal remedy and carried a heavy load on my back its not an abortion is it?” “If I had the herbal stuff and then slipped it wasn’t an abortion was it?”***

Papua New Guinean women are beautiful and gentle. They love their children and like all mothers everywhere want the very best for them. So very clearly the denial strategy

regarding an abortion must be because like women everywhere there is a deep and innate knowledge about conception. It is something written in their very being and when there is a violation of this the need arises to hide behind measures of self-protection. Denial is needed when something is so awful that the psyche, self, ego cannot deal with the enormity of the event and in order to self protect erects strategies which are compatible with one's own idea of what is acceptable and what is not.

### ***GRIEF AND DENIAL***

Grief is associated with the process of attachment and separation and is usually a healthy sign. When grief work is carried out (following a death, separation, loss) it means that the individual is attentive to the reality of the loss and is not employing any strategies to prevent the expression of sorrow, regret, pain. By not employing denial strategies and thus creating new difficulties in due course the griever begins to become re integrated into his/her community and continue with life. Not as before, but having integrated this new reality of loss. Adequately attended to and dealt with grief can and does become a new stepping stone to growth and understanding. Grief is a sensitive issue and does affect those suffering the experience.

Grief behaviour may take many forms such as and including, aggression, depression, uncontrollable weeping, social withdrawal, anger, confusion, sleep disturbances, daydreaming, sense of abandonment, fear and anxiety. Indeed the list is endless and anyone or a combination of these symptoms may be seen in a grieving individual.. This is a healthy response. It is inbuilt and designed to assist and promote an eventual return to normality once the separation has been dealt with.

Grief allows the individual a time of grace. A time to withdraw and reopen the ancestral memories. A time to mourn what was and what may never be. It is a time when the deeper questions about life are asked. Grief permits the grieving individual time to be totally vulnerable and to surrender control even if just for a while. Grief work (when needed is vital to wellbeing) The failure to grieve and to mourn over a loss ensures that malignant syndromes will arise.....the timing will vary but it will have its day.

Where grief work is not carried out then grief becomes paralysed, and remains unresolved, unacknowledged leading to psychological impairment. We must clearly understand this because from research we know that denial and suppression of grief work are two features most common to maladaptive behaviour following a loss. Denial and suppressions are also the two consistent features of an aborted woman. Denial and suppression which then lead to suppressed and unresolved grief further leading to mental pain which then manifests in some of the symptoms as outlined above. Mental pain has one way of showing itself and

that is through the body. We are embodied beings and what transactions occur internally must have a visible manifestation.

By denying and or suppressing any emotions a woman has about an abortion she has had or is about to have, she sets into place defence mechanisms guaranteed to protect her from thoughts which she intuitively knows have the potential to destroy her. Intrusive thoughts about “killing my baby” have the potential to destroy her psychological balance. The woman knows that she is unable to cope with the notion that she “killed” her own child, therefore, for her, it is better to seal off any possible way that this knowledge has of intruding on her consciousness and causing anxiety. Of course constant suppression requires enormous amounts of energy leading ultimately to a weakened physical and mental state. Denial is a strong defence mechanism when put in place it assists in all ways to “hide” a possible pain concerning event. It works to avoid all manner of clues leading to the hidden reality, which the individual is attempting to deny. This strategy also utilises enormous amounts of energy in order to divert attention from the hidden “something,” thus also leading to mental and physical health issues.

A pre abortive or post abortive female will use any number of defence mechanisms in order to protect her (or them) from the reality of the truth of what is about to be done or what has been done.

Ultimately the defence mechanism and in this case, denial, is employed to protect the individual/s from the impact of reality so that the truth of the reality may either be dealt with at a later time (or at times never dealt with). Defence mechanisms (there are many of them) are something like guardians of the self, against intrusion of reality and indeed can imprison the individual behind a wall of unreality. Continuing strengthening of this wall can lead to psychosis and at times maybe even death.

Defence mechanisms and in particular denial can also serve to set in place a false life. A life alien to what it should have been. Those in denial cannot ever look in certain areas because triggers have to be avoided. In due course the human vista becomes very limited. The personal growth has been stumped and in this is the greatest of possible grief, that is, a life lived in the shadow and behind the wall of denial. Never knowing what life might have been like without “that” thing behind the wall. An ominous silence surrounds and persists in haunting the individual. It is this enforced silence which then must continually fight off and ward off its own demons.

In this issue I have written about denial because of the strong denial factor which must be present in order for an abortion to be agreed to but especially I written of this because I was astounded at the strength of denial which I found in PNG. Denial is not a Western phenomenon but is found wherever something traumatic is experienced. It appears to be related to deep trauma. Therefore it is not something western women devised in order to get over their guilt but it appears inherent within all human beings. It appears to be hard wired into our very psychological systems as a means of protection from shock. Almost like a shock absorber. Denial and strategies at self protection do just that....they protect the self however, these are meant as temporary means so that the full brunt of the horror does not unhinge. However, they are not meant to be kept firmly in place for a whole lifetime. It is when this happens that new problems arise which in themselves may be worse than the original shock itself.

The interesting aspect about the denial by women in PNG is that even though herbal remedies are used to abort an unwanted child, the back up used to ensure the success of the herbal measures is what I consider the denial factor for them. “Anne I fell out of a tree and miscarried” “Anne, I carried too heavy a load on my back and I miscarried, so it wasn’t an abortion was it?” “Anne, I slipped and rolled down a hill and miscarried so it wasn’t an abortion was it?” ***ALL THIS AFTER THE HERBAL ‘STUFF’ INGESTED.....*** This then is what I call denial, first the poison then an intentional accident.

After every talk that we gave someone would come up and ask “when will the sadness go away. When will I stop thinking about my miscarriage” even the word baby cannot be used. It is interesting that whilst in Australia and other developed nations the abortion procedure has been sterilised, neutralised, sanitised so that it can be accepted as normal and women conned into believing that it isn’t their baby that was killed, in under developed countries the same is occurring in a more primitive fashion. Yet in both settings the result is the same a need for a strong denial in order to be able to cope with the outcome. Of course this reminds me of Japan another non Christian country yet here also special sections of cemeteries where mothers can take gifts for their aborted child. ***POST ABORTION TRAUMA IS POST ABORTION TRAUMA IRRESPECTIVE OF SPOHISTICATED OR UNSOPHISTICATED.*** It is a unique grief experienced because the woman is not designed to kill her own child. She is designed to untrue and protect and love this new life which has found its first growth within and in her being.

As a post abortion grief counsellor, speaker and writer on this issue I am constantly thinking and analysing this matter in the hope that one day we will be able to definitively say PAS is such and such and the only cure for this is freedom from the abortion experience or alternatively Infinite Mercy of God....Nothing else....Not even the largest amount of money....Not even any amount of vindication....nothing but God’s Mercy.

Much work needs to be done in PNG if these lovely people are not to go by way aof the West. IPPF is well entrenched there, however, if we help them perhaps we can stymie the slippery slope and even though it has been suggested to me that its NONE OF OUR BUSINESS WHAT THEY DO UP THERE. DEAL WITH THE PROBLEMS IN AUSTRALIA. It is my contention that it is our business. I recall something about loving our neighbour and they certainly are our neighbour in more ways than one and they certainly are vulnerable and a child is a child irrespective of the colour.

I conclude this month's newsletter by thanking those of you who wrote in encouragement of my work. I thank those who helped half pay this past month's bills. This time of the year is always expensive because of Yellow Pages, 4 phone accounts, mid year amount for my rent (small) of my offices, 600 newsletters, and other related expenses. Thanks to those who have helped. Special thank you to those who wrote to Nicholas he loved the comments and letters he received and proudly showed that he received more letters than me. In fact this month he received letters and I kept receiving cancellations. However, I think that the cancellations have now slowed down. There is only a trickle so I hope that those that were offended by what I wrote have now finished and I can settle down to writing as I see it rather than as it is wanted by those who would have abortion sanitised. Nicholas thanks his 'fans' and says that he is planning another masterpiece in the near future. He doesn't want to "spoil me." Please continue your support of me it becomes difficult otherwise. Thank you especially to Br. Simon (you know what for) Thank you Frs Conroy and Walters. Thank you to Gail for the invitation and confidence in me to ask me to go to PNG.

This month please pray for Allan, Maggie, Teresa, Kelly, Martyn, Julie, Nicole, Mary, Vincent, Sally, Sheryl, Valentina, Robyn, Naomi, Mark B. Leeanne, Rachel.

May you be recipients of Mercy



Anne Lastman

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