

**A QUALITATIVE EXPLORATION OF EXPERIENCES IN
FAITH-BASED-POST-ABORTION CARE**

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Dedication

For Lerato and Naledi, Sarah and Matteo, Naomi and Eli, Rico and Gabe and Tess, I hope that your stories, shared in this thesis, will be received with reverence, and will touch the lives of many readers.

For all those who have experienced post-abortion distress, I hope this thesis will be a small step toward the understanding, validation, and healing of your pain.

For all those who are, or who may become, engaged in offering post-abortion support, I hope the results presented in this study will assist you in your sacred work of accompanying those who have suffered after an experience of abortion.

For each reader of this document, I hope you discover something that can be incorporated into the wisdom that you bring forward into your life and future encounters. I hope that, together, we can become a more caring and compassionate society.

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Abstract

Despite the vast number of abortions occurring each year, minimal research exists to inform best practices for supporting individuals experiencing distress after an abortion. The aim of this study was to provide a fuller understanding of the experience of individuals who have sought spiritual/religious help for post-abortion distress, including what was helpful to them and what they wanted mental health professionals to know. The purposive sample of participants included one man and three women who had participated in Rachel's Vineyard retreats (interdenominational Christian post-abortion healing retreats) in the Ottawa area. Data were collected through semi-structured interviews in 2019. The three interviews with each participant covered: (a) participants' life history relating to spirituality/religion and the pre-/post-abortion experience leading up to the retreat; (b) their experience during and after the retreat; and (c) how they understood the meaning of the retreat and their suggestions for mental-health professionals. Prior to the interviews, the researcher attended a Rachel's Vineyard retreat to gain a foundational understanding of the experience that the participants were asked to describe. After the interviews, the participants reviewed the results, providing additional reflections and clarifications to enhance the rigor of the study. Data analysis employed Interpretative Phenomenological Analysis of the interviews. The results contributed to mapping the intertwined physical, psychological, social, and spiritual/religious trajectories of post-abortion distress and healing. These trajectories aligned with four models of interpretation: disenfranchised grief and distress; moral injury; trauma and post-traumatic growth; and feeling hopeless and unlovable. The application of these models of interpretation and the participants' recommendations may allow clinicians to become better informed and able to address clients' post-abortion needs.

Chapter 1: Introduction

Need for the Current Study

All the data focusing on spiritual/religious post-abortion care experiences come from mixed-methods studies (Jaramillo, 2017; Layer et al., 2004). These studies incorporated a series of brief open-ended questions at the end of their questionnaires. The responses provided some information on the opinions of the participants, and the themes that are often noted as important in experiences of spiritual/religious post-abortion care. However, they provided a very limited picture of the journey (leading up to, during, and after the post-abortion care) or the sequence of lived experiences that account for the development and changes in a given woman's post-abortion distress. Just as qualitative studies were required to explore the complexity inherent in post-abortion distress, and how this distress is connected to spirituality/religion, qualitative research is also required to gain a fuller understanding of the processes that help reduce post-abortion distress, and how these processes are connected to spirituality/religion. The one qualitative study found to examine experiences related to post-abortion care only included women who were looking for non-faith-based post-abortion care (LaRoche, 2015). The participants were gathered using purposive sampling; however, LaRoche (2015) did not reflect on the absence of women who might have found faith-based interventions to be a good fit. The current study allowed individuals who did seek out faith-based post-abortion care to voice their reasons for doing so and to describe their experience. Among the existing faith-based post-abortion interventions, the current study examined the Rachel's Vineyard intervention. Rachel's Vineyard retreats were selected as the intervention of interest due to their high level of integration between psychological and spiritual/religious concerns and the fact that they are hosted within the region where the current study took place.

Objective of the Study

The purpose of this qualitative analysis was to gain a fuller understanding of the experience of individuals who have sought spiritual/religious help for post-abortion distress. Conducting and analyzing a series of interviews with the study participants allowed the researcher to access the context, details, and meaning surrounding the experiences of each individual. The efforts toward a deepened understanding of a small number of participants' experiences provided a view of the depth, complexity, and interconnectedness of themes that has not yet been described in the academic literature. The study also aimed to provide the participants with the opportunity to have their voice considered in future efforts which will establish therapeutic approaches to the distress that they have experienced.

The researcher aimed to explore the following objectives:

- to investigate the role of spirituality/religion in post-abortion care services;
- to identify transition moments toward spiritual/religious and psychological post-abortion healing/resolution; and
- to identify what role mental health professionals could play and which interventions they could use that would be most helpful to individuals who have experienced post-abortion distress and sought spiritual/religious help.

Based on these three objectives, the researcher aimed to begin answering the following questions:

- How has spirituality/religion facilitated healing/resolution, if at all, among individuals who sought spiritual/religious post-abortion care services?

- What are the major shifts or transition points in an individual's journey toward spiritual/religious and psychological post-abortion healing/resolution?
- What do individuals (who have experienced post-abortion distress and sought spiritual/religious help) believe mental-health professionals could do to facilitate healing/resolution for others like them?

Definition of Terms

Within the current study, the terms abortion, post-abortion distress, spirituality and religion, and love require particular clarification. This study was specifically focused on abortions which were an induced, non-medically-necessary termination of pregnancy. As of yet, there is no broadly accepted clinical or operational definition of post-abortion distress (Reardon, 2018a). For the purposes of the current study, the presence of distress will be inferred when an individual has sought post-abortion care services.

The terms spirituality and religion were defined following the themes which emerged from Gall et al.'s (2011) phenomenological analysis. As the objective of their study was to explore these two topics at a general population level, their sample included participants with widely varying demographic characteristics. An initial note must be made that some of the study's participants rejected spirituality and religion as meaningless or even harmful. Since the current study's participants actively sought spiritual help, the rest of the themes from Gall et al.'s (2011) findings were more applicable to their experience: (a) spirituality is considered a critical part of one's self, and is thus tied to interiority and personal development; (b) spirituality provides an actionable framework that guides the way one lives and the values one holds; (c) spirituality involves a dynamic, reciprocal relationship between God/a higher power/the Divine and one's self (particularly one's core self sensing Divine presence); (d) spirituality requires a

faith-based acceptance of mystery; (e) spirituality provides a sense of universal interconnectedness that is profoundly meaningful and fulfilling; and (f) spirituality may be integrated within religion (Gall et al., 2011). When Gall et al. (2011) turned their attention to definitions of religion, they found that distinguishable elements, such as religious practices, traditions, denominations, and belief systems, could be identified. However, religion was also seen to encompass spirituality and the themes with which spirituality was defined, placing each theme within the context of religion. The exception to this thematic integration of definitions was that definitions of religion incorporated less emphasis on universal interconnectedness and more emphasis on the benefits of being a member of a socially supportive community (Gall et al., 2011). Due to the overlap between the two terms, the general term spirituality/religion will be used throughout the current study. Since one of the aims of the current study is to provide insights that can be useful to mental health professionals, spirituality and religion will be considered through the lens of human experience. Martínez de Pisón (2014) describes the way human experience is the common element that permits a meaningful dialogue between psychology and spirituality. While addressing the developing study of the psychology of spirituality, Jastrzebski (2017) also notes that “one has to take into account the interaction of the human spirit with the organism and a physical and social environment (i.e. how the spirituality would be lived in a concrete individual” (pp. 45-46)). This focus on how religion and spirituality are experienced is well suited to the overarching methodology of the current study.

Love is, of course, a very broad concept, but the experience of love described by as part of their post-abortion healing can be understood as quite similar to unconditional positive regard as proposed by Rogers (1959):

To perceive oneself as receiving positive regard is to experience oneself as making a positive difference in the experiential field of another... to feel unconditional positive regard toward another is to "prize" him... This means to value the person, irrespective of the differential values which one might place on his specific behaviors. A parent "prizes" his child, though he may not value equally all of his behaviors... This construct has been developed out of the experiences of therapy, where it appears that one of the potent elements in the relationship is that the therapist "prizes" the whole person of the client. It is the fact that he feels and shows an unconditional positive regard toward the experiences of which the client is frightened or ashamed, as well as toward the experiences with which the client is pleased or satisfied, that seems effective in bringing about change. Gradually the client can feel more acceptance of all of his own experiences, and this makes him again more of a whole or congruent person, able to function effectively. (p. 208)

Rogers used the term unconditional positive regard because he found it to be more specific and descriptive in a clinically useful manner than the varied, ambiguous understandings of a term such as love (Rogers, 1959).

Layout of the Thesis

Chapter 2 presents the review of the literature on abortion, mental health, and post-abortion support. Chapter 3 presents the methodology of the current study. Chapter 4 presents the results, beginning with a presentation of each participant and then a presentation of the emergent themes across participants. Chapter 5 presents the discussion of the results in connection with existing literature, as well as the implications, limitations, and strengths of the current study.

Chapter 2: Literature Review

According to data released by the Canadian Institute for Health Information (2017, 2018, 2019, 2020, 2021), the number of induced abortions (i.e. an elective termination of pregnancy) reported in Canada, between the years 2015 and 2019, was 460,669. Each of these women undoubtedly has her own particular response to the termination of her pregnancy, and this response stems from a complex and interconnected web of factors. Some women report that they were never upset about their abortion, and they describe their main response as one of relief, whereas other women report post-abortion distress (Goodwin & Ogden, 2007). Although debates continue concerning the prevalence and severity of post-abortion distress, researchers with differing views have come to agree upon certain topics such as the risk factors for adverse post-abortion responses (Reardon, 2018a). Adverse post-abortion responses may include: depression, guilt/shame/regret, self-hatred/anger, addiction, post-traumatic stress symptoms, low self-esteem, self-harm/self-destructive behaviour, anxiety/fear, and suicidality (Burke & Reardon, 2002; Coleman et al., 2017). In their efforts to understand post-abortion distress, researchers have begun to uncover some of the ways (and reasons for which) spirituality/religion enter into the realm of post-abortion care (Curley, 2010; Jaramillo, 2017; Layer et al., 2004). The current study contributed to developing a fuller understanding of the experience of those who have sought spiritual/religious help for post-abortion distress.

Agreements and Disagreements in Abortion Mental Health Research

Given the polarized debates surrounding the topic of abortion, it is not surprising that the literature focused on post-abortion mental health also contains conflicting views (Kelly & Gochanour, 2019; Reardon, 2018a). The spectrum of viewpoints ranges from statements that abortion is not responsible for adverse psychiatric outcomes (Charles et al., 1992; Robinson et

al., 2009) to claims that there is enough evidence to warrant the use of the term post-abortion syndrome (Edwards, 2009; Gómez et al., 2005; Speckhard & Rue, 1992). Summarizing the literature in this area is no simple matter due to differing views and interpretations of the data, methodological flaws and biases, and the complications that come with any research on post-abortion mental health (including, but not limited to, the underreporting of abortions, the underreporting of adverse post-abortion responses, changes in post-abortion responses over time, the impossibility of conducting a randomized controlled trial, a lack of accepted operational definitions or agreement regarding the criteria and outcomes to be assessed) (Reardon, 2018a). However, certain areas of agreements may also be distinguishable in the midst of the discord (Reardon, 2018a). The completion of a careful overview of the state of abortion mental health (AMH) literature, though challenging, can provide an informed perspective of a highly nuanced field of study.

Reardon (2018a) conducted an extensive review that drew upon over 250 sources, including several previous reviews of the relevant literature. In order to provide a big-picture view, Reardon (2018a) noted that within AMH research, those offering differing interpretations can be distinguished as either AMH minimalists or AMH proponents.

The experts from both groups can report similar findings from the same data but will do so in ways that seem to either minimize or emphasize the negative outcomes associated with abortion... both expert reviews and the authors of individual studies appear to generally support either the view that (a) the mental health effects associated with abortion are minimal and within the expected range for the women seeking abortions [AMH minimalists] or (b) the effects are significant enough to justify more research

dollars, and better screening and counseling in order to reduce the number of adverse outcomes [AMH proponents]. (“Introduction”, para. 3, footnotes omitted)

Reardon (2018a) was careful to note that the division does not necessarily correspond to those who are for or against abortion (e.g. there are researchers who see abortion as generally beneficial, but who also recognize that not all women experience it as such). He presented this proponents-vs-minimalists distinction as a simplification of the views of researchers that is, nevertheless, helpful in understanding the state of AMH literature.

Disagreements, Challenges, and Critiques

The main disagreements between AMH proponents and AMH minimalists are as follows: (a) how to categorize and assess negative post-abortion responses; (b) the proportion of women who experience negative post-abortion responses; (c) the severity and impact of negative post-abortion responses; (d) whether informed consent to abortion must include descriptions of potential adverse responses; and (e) to what extent negative post-abortion responses can be explained by pre-existing mental health issues or other risk factors (Reardon, 2018a). These topics have been points of contention for at least 25 years since they were listed as such by the editor of the *Journal of Social Issues* in 1992 – the year that an entire special issue was devoted to the topic of abortion (Wilmoth, 1992). Specific methodological flaws and general challenges affecting the interpretation of AMH research have contributed to the lack of progress toward the resolution of these disagreements (Reardon, 2018a).

For many years both AMH minimalists and AMH proponents have argued that their opponents are basing their conclusions on methodologically flawed studies (Charles et al., 2008; Kelly & Gochanour, 2019; Speckhard & Rue, 1992). It appears that enough AMH studies exist

that any given researcher can compile a set of references to back their claims for one of the topics of contention listed above, describe some of the methodological flaws in the studies that present opposing findings, and lay out a convincing case that, therefore, the literature supports their own conclusions. “This points to one of the greatest hindrances in the advance of knowledge: the tendency to use nuances to dodge direct engagement with the ideas, evidence, and arguments which threaten one’s own preconceptions” (Reardon, 2018a, “Obstacles in the way of research, understanding, and consensus”, para. 5). Reardon (2018a) contended that it is important to accept that all AMH studies have methodological limitations. It will, therefore, be important to openly discuss the limitations and nuances present in both sides of the literature.

Flaws in AMH Proponents’ Studies, as Reported by AMH Minimalists. Robinson, et al. (2009) provided a review of their criticisms of the methods used by AMH proponents. Findings that linked abortion to poor mental health outcomes were considered flawed due to the presence of bias in the methods used to establish samples and comparison groups, to measure outcomes, to conduct statistical analyses, and to interpret results. Each is summarized.

Criticism of Sampling Methods. Some abortion outcome studies have drawn their samples from groups of women who have previously self-reported that they experienced negative effects (Franz & Reardon, 1992). Robinson et al. (2009) reported Franz and Reardon’s (1992) study as their main example of results that had inappropriately been used as evidence for the prevalence of negative abortion outcomes. Since Franz and Reardon (1992) explicitly specified that “[t]his study did not investigate whether women have post-abortion distress, or the proportion of those who do” (para. 10), in the original article, it is unclear whether the Robinson et al. (2009) report was written because other articles misattributed the implications of the results without acknowledging the source of the sample.

Robinson et al. (2009) also reported criticisms of conclusions drawn from large public data sets. They cautioned that the participants' recall of their abortion and other related experiences may be biased by the impact of time, mood, and intervening personal or public events. In addition, they noted that bias can occur if all women with prior mental health issues are excluded in an effort to control for confounding variables. Robinson et al. (2009) argued that these exclusions could explain the better outcomes among those who deliver their child than those who terminated their pregnancy, because many of those who might have been especially impacted by parental stress (due to their pre-existing mental health issues) were not included in the sample. Robinson et al. (2009) were concerned about the biased difference in groups due to this particular method of exclusion because women who have repeat abortions may also be more likely to have clinical diagnoses (Steinberg & Russo, 2008).

Criticism of Comparison Groups. Furthermore, Robinson et al. (2009) proposed that the use of any comparison group other than “women who carry *unwanted* pregnancies to term” (p.270, emphasis in original) would bias reported risk and prevalence results. They criticized studies that included control groups of women in general who have not reported having an abortion, women who have not had a pregnancy, women who delivered but did not specify whether the pregnancy was desired, women in the midst of a pregnancy, and women whose pregnancy terminated spontaneously (Robinson et al., 2009). AMH proponents maintain that no comparison group is perfect, but any comparison group can offer particular insights that are nonetheless valuable and valid (Reardon, 2018a). However, Robinson et al. (2009) argued that such groups provided flawed comparisons due to differing exposure to life stressors (e.g. comparing women who “have unwanted pregnancies or who are forced by circumstances to terminate a pregnancy to those who are pleased to be pregnant and are able to deliver a full-term

wanted pregnancy” (p.270)). Robinson et al. (2009) contended that, in such cases, better mental health outcomes among those who carried their pregnancy to term could be entirely due to the differences between those who felt ready to welcome a child and those who did not feel ready to do so (i.e. that any difference in mental health outcomes was not necessarily due to the abortion).

Criticism of Statistical Control Methods. Another related point of contention involves the control of confounding variables. Robinson et al. (2009) suggested that abortion mental health outcomes should not be evaluated without controlling for basic demographic variables (age, race/ethnicity, education, income, parental status/timing and spacing of children), previous psychiatric history, and conditions such as exposure to violence, marital context at the time of the pregnancy, and whether the pregnancy was wanted. Robinson et al. (2009) placed a particular emphasis on the bias that may occur when a study (e.g. Fergusson et al., 2006) does not control for the wantedness of each pregnancy, but instead groups those who wanted the pregnancy together with those who did not. Robinson et al. (2009) also argued that studies such as the one completed by Coleman et al. (2002) did not employ statistical methods to appropriately control for covariates or the risk of study-wide errors (such as significant findings obtained by chance through the repetition of tests).

Criticism of Interpretations. Robinson et al. (2009) noted two types of problematic interpretations: describing the interpretations of findings without taking into account any of the above-mentioned limitations and drawing conclusions that were not in line with the design of the study. In the latter case, Robinson et al. (2009) pointed to studies that claimed to demonstrate any type of independent association or causal relationship between the abortion variable and the outcome variable. For example, claiming that the adverse outcomes were specifically due to

abortion without considering the contributions of having an unwanted pregnancy or other mental health risk factors.

Flaws in AMH minimalist studies, as reported by AMH proponents. AMH proponents have criticized the methodologies of studies that may be biased toward underestimating the adverse impacts of abortion. In this case, the criticisms focus on the samples and comparison groups, as well as biases in the data and the interpretation of results. Each is summarized.

Criticism of Samples. AMH proponents have criticized AMH minimalist studies for the high number of women sampled who subsequently either decline to participate or who drop out before the initial or follow-up assessments (Burke & Reardon, 2002; Coleman et al., 2005). For example, Major et al. (1985) had 60% of their 600-participant sample drop out of the assessment that was set for 3 weeks after the abortion. In a more recent study, of the 3045 women who were invited to participate (and promised \$50 per interview) only 31% completed the initial interview and only 17% participated until the end of the five-year study (Rocca et al., 2015). Rocca et al. (2015) reported that, in a three-year timeframe, 95% of participants were content with their decision to abort. Rocca et al. (2015) also concluded that “Results from this study suggest that claims that many women experience abortion decision regret are likely unfounded.” (p.13) and “In the three years after terminating a pregnancy, women tended to cope well emotionally.” (p.14). AMH proponents are concerned that over twenty academic articles (and many additional news stories reporting on those articles) have been published using the same data – data that have a selection bias and do not include the full experience of 83% of the initial group of post-abortive women (Reardon, 2018b). Research has indicated that women who refuse to participate, or who

drop out part way through a study, are more likely to have experienced their abortion as stressful or to have adverse abortion outcomes (Adler, 1976).

Criticism of Comparison Groups. AMH proponents also have concerns about studies with comparison groups composed in such a way that the results may be biased to mask potential impacts experienced by the abortion group. For example, a comparison group consisting of women who are giving birth for the first time, in which some have previously or subsequently had one or multiple abortions or miscarriages (this is the case for studies by Munk-Olsen, Laursen, Pedersen, Lidegaard, & Mortensen (2011) and Schmiede and Russo (2005)). In these studies, it would not be possible to differentiate the long-term effects of abortion when some women in the comparison group, who are carrying their current pregnancy to term, have previously had an abortion.

Criticism of Biased Data. Reardon (2018a) explained how studies that attempted to gauge the prevalence of long-term adverse responses to abortion were likely biased toward a lower estimation of risks for a number of reasons (in addition to sample attrition, and poorly divided comparison groups). Due to the variety in post-abortion responses, the measures employed may not capture the type of distress experienced by a given woman. Moreover, data gathered at one point in time may not capture the experience of a woman who previously experienced distress that is now resolved or diminished (through medication, therapy, the passage of time, or intervening life events such as a replacement pregnancy). Cross-sectional AMH data would also miss distress occurring at a later time (most often triggered by life events linked to reproduction or introspection). Among women who experience post-abortion distress, the timing of that distress can be quite varied (Burke & Reardon, 2002; Goodwin & Ogden, 2007). In one sample, women had waited anywhere from 4 months to 53 years (26.96 years on

average) after their abortion before participating in an intervention for post-abortion distress (Jaramillo, 2017). Both cross-sectional and longitudinal studies can also be impacted by concealment and underreporting of abortion (Reardon, 2018a). In order to account for the calculated rates of concealment, researchers would need to more than double the number of reported abortions (Jones & Kost, 2007). Furthermore, if women are using defense mechanisms such as avoidance, denial, repression, or suppression to avoid acknowledging or dealing with an experience of abortion that was distressing, they may consciously or unconsciously conceal the occurrence of adverse post-abortion responses (Reardon, 2018a).

Criticisms of Interpretations. AMH proponents also criticize the interpretations and conclusions presented by AMH minimalists. For example, Burke and Reardon (2002) noted that in *The Myth of the Abortion Trauma Syndrome*, Stotland's (1992) conclusions were incongruous with the research upon which she relied to make those conclusions. Stotland stated that "There is no evidence of an abortion trauma syndrome" (p. 2079). However, among the studies she cited to support her claims, Lask (1975) reported adverse short-term post-abortion responses in 32% of participants (although Stotland only cited the 11% subgroup for whom the adverse responses were severe enough to be considered a psychiatric deterioration). Moreover, Stotland's (1992) interpretation focused on Lask's (1975) statement that the women who had adverse post-abortion responses would likely have had adverse mental health outcomes if they had carried the pregnancy to term. Burke and Reardon (2002) contended that Stotland's broad claims, (calling abortion trauma a myth) demonstrated a disregard for the wellbeing of the women who did experience adverse outcomes. Stotland's claims could be considered analogous to stating that postpartum depression (PPD) is a myth since the prevalence of diagnosable PPD in the United States has been reported to be between 9 and 15 percent (Halbreich & Karkun, 2006). Burke and

Reardon (2002) also noted that Stotland (1992) did not consider the possibility that additional adverse responses could occur in the longer-term (Lask's [1975] results were from a 6-month follow-up).

General Challenges in Interpreting AMH Research. In addition to considering the views of the researchers and potential methodological flaws in a given study, the interpretation of any findings in AMH research must be done within the context of the wide variety of methods used to gather data and interpret the results.

Reactions to abortion are varied, and no broadly accepted definitions, measures, or models have been established to help guide the study of these responses (Reardon, 2018a). Therefore, in addition to approaching post-abortion responses with differing preconceptions, researchers are also approaching the study of these responses through different models and with different objects of focus (Reardon, 2018a). Before attempting to draw general conclusions, an AMH review must consider studies that measure a wide range of mental health outcomes – grief, trauma, intrusion, avoidance, guilt, shame, loss, depression, anxiety, self-esteem, relief, quality of life, locus of control, psychotic episodes, admission to a psychiatric ward, psychiatric treatment, self-injurious behaviour, death by suicide, or suicide attempts/ideation (Charles et al., 2008). Furthermore, these different outcomes were assessed using different types of measures: self-report, diagnostic interviews, documented diagnoses, hospital records, questionnaires, single-item questions, and scores on validated tools (Charles et al., 2008). Since post-abortion distress does not come with diagnostic criteria, different researchers may consider a different score or level of severity as a distress cut-off-point (Reardon, 2018a). Each set of measured outcomes can then be considered within different models or contexts.

The American Psychological Association Task Force on Abortion and Mental Health (2008) recognized four models of interpretation for post-abortion responses: (a) abortion within a stress and coping perspective; (b) abortion as a traumatic experience; (c) abortion within a socio-cultural context; and (d) abortion as associated with co-occurring risk factors. In addition to these four, Reardon (2018a) recognized another six potential models or contexts within research on abortion responses: (e) the biology of abortion responses (e.g. the influence of hormones on psychological responses); (f) abortion in terms of attachment theory; (g) abortion as bereavement; (h) abortion resulting in complicated, prolonged or impacted grief; (i) abortion experienced as an ambiguous loss; and (j) abortion understood within existing models of psychological responses to miscarriage. The combined effect of this variety leads to vastly different study designs and results. Even two studies using the same data set can find opposing results (Charles et al., 2008).

With these disparities in mind, Reardon (2018a) remarked that:

When there is no agreement on what outcomes are relevant or what theoretical pathways should be investigated, there are countless reasons to disagree about both (a) the adequacy of any specific studies, and (b) how any specific set of findings should be best interpreted. (“There are multiple pathways for AMH risks”, para. 6)

It is unclear how much of the disagreements in the AMH literature could be attributed to these fundamental contrasts in the way AMH researchers are approaching their topic of interest. Perhaps if a common framework for AMH research were established, additional points of agreement would follow.

The Post-Abortion Experiences of Men. In the literature examining the experiences of men whose partners have an abortion, similar disagreements can be observed as those within the literature regarding women's post-abortion mental health. For instance, Coyle and Rue (2015) gathered data from a sample of primarily Caucasian Christian men who chose to fill out an internet survey inquiring about their response to their partners' abortion. Their responses indicated that at least some men self-reported post-abortion experiences of grief, guilt, regret, adversely affected sense of self, interpersonal tension, helplessness, anger, and a desire for spiritual healing and forgiveness. Thus, Coyle and Rue (2015) argued that men "ought to be routinely included in both pre- and post-abortion counseling" (p.148). Coyle and Rue (2015) could be considered male AMH proponents. Conversely, Kelly and Gochanour (2019) could be considered male AMH minimalists. After reviewing 41 articles, they stated that

We find that the methodologically rigorous, peer-reviewed studies examining men and post abortion syndrome do not support anti-abortion activists' claims that men suffer from various pathologies following a partner's abortion. While a minority of men may respond negatively to a partner's abortion, there is no scientific support for claims of post abortion syndrome among men. (p. 15)

Though much of the literature on post-abortion responses focuses on women, and this is reflected in the studies included in the current literature review, it seemed worthwhile to note that the academic debate extends to the effects of abortion on men.

Agreements

As seen in Table 1, Reardon (2018a) listed his understanding of research results that are, if not emphasized, at least admitted by both AMH minimalists and AMH proponents.

Table 1

Variations in emphasis on conclusions generally shared by AMH minimalists and AMH proponents.

Proposed conclusions upon which AMH^a minimalists and AMH proponents agree	AMH minimalists	AMH proponents
Abortion contributes to mental health problems in some women.	Admitted	Emphasized
The majority of women do not have mental illness following abortion.	Emphasized	Admitted
A significant minority of women do have mental illness following abortion.	Admitted	Emphasized
Risk factors exist that identify women at higher risk.	Admitted	Emphasized
The observed higher rates of mental illness in women with a history of abortion may be partially or mostly attributable to common risk factors.	Emphasized	Admitted
There is insufficient evidence to prove that abortion is the sole cause of the higher rates of mental illness associated with abortion.	Emphasized	Admitted
There is substantial evidence that abortion contributes to the onset, intensity, and/or duration of mental illness.	Admitted	Emphasized
A substantial number of women attribute their mental health problems, at least in part, to their abortion experiences.	Admitted	Emphasized
There is no evidence that abortion can resolve or improve mental health.	Admitted	Emphasized
A history of abortion can be used to identify women at higher risk of mental health issues who may benefit from referrals for additional counseling.	Admitted	Emphasized
There is a dose effect, wherein exposure to multiple abortions is associated with higher rates of mental health problems.	Admitted	Emphasized
No single study design can adequately address and control for all the complex issues that may be related to the AMH issues.	Emphasized	Emphasized

Note. Adapted from *The Abortion and Mental Health Controversy: A Comprehensive Literature Review of Common Ground Agreements, Disagreements, Actionable Recommendations, and Research Opportunities* (“A summary of agreements with difference in emphasis”, para. 1), by D. C. Reardon, 2018, SAGE Open Medicine. <https://doi.org/10.1177/2050312118807624>

^aAMH: Abortion Mental Health.

Much of the AMH research focuses on attempting to establish whether abortion poses a significantly greater mental health risk for women than other pregnancy outcomes – regular delivery, miscarriage, stillbirth, or caesarean section (Jaramillo, 2017). As dictated by the design of such studies, the average outcome of each outcome group is compared. Therefore, even for studies that did not demonstrate any difference between outcome groups, a portion of the women in each outcome group can still demonstrate emotional distress and/or symptoms of mental illness (e.g. Gilchrist, Philip, Hannaford, Frank, & Kay., 1995). Any pregnancy outcome can be considered an event that may result in adverse psychological responses for some women (Reardon, 2018a). With these considerations in mind, researchers such as Jaramillo (2017) have called for academics and mental health professionals to look beyond the debates in the AMH literature in order to advance research that can help those women who do have negative post-abortion responses. It should also be noted that, as seen in Table 1, much of the AMH research has focused on assessing post-abortion *mental illness*. Yet an individual may experience distress and benefit from mental health support even if their distress is not clinically diagnosable as mental illness.

Reardon's (2018a) summary of agreements within AMH research provides a foundation for AMH research moving forward. The next advances in AMH research can also draw important insights from the studies that have begun to examine the risk factors for adverse post-abortion responses and provide descriptions and analyses of post-abortion distress.

Risk Factors

Researchers have connected certain risk factors with an increased likelihood for adverse post-abortion responses. The manual entitled *Management of unintended and abnormal*

pregnancy: comprehensive abortion care (which is the National Abortion Federation's recommended textbook) lists the following psychological risk factors:

- appraisal of abortion as extremely stressful before it occurs;
- experiencing social stigma and antiabortion demonstrators on the day of the abortion;
- an existing emotional disorder or mental illness prior to the abortion;
- significant ambivalence about the decision;
- perceived coercion to have the abortion;
- intense guilt and shame before the abortion;
- belief that abortion is the same act as killing a newborn infant;
- lack of emotional support and receiving criticism from significant people in their lives;
- fetal abnormality or other medical indications for the abortion;
- commitment and attachment to the pregnancy;
- advanced stage of pregnancy;
- putting great effort into keeping the abortion a secret for fear of stigma;
- usual coping style is denial and repressing thoughts;
- unresolved past losses and perception of abortion as a loss;
- past or present sexual, physical, or emotional abuse;
- pre-existing experience of trauma;
- expecting depression, severe grief or guilt, and regret after the abortion;
- disbelief in their ability to do what it takes to produce a positive outcome (Baker & Beresford, 2009, p.57).

Similar risk factors were listed by the American Psychological Association Task Force on mental health and abortion (2008). A notable addition present in the task force list is a previous history of abortion. In a review of 119 peer-reviewed articles, Coleman (2014) identified 146 individual risk factors and determined which ones were the most frequently reported as characteristics linked to increased post-abortion distress. The list produced by Coleman (2014) overlapped with Baker & Beresford's (2009) list in terms of ambivalence or coercion during the decision process, investment in the pregnancy, lack of support or conflict with the father/family/others, and pre-existing mental-health issues. To their list, Coleman (2014) added that risk also increases if the woman: is an adolescent; is religious/ holds values that do not support abortion; has negative thoughts/feelings about the abortion; or feels that the abortion care she received was inadequate (e.g. information, counselling, interactions with staff). Coleman (2014) also noted that the risk for negative abortion outcomes may increase in correlation with "emotional immaturity, emotional instability, or difficulties coping, including low self-esteem, low self-efficacy, problems describing feelings, being withdrawn, avoidant coping, [and] blaming oneself for difficulties" (p. 151). Using the existing pool of articles describing the risk factors for adverse post-abortion outcomes to improve screening procedures prior to abortion would be an important way to reduce the number of women who experience post-abortion distress (Reardon, 2003).

An understanding of the risk factors for negative post-abortion responses, as noted by Reardon (2018a), can influence the way other abortion-related conclusions are understood. For instance, the conclusion of the American Psychological Association's Reflections on the Task Force report stated: "within the United States, the relative risk of mental health problems among adult women who have a single, legal, first-trimester abortion of an unwanted pregnancy is no

greater than the risk among women who deliver an unwanted pregnancy” (Major et al., 2009, p.863). At first glance, the conclusion seems straightforward and could even seem to contraindicate future research into abortion mental health risks. However, the population of women who have abortions does not exclusively include adults who have only one unwanted pregnancy and who abort within the first trimester. Commenting on the conclusion, Reardon (2018a) noted that:

It excludes the 48%–52% of women who already have a history of one or more abortions, the 18% of abortion patients who are minors, the 11% of patients beyond the first trimester, the 7% aborting for therapeutic reasons regarding their own health or concerns about the health of the fetus, and the 11%–64% whose pregnancies are wanted, were planned, or for which women developed an attachment despite their problematic circumstances. (“Obstacles in the way of research, understanding, and consensus”, para. 3, footnotes omitted)

Although it may not be possible to determine the exact prevalence of post-abortion distress, it can be said that many women who have abortions would also have at least one of the risk factors that increase the likelihood for negative outcomes (Reardon, 2018a).

Post-Abortion Responses

In his review of the abortion and mental health literature, Reardon (2018a) stated that researchers agree upon the fact that, after an abortion, some women experience distress, and some do not. In a qualitative analysis of post-abortion accounts, Goodwin and Ogden (2007) reported that the way their participants described their responses to abortion reflected four different trajectories: linear recovery (initial distress decreasing with time), persistent upset

(regular or consistent distress), negative reappraisal (initial coping that suddenly shifted to distress), or never being upset (no experience of post-abortion distress). Goodwin and Ogden (2007) concluded that it is important to recognize the possible variations in initial and longer-term post-abortion reactions and that certain factors may help explain some of this variability. For example, the authors linked emotional acceptance and a positive orientation with linear recovery, rumination with persistent upset, avoidant coping with negative reappraisal, and less human cognitive conceptions of the fetus with never being upset (Goodwin & Ogden, 2007). Their findings demonstrate the way qualitative studies can provide the detailed analysis necessary to link particular risk factors with the timing and trajectory of certain types of abortion responses.

Descriptions of Distress

Whether post-abortion distress occurs immediately or presents as an issue in the longer-term, the symptoms involved in the distress itself can also vary from one individual to another (Burke & Reardon, 2002). Jaramillo (2017) asked 39 women who attended post-abortion retreats how they were affected by their abortion. In her report, she listed the key words from the women's responses:

Affected all relationships including family; sexual relationships, friendships; shut down and did not allow close relationships; felt betrayed; lack of trust; hid, felt fear, afraid to have children; turned to drugs and alcohol to numb; suicide attempts; panic attacks, and nightmares; unable to have sex; guilt, shame, grief, regret; hardened heart; self-hatred; anger, rages, defensiveness; depression, moody, lots of crying, lost all joy; feelings of worthlessness; negative self-image, no self-worth; felt unloved; lonely; isolated; weight

gain; separated from church; spiritually affected me; how did it not affect me – every aspect. (p. 141)

The experiences described by these women are quite varied, yet each woman is describing her response to the same event. The variation in the manifestation of post-abortion distress is also reflected in the book *Forbidden Grief: The Unspoken Pain of Abortion* (Burke & Reardon, 2002). The author, Dr. Theresa Burke, is a psychotherapist who specializes in post-abortion counselling. The cases she has encountered and described have included all of the self-reported symptoms that were reported by the women in Jaramillo's (2017) study.

In another study, 987 women who sought post-abortion counselling were asked to describe the positive and negative outcomes of their abortion through an online survey (Coleman et al., 2017). Following an inductive thematic analysis, Coleman et al. (2017) reported their findings in terms of the most common themes that emerged. When asked about positive outcomes from their abortion 31.6 percent of respondents stated that they did not experience any positive outcomes. When asked about negative outcomes, the following themes emerged (listed in order of frequency): (a) took a life/loss of a life or lives; (b) depression; (c) guilt/remorse; (d) self-hatred/anger at self/self-loathing/feelings of worthlessness/unworthy of love; (e) shame; (f) addiction, alcohol or drug abuse including alcoholism; (g) regret; (h) self-destructive behaviours including promiscuity, self-punishment, and poor choices; (i) low self-esteem; (j) anxiety/fear; and (k) suicidal thoughts/wanting to die/self-harm/dangerous risks/suicide attempts. Coleman et al. (2017) stated that the vast majority of responses described an interconnected grouping of negative outcomes as opposed to one or two primary negative outcomes. Their findings provide a glimpse of the presence, variety and complexity of distressing symptoms that may be part of a woman's post-abortion response. Therefore, regardless of how difficult it may be to measure or

to determine the prevalence of distress, the need for effective post-abortion care is clinically important. While the political and academic discord continues, the women who are experiencing post-abortion distress are seeking help (Burke & Reardon, 2002) and many of these women want help that is not only psychological, but also addresses and incorporates spirituality/religion (Curley, 2010).

Spirituality/Religion and Post-Abortion Responses

Some initial headway has been made in mapping the constellations of connections between spirituality/religion and post-abortion responses. Due to the overlap in the definitions of spirituality and religion that will be employed in the current study (see pages 11-12), the general term spirituality/religion will be used. So far in the AMH literature, spirituality/religion comes up in three main ways: (a) pre-existing factors that shape the dynamics of post-abortion distress; (b) women's preferences for post-abortion care; and (c) elements that may be helpful in reducing post-abortion distress.

What is Influential. Among demographic variables, values and beliefs may be the most helpful in understanding attitudes and reactions to abortion (Tamburrino et al., 1990). The pre-existing spiritual/religious beliefs held by a woman, her family, and her community frequently influence her decision process and her immediate post-abortion experience (Frohworth et al., 2018). Those who are currently, or have been, spiritual/religious (especially if their spirituality/religion is morally opposed to abortion) may find decisions surrounding an unexpected pregnancy especially difficult, conflicting, or stressful (Major et al., 2009). Rowland et al. (2009) summarized the situation that many religious women find themselves in:

Women who choose abortion in these circumstances face a religious dilemma: to eschew their faith and the social network that goes with it; to decide that the precepts of their religious leaders regarding sex and abortion are unrealistic and can therefore be ignored; to confess to their religious leaders and congregation and risk ostracism in hopes of understanding and forgiveness; or to keep the abortion secret and bear their guilt alone. Each of these choices carries a psychological burden. (p.258, footnotes omitted)

Not only must these women face the psychological burden of whatever decision they make, they may also have a higher risk of post-abortion distress. The dilemma described by Rowland Hogue et al. may lead to a number of the risk factors listed by Baker and Beresford (2009). Women who are spiritual/religious may be more likely to be ambivalent, which may, in turn, lead to postponing the abortion so that they are at a more advanced stage and/or more attached to the pregnancy. If they believe the fetus is human, they may be more likely to perceive abortion as a stressful event, as a loss, and as the act of killing a baby. In line with this belief, they may experience higher levels of guilt, shame, or regret, therefore they would be more likely to keep the abortion a secret and limit any emotional support they may have otherwise received. Additional research would be required to explore the dynamics of this theorized connection between spirituality/religiousness and risk factors for negative post-abortion responses.

Since there is such a complexity and variety in the presentation of post-abortion responses, it is understandable that post-abortion responses can intersect with spirituality/religion in a number of ways over a longer-term timeframe. For instance, a woman may experience an ongoing internal war with her beliefs, or pervasive impacts from changes to her sense of identity and her values (Goodwin & Ogden, 2007). Alternatively, a woman may 'shut out' her initial distress only to be faced with it later on during important life events (Goodwin & Ogden, 2007).

A woman may spend years living with anger toward herself, others, or God, struggling to find peace and forgiveness (Pastorius, 2015). She may also go through life fearing that God will punish her for her abortion or feeling unable to enjoy the good in her life after the abortion (due to a sense of guilt, shame, or unworthiness) (Burke & Reardon, 2002). In these examples, the psychological and emotional distress experienced after an abortion cannot be separated from the spiritual/religious beliefs of the women. Therefore, incorporating spirituality/religion into efforts aimed at addressing their distress seems to be a logical course of action.

What is Preferred. In order to assess female university students' preferences for various aspects of post-abortion care, Curley and Johnston (2014) developed a post-abortion intervention questionnaire. Their results indicated that spiritual assistance was strongly desired. Curley and Johnston (2014) did not provide an explicit definition of spirituality; however, they described spirituality as connected to values and the meaning of life and death. The authors defined spiritual assistance as "encouraging women to find a personal and subjective meaning of their abortion experience" (p. 310) as well as hope for the future. They also suggested that a particular focus on how spirituality is related to death, loss, values, and meaning would be warranted in post-abortion interventions. Participants also voiced a desire for post-abortion care that would assist them in dealing with unanticipated feelings of guilt. Most of the participants in Curley and Johnston's study did not identify with any religion, therefore it is possible that women without a religious affiliation may be more likely to have unexpected guilt, whereas those who are religious may anticipate post-abortion guilt. The authors suggested that post-abortion guilt could stem from internal conflicts related to a number of issues, such as maternal instincts, secrecy, causing harm to others, or core values (Curley & Johnston, 2014).

What is Helpful. Further research into post-abortion distress indicates that spirituality/religion not only plays into the occurrence of distress, but also contributes to positive post-abortion outcomes and facilitating the reduction of distress.

Spirituality/religion emerged as one positive outcome in the experience of women who struggled with post-abortion distress (Coleman et al., 2014). When asked about positive post-abortion outcomes, the most common response (given by women who experienced post-abortion distress) was that there were no benefits. The second most common response referred to a “[d]eepened spiritual life (finding forgiveness, peace, inner healing)” (Coleman et al., 2017, p.115). Two studies (that will be expanded upon in a following section) have found that spiritual/religious post-abortion interventions effectively reduce symptoms of distress (Jaramillo, 2017; Layer et al., 2004). Furthermore, both studies found that the vast majority of participants viewed the integration of spirituality/religion as crucial to the efficacy of the intervention (Jaramillo, 2017; Layer et al., 2004).

These findings make sense within the context of research on spiritual and religious coping. Spiritual/religious beliefs have been associated with increased ability to cope with, and find meaning in, stressful life circumstances (Gordon et al., 2002). Siegel et al. (2001) proposed three general pathways to explain this effect: (a) having a framework that facilitates meaning-making while also allowing individuals to appraise stressors as less threatening and to view themselves as having more resources to deal with those stressors; (b) supporting the individual’s coping abilities through an enhanced sense of empowerment (e.g. my prayer can impact my future) or self-worth; and (c) providing socio-emotional support through relationships with a divine-other or members of the faith community. Future research may be able to clarify whether,

or how, connections such as these can be applied to spiritual/religious post-abortion interventions.

In keeping with the findings that spirituality/religion can play an important role in post-abortion distress, women's preferences for post-abortion care, and the impact of post-abortion interventions, the current study focused on post-abortion care experiences that have integrated elements of spirituality/religion.

Spiritual/Religious Post-Abortion Care Interventions

Due to the deficiency of established clinical interventions, most post-abortion care in North America is currently provided by pregnancy centres and ministry groups, many of whom incorporate spirituality/religion in their approach (Curley, 2010; Jaramillo, 2017; LaRoche, 2015). Women who relate most closely to the spiritual/religious foundation of an intervention may be more likely to find that intervention helpful; however, additional research on this topic would be helpful. Some women would prefer interventions without any religious/faith component, because they see faith-based interventions as too directive or incongruous with their own views (LaRoche, 2015; Layer et al., 2004). However, for other women, the integration of spirituality/religion is crucial to effective post-abortion care (Curley, 2010; Layer et al., 2004).

Curley (2010) developed a manual for a clinical post-abortion care group based on the preferences of university students. Her aim was to address the gap that she observed in health-care services, and her approach includes several modules to be covered in a group setting with the help of a facilitator. The final module focuses specifically on spirituality and aims to encourage resolution and hope. The group facilitator promotes discussions of meaning and values. Participants also have the option to engage in spiritual rituals for mourning, prayer or

meditation that may encourage resolution, and symbolic acts that denote closure or new beginnings. The group finishes by exploring sources of hope and discussing what they have learned (Curley, 2010). It is unclear whether other clinicians have drawn upon this resource.

Jaramillo (2017) described several faith-based post-abortion interventions. The common elements of these interventions include the study and discussion of Bible passages, talking about personal experiences, such as the effect abortion has had in their life, and addressing emotional and spiritual/religious themes, such as anger, denial, forgiveness, grief, love, and healing. Most of the interventions were developed by women who have themselves lived through post-abortion distress and resolution. However, one of the interventions, known as Rachel's Vineyard, stands out for being developed by a mental health professional, Dr. Theresa Burke (Jaramillo, 2017).

Her healing programs offer a unique sensory based treatment which integrates emotional, psychological and spiritual dimensions. The healing journey uses creative "Living Scripture Exercises," and rituals which engage the mind, body, and soul. The Living Scriptures coupled with group activities, prayer, therapeutic facilitation, cognitive restructuring and discussions offer an effective process for grief work grounded in Jesus Christ and the Word of God. (Rachel's Vineyard, 2019, "About Us: Theresa Karminski Burke, MA, PhD, DAPA, NCP, LPC", para. 1)

Since faith-based interventions are a common resource accessed by women who are experiencing post-abortion distress (Jaramillo, 2017), it is important for researchers to examine the efficacy of these interventions.

Evaluating Spiritual/Religious Post-Abortion Care

Although a number of post-abortion interventions have been developed, very little research has been done to examine their effect. Only two empirical evaluations of spiritual/religious post-abortion interventions could be located in the literature (Layer et al., 2004; Jaramillo, 2017).

Layer et al. (2004) assessed the experience of 35 women in Florida who participated in a faith-based post-abortion intervention at least one year after their abortion. The participants were gathered as a sample of convenience through local faith-based non-profit agencies. The interventions were either Catholic or non-denominational Christian and there were two delivery formats: eight weekly meetings (two hours each) or two full days (eight hours each). The interventions featured education about grieving, mourning rituals, and Bible passages (involving themes such as anger, guilt, and pain as well as passages describing God as loving and forgiving). The researchers administered two quantitative pre- and post-intervention evaluations. The Impact of Event Scale-Revised (IES-R) measures the presence and severity of post-traumatic stress symptoms of three types: intrusion, avoidance, and hypervigilance. The Internalized Shame Scale (ISS) assesses feelings of shame that are kept hidden and are amplified within an individual. The post-intervention assessment also included a series of qualitative open-ended questions to gather participants' thoughts and beliefs about their experience and the components of the intervention.

Layer et al. (2004) demonstrated statistically significant decreases in shame for both intervention formats (with an average decrease of 19.66 points on the 140-point ISS scale). For the weekly meetings, the IES-R results demonstrated a statistically significant decrease in post-traumatic stress symptoms (a mean decrease of 13.79 points on an 88-point scale). This decrease

was due specifically to a significant reduction in avoidance and hypervigilance symptoms. The decrease in IES-R results for the two-day intervention was not statistically significant; however, the test itself is designed to evaluate the presence and degree of symptoms over the course of seven days prior to its administration. In this case, since it was administered at the end of the two-day intervention, the post-intervention results would be focused on the experience during the intervention. Despite the poor fit of the measure, and the lack of statistical significance, the pre-intervention IES-R average (30.28) fell within the elevated distress score category whereas the post-intervention average (21.06) fell below the score which is considered a clinical concern (24).

The open-ended questions shed additional light on portions of the participants' experience before, during, and after the intervention. Layer et al. (2004) established four themes that were present in descriptions of the women's post-abortion experience from before the intervention: (a) fear, depression and/or isolation; (b) guilt and shame; (c) denial; and (d) self-loathing and self-destructiveness. Most of the participants found the faith-based intervention to be a helpful way of dealing with their post-abortion distress. The portions of the intervention that appeared to be most appreciated included: sharing with the other group members, participating in grieving rituals, and the integration of Bible passages. Two participants noted that they would have preferred an intervention that was less religious or less directive. The rest of the participants did not indicate that they found any part of the intervention unhelpful. In total, 86% of the women stated that their own faith and the integration of spirituality/religion in the intervention played a strong to very strong role in the positive outcome that they experienced (i.e. the reduction of their distress).

The researchers also noted two unanticipated results. They discovered that, in the time leading up to the intervention, participants reported increased moodiness and depression. Layer et al. (2004) suggested that this phenomenon may be linked to the emergence of memories, fears, anxieties, or other portions of their experience that they had previously ignored or suppressed. For this reason, Layer et al. (2004) noted that individual counselling sessions may be warranted before the group intervention. Secondly, after the intervention, 80% of the participants reported that they would consider helping someone else experiencing post-abortion distress by sharing their own story (whereas before the intervention the women frequently told only one or two people that they had had an abortion). These women's responses demonstrate an important shift from shame and distress to resolution and hope, thereby providing further support for the efficacy of the faith-based intervention.

More recently, Jaramillo (2017) conducted a similar study with 39 women who attended a Rachel's Vineyard weekend retreat (a faith-based post-abortion intervention that is comparable to the two-day intervention evaluated by Layer et al. (2004)). Jaramillo (2017) used the same two psychological measures to evaluate post-traumatic stress symptoms (IES-R) and shame (ISS) at the start and at the end of the intervention. The participant sample was gathered on a voluntary basis through connections to facilitators across the United States and Canada. The women who chose to participate were from nine different states and from three Canadian provinces (Quebec, Ontario, and British Columbia). The participant age range was from 19 to 80 years old. As mentioned in the introduction, in this study, the average gap between the participants' first abortion and their participation in the intervention was 26.96 years (with a range of 4 months to 53 years).

Jaramillo (2017) gathered a wide variety of additional demographics and information about the women's abortion experience. These data demonstrated the presence of many risk factors for increased post-abortion distress among the participants in the post-abortion intervention. The average age of the women at the time of their first abortion was 23.62, and just under half (46%) of the participants had had two or more abortions when they came to the retreat. At the time of their first abortion, many of the women were Christian (74%), about one-third of the women viewed the fetus as human (34%), and two-thirds of the women believed that it was morally wrong to have an abortion (63%). Some of the participants felt that other people or outside circumstances forced them to have the abortion (66%), and some felt that they did not receive adequate information before undergoing the abortion (16% felt poorly informed and 30% felt they were not informed). A number of the women recalled being completely unsatisfied (34%) or somewhat unsatisfied (11%) with their decision when they had their abortion(s). Just over half of the women (51%) considered their abortion to be a secret. Although Jaramillo (2017) did not inquire about all of the risk factors documented in the literature, each of the risk factors she did include in the questionnaires was applicable to at least some of the study participants.

Jaramillo's (2017) quantitative results from the IES-R and the ISS closely mirrored Layer et al.' (2004) results. After the retreat, the IES-R indicated statistically significant decreases in avoidance and hyperarousal post-traumatic stress symptoms. The ISS was analyzed based on two subscales, demonstrating a statistically significant decrease in shame and increase in esteem.

Table 2 lists the key words in women's responses to open-ended questions posed at the end of the Rachel's Vineyard retreat (Jaramillo, 2017). Jaramillo reported that 95% of respondents felt they received healing, 97% of respondents felt that prayer played a role during the retreat process, and, when asked specifically about the use of Scripture verses, 100% of the

respondents thought their use in the intervention made a positive difference. However, as reflected in Table 2, when the women were asked to describe the reason for their response, or specifically what it was that helped them, they gave a wide variety of explanations.

Table 2

Key words in women’s responses to open-ended questions posed after attending a Rachel’s Vineyard faith-based post-abortion retreat (adapted from Jaramillo, 2017).

Do you feel you received healing from abortion through the retreat? Why/why not?	What specific exercises or subject discussions in the intervention helped the most?	Did the Scripture verses make a difference? If so, how?
life changing; laid sin at Jesus’ feet; no longer walk in bondage; closure to shame; freedom; combo of reading and exercises together brought healing through the Holy Spirit; now healed; class confirmed healing received; received love, acceptance, and healing; felt the love of Jesus overcome me; felt peace; feel reborn; feel alive again; opened heart and eyes to my child; needed to say it out loud; needed a book to explain it all; confirmed my children are with Jesus; memorial service;	leader support; explanation of choices and consequences; didn’t realize emotions and habits came from my insecurities and guilt from abortions; awareness of source of anger; sharing my story; other participants there for each other; all hidden to be revealed; forgiveness; music; meditations; biblical references/Living Scriptures exercises; the carrying of the rock of burden exercise; acknowledging the baby; able to grieve baby(ies); mourning miscarriage; naming children; writing letters to my children; lighting candle in memory of each child, memorial service/closure and witnessing others healing.	we placed ourselves in the story, and healing happened; encouraging, empowering; brought peace, hope; reinforced God’s love; increase in confidence; foundation for healing and forgiveness; opened my eyes; confirmed God’s mercy and kindness; connection with God; thought-provoking; God loves us no matter what; self-reflection; able to identify with others who have also suffered; word a form of prayer; brings life to the dead and broken.

caused me to look at the
entire situation and not just
guilt;
I don't hate myself anymore;
I'm now headed in the right
direction;
Time will help process to get
even better.

The mixed methods used by Jaramillo (2017) demonstrated common patterns of change experienced as a result of the faith-based intervention, while also recording the variety present in descriptions of the internal experience of these changes. Jaramillo (2017) provided speculations in terms of the underlying mechanisms for the changes experienced by the women. However, her study design did not allow her to draw causal connections, nor to analyze the reasons for which certain elements of the retreat were helpful for certain participants. It is possible that women who presented with certain risk factors or types of distress found certain components of the retreat to be helpful. Beginning to draw connections such as these may allow researchers to elucidate the mechanisms of change at work in faith-based post-abortion interventions. This knowledge would provide guidance for the design of clinical post-abortion interventions that effectively integrate spirituality/religion and can be specialized to the needs of particular individuals.

Researching Mechanisms of Change

Once a therapeutic intervention has demonstrated efficacy in producing positive results, researchers naturally turn toward understanding how the change is produced. Kazdin (2007) described the implications of research that aims to understand the mechanisms of change in psychotherapy as a whole: (a) establishing the common reasons underlying the change produced by a wide range of therapeutic approaches; (b) understanding the links between an intervention and the range of resulting effects; (c) determining how emphasis on, or improvements to, certain

components of therapy can optimize its impact; (d) providing insight into how the components of therapy should or should not be adjusted to suit different contexts; (e) discovering mediating factors that may have a notable impact on the therapeutic process; and (f) supplementing the general knowledge of human functioning.

The current study aimed to build upon Jaramillo and Layer et al.' studies by exploring individual narratives. An analysis that followed each participant's experience all the way through allowed the researcher to assess the mechanisms of change at play and how the spiritual/religious components that are unique to faith-based interventions were part of these mechanisms.

Chapter 3: Methodology

The current study was a qualitative analysis, aimed at understanding the participants' lived experience of spiritual/religious post-abortion care and delving into the way they have made sense of their own experience. The study was designed following an interpretative phenomenological analysis (IPA) framework which is specifically tailored to accessing, understanding, and systematically interpreting the experiences and reflections of research participants; "IPA is committed to the detailed examination of the particular case. It wants to know in detail what the experience for *this* person is like, what sense *this* particular person is making of what is happening to them" (Smith et al., 2009, p. 3, emphasis in original). The IPA research design is well suited to entering experiences that are 'complex and multi-layered', providing rich insights by illuminating the meaning associated with the experiences (Smith et al., 2009). The IPA design established a valuable fit between the data collection/analysis and the experiential and meaning-focused research questions of this study.

Ethical Considerations

The study was submitted for revision to, and approved by, the Saint Paul University Research Ethics Board. All participants were asked to give informed consent (Appendix A). Particular attention was given to consent for the recording of interviews and permission to use direct quotations in the final report. Participants were advised that their participation was voluntary, and that there were no consequences for withdrawing from the study at any time. All data were stored according to relevant ethical standards. The digital recordings of the interviews were deleted once the analysis and report-writing was completed. The final report does not include any identifying information and participants are referred to using pseudonyms.

Sampling

The study included four participants – three women and one man, who were willing to discuss their post-abortion journey. The primary inclusion criterion was participation in a Rachel's Vineyard Retreat. Rachel's Vineyard Ministries offer interdenominational Christian weekend retreats to support those who are looking for healing or relief from post-abortion distress. Purposive sampling was used to gather the small homogeneous sample of women who had attended a Rachel's Vineyard retreat, who had had one abortion, and who had a Christian spiritual/religious background. The criteria for recruiting the three women were designed to provide a grouping of reflections on the lived experience of interest (as recommended by Smith et al. [2009]). A connection with one of the Ottawa site leaders for Rachel's Vineyard Ministries was developed, and she offered to send the recruitment letter to past retreat participants. During the recruitment phase particular attention was given to the wording of invitations so that individuals did not feel pressured or obliged to participate. Three female participants were recruited, each of whom had had one abortion experience. However, the researcher, having

attended a Rachel's Vineyard retreat, discovered that men participated in the retreats as well as women. When one male participant, who was involved in two abortions, showed an interest in participating, the researcher decided that it would be worthwhile and valuable to include a male perspective and allow a male participant's voice to be shared.

Data Collection

Prior to the interviews, each participant completed a brief demographic form (Appendix B) with questions such as age, citizenship, race, ethnicity, religious affiliation, marital status, year of abortion, and year of retreat attendance.

Semi-structured interviews were conducted with the study participants. Each participant was interviewed three times, and each interview lasted ninety minutes. The triple interview methodology allowed the participants to become more comfortable with the researcher and to explore deeper aspects of their experience (Seidman, 2013). The 90-minute duration is justified by Seidman (2013) who noted that it is a tangible demonstration of the researcher's desire to understand the participant (a one-hour interview seems standard and limits the depth that may be explored, whereas a two-hour interview would seem too long). Seidman (2013) also suggested spacing the interviews by at least three days. In the current study, the three interviews were spaced according to the availability of the researcher and participants, but they all occurred more than three days apart. The interview schedule for the current study can be found in Appendix C. The first interview focused on the participants' life history relating to spirituality/religion and the post-abortion experience that led them to the retreat. The second interview focused on the retreat experience, both during and after the retreat. The third interview focused on reflecting on the meaning of the retreat and voicing suggestions for mental-health professionals. The pre-planned questions in the schedule provided enough continuity and consistency in the data gathered while

also allowing the researcher to explore topics that appeared to hold a particular meaning for a given participant. This approach was consistent with the purpose of the study – to explore the experience and to support the voice of these participants.

Given the topic of the current study, the researcher was inquiring about deeply personal spiritual/religious experiences during interviews. Therefore, the researcher endeavoured to follow the suggestions presented by Griffith (2010), including:

- Demonstrating explicit respect for the other,
- indicating a desire to know the particularities of the other's experience,
- listening for what may be difficult for the other to express, and
- avoiding a standard interview protocol, instead asking questions uniquely tailored out of curiosity and an authentic wish to know the other. (p.63)

Follow-up conversations held after each interview gave the participants the opportunity to clarify or provide additional details regarding the content covered up until that point. These conversations allowed the researcher to ask clarifying questions after having reviewed the previous interview's recording.

Data Analysis

Before beginning analysis, all interviews were transcribed verbatim. The participants' statements were only lightly edited when doing so was necessary to facilitate the reader's comprehension of the participants' meaning and intention. The analysis was conducted using IPA strategies as outlined by Smith et al. (2009): (a) an analysis that remains tightly associated to the words of the participants; (b) a search for patterns, similarities, and differences within one account and among multiple accounts; (c) an integrative 'dialogue' aimed at interpreting the

meaning that the phenomenon holds for the participants between the researcher, the analyzed data, and the researcher's understanding of psychological topics; (d) a big-picture assessment that delineates the way various themes are connected; (e) an assembly of the process and results of each strategy which enables every step of analysis to be traced; (f) a narrative recounting and visual depiction which describes (to the intended reader) the evidence for, and process of interpretation that led to each theme; and (g) a recording of the researcher's own reflections, understandings, and courses of action. Analysis was conducted in a cyclic manner so that each strategy could be employed at various points in the iterative analysis process (as opposed to following a predetermined stepwise methodology).

Rigor

Arranging three separate interactions between the researcher and each participant augmented the study's rigor (Seidman, 2013). A single interview would provide limited context and rapport and would run the risk of falling on a day when something in the participant's life disrupts their responses (e.g., feeling sick). The focus on life context in the first interview increased the likelihood that the researcher's subsequent interpretation was consistent with the participant's experience. The series of interviews allowed the participant to develop additional trust in, and comfort with, the researcher, and thereby reduced the likelihood that participants would omit certain details or provide limited or adjusted responses due to discomfort. Participants' statements could also be verified for consistency over a period of time when they shared similar statements across all three interviews.

In addition, the researcher attended a Rachel's Vineyard retreat before beginning any of the interviews. Doing so allowed the researcher to gain a foundational understanding of the processes described by the participants. As noted by Smith et al. (2009), the researcher's

sensitivity to the context of the phenomenon of interest is one of the ways that IPA researchers can enhance the quality of the analysis.

Rigor was also enhanced through the follow-up conversations whereby the researcher verified her understanding of each interview's content, and the participants were able to provide correction or clarification as necessary. Within the analysis process, the researcher's supervisor completed the IPA steps for a subset of the results. The researcher and her supervisor compared notes and found a very high degree of consistency. After the analysis, the researcher engaged in member-checking by sending the results of the analysis to each participant and reviewing these results with them, making additional clarifications as the participants saw fit. The cyclic nature of IPA meant that throughout the analysis and writing process, the researcher continued to refer to the transcripts and recordings in an effort to understand and capture the essence of the participants' experience. Finally, the presentation of the participants' own words in the current report allows the reader to assess the trustworthiness of the researcher's statements and interpretations.

Personal Disclosure

Transparency with respect to personal values and beliefs is important for researchers following an IPA framework (Smith et al., 2009). Within the field of abortion and mental health, the importance of this transparency is crucial because it can be particularly difficult to remain objective when the issues of interest are linked to the researcher's core values and beliefs (Reardon, 2018a). Therefore, this section will describe personal views and experiences of the researcher. I am a white 25-year-old female who grew up in a middle-class, rural home on the East Coast of Canada with an intact nuclear family. I was raised in the Catholic faith and have decided to continue holding Catholic values and beliefs as an adult. My interest in abortion,

mental health, and spirituality/religion was first piqued through an encounter with one of the Sisters of Life, a Catholic religious community whose ministry focuses on supporting women who are pregnant and in crisis, as well as those who are struggling psychologically and/or spiritually after an experience of abortion. Through a series of visits and opportunities to hear the personal accounts of the Sisters and the women they have served, I developed an initial understanding of the complexity inherent in post-abortion responses and journeys toward healing/resolution. As a master's student in Counselling and Spirituality, I hope to continue developing my understanding of post-abortion care because it is a field in which I plan to devote many future efforts.

Chapter 4: Results

This chapter presents the results of the research, that is, the superordinate themes and emergent themes which arose from the Interpretative Phenomenological Analysis. The presentation of the results is a combination of description and interpretation, as is proposed by the IPA methodology, and it is divided into two parts. Part 1 introduces the reader to each of the four participants. The focus of this section is to explore the phenomenological core of their experience as it relates to each of the four superordinate themes:

- Abortion as a wound;
- Points of mutual influence between abortion and religion/spirituality;
- Experiences and transitions that facilitated healing;
- Recommendations for Mental Health Professionals.

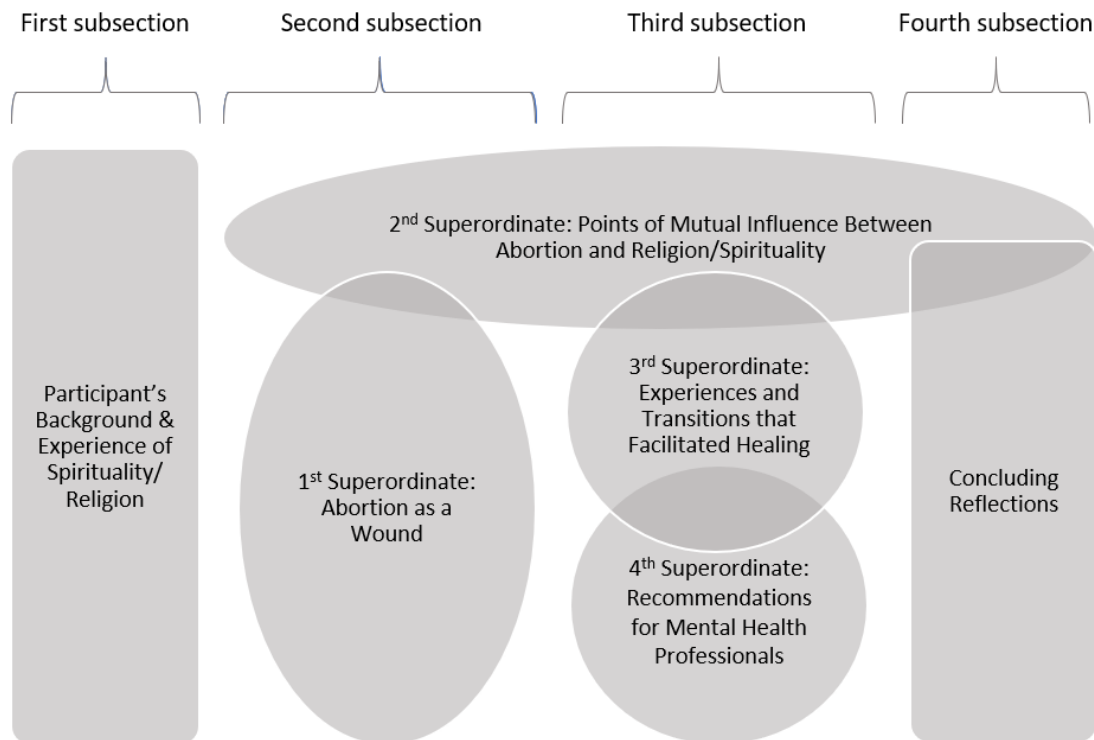
In Part 1, some of the emergent themes are named in parentheses as they are referenced. Part 2 begins with a table of all the emergent themes, grouped by superordinate theme. Each emergent theme is then explored through quotations from multiple participants.

Part 1: Individual Participant Experiences

As a first step in presenting the results of this research, I would like to introduce the reader to the participants – to meet and journey with Lerato, Sarah, Naomi, and Rico just as I met them, got to know them, and became a witness to their stories. For each participant, there will be a general introduction and a description of their experience of spirituality/religion. Next, I will present each participant's experience of the four superordinate themes which emerged from the interviews. The results for each superordinate will focus on the phenomenological core of the participant's experience of that superordinate theme as opposed to focusing on covering all of the themes that emerged across all the participants. The first superordinate theme to be presented will be the participant's experience of abortion as a wound. The points of mutual influence between abortion and religion/spirituality will be introduced alongside the participant's experience of abortion but elements related to this superordinate theme will also be referenced throughout the rest of the account of the results for a given participant. The following subsection will discuss the final two superordinates, focusing on the participants' healing and recommendations. Many of the participants' recommendations for mental health professionals will be covered in part 2 of the results; however, the phenomenological core of each participant's healing experience appeared to inform specific unique recommendations, a connection which should be highlighted. Thus, the discussion of their healing will be intertwined with a presentation of their recommendations. See Figure 1 for a visual representation of the layout.

Figure 1

Layout of the Presentation of Superordinate Themes in Part I of the Results



Note. This format will be repeated for each participant.

Although the participants' experience of spirituality/religion in and of itself does not address any of the research questions, it has been incorporated at the beginning of each participant's introduction for several reasons. Firstly, asking the participants about their experience of spirituality/religion at the start of each interview set the tone for the interviews; it was a way to send the message that I truly wanted to understand where the participants were coming from. The time spent exploring some of the nuances of their spiritual/religious journeys indicated that I was willing to take the time to examine what was important to them. This approach allowed me to genuinely get to know the participants and may have allowed the participants to build some trust; as I was open and interested in non-judgmentally receiving their

experience of spirituality/religion, I would do the same with their experience of abortion. Both spirituality/religion and abortion are topics that are frequently accompanied by concerns about judgment or polarized views. Thus, as recommended by Griffith (2010), it was important to demonstrate respect for, and desire to understand, the participants' experience. In addition, it would be challenging to fully understand the effects of abortion and the post-abortion healing experience as they relate to spirituality/religion without having a foundational understanding of the meaning of spirituality/religion for each participant.

In summary, as an interviewer, I endeavoured to approach each participant with open curiosity to build rapport, understanding, and context that would allow me to better receive the rest of the participant's story. As each participant is presented (first their background and experience of spirituality/religion, followed by the results they have contributed to this study), the reader is invited to engage in a parallel process: to be open and curious in learning about the experiences of each participant, to meet them as a person with whom one can develop a rapport as they tell their story through me, the researcher. To further draw upon Griffith's (2010) recommendations for dialogue about religion/spirituality, the reader is invited to quiet "the emotional static of religious countertransference" (p.80) by focusing on "meeting a patient [or participant, in this case] as a person, not a category" (p. 79). Readers can engage in a form of active listening, to focus first on understanding and encountering the participants rather than beginning to categorize their comments or determining whether to agree or disagree with what they are saying. Applying a mindset of active listening to the reading of these results is an important way to reverence the courageous vulnerability of these participants.

The participants themselves echoed this request as they raised the importance of understanding the complexity and lived experience of abortion (see Table 3).

Table 3

Emergent Theme: Recommendation to Understand the Complexity & Lived Experience of Abortion

Participant	Quotations
Lerato	Abortion is something that actually is beyond the political debates that are going on. It's a very (pause) real issue that affects (pause) women in very deep (pause) and complex and powerful- powerfully painful- ways and.. the lived experiences of women who've had abortions need to be taken into consideration.
Sarah	I just find that like crazy that I can just see it so clearly now, but you can't before... so to like be aware just like how complicated it is... so just like being aware of like maybe digging into like those other areas 'cause... there's so many different things that contribute to that decision [to abort]. Which is so sad.
Naomi	Maybe... organize [an] event where- yeah open to the public, where people can come and share their experience... have people who have been through it... Yeah... advertise an event where pe- people- someone is invited to talk about abortion and the traumas and that kind of thing.
Rico	Interviewer: what would you want mental health professionals to know about that [the impacts of abortion on men]? Participant: Um (clears throat) well to get in touch with more people like me (laugh).. [people] that have been through it.

Note. This emergent theme will be further explored in part 2 of the results

Thus, presenting each participant one at a time is my effort to follow the participants' recommendation, as well as an invitation for the reader to engage in an encounter with the lived experiences presented here.

The IPA approach was the research framework through which I have attempted to provide the reader with this encounter. IPA, and its emphasis on meaning-making, has been crucial to both reverencing and capturing the complexity of individual experiences. Hopefully the presentation of these results will also provide the type of contribution to psychology, which was described by Smith, et al. (2009):

We see the value of IPA studies, first and foremost, as offering detailed, nuanced analyses of *particular* instances of lived experience. A good case study, with an insightful analysis of data from a sensitively conducted interview, on a topic which is of considerable importance to the participant, is making a significant contribution to psychology. In our view, only through painstakingly detailed cases of this sort can we produce psychological research which matches and does justice to the complexity of human psychology itself. (pp. 37-38)

Lerato

Participant's Background & Experience of Spirituality/Religion. Lerato is a female graduate student who was in her 20s and single at the time of the interviews. She grew up in Southern Africa and moved to Canada in her early 20s when she began her post-secondary studies. Although, by her own admission, she was cautious about approaching this research project, as she opened up, she came across as warm, reflective, insightful, and eloquent. This participant chose the pseudonym Lerato, which means Love, and for her daughter, she chose the pseudonym Naledi, which means Star.

Lerato spoke of Christianity as “ingrained” in her and her family. The way she spoke of her faith demonstrated its consistent and prominent role in her identity and meaning-making. Beginning early in her life, she experienced her relationship with God as “a place of solace... giving my life meaning”. She saw her family members involved in the church and aspired to be like them. During times of transition (due to external events in her life and in her country as well as internal development - “trying to discover who I was”) in adolescence and early adulthood, she spoke of how she “really pressed in” to her faith as a way of “trying to make sense of what was going on in my life at that time”. This continued into early adulthood and, despite moments

when her faith was challenged, Lerato asserted that “it [faith] is everything because not only is it a core part of my identity and my essence and who I am, but everything in my life is filtered through that”. However, Lerato also spoke of changes in her relationship to, and experience of, spirituality/religion during different phases of her life. As an adolescent in search of a deepened relationship with God and her faith, she transitioned from the traditional Methodist church of her “roots” to a Pentecostal megachurch. After moving to Canada, she experienced a series of challenges and traumas leading to a “rock bottom” moment which negatively impacted her relationship with God. Even though she felt unable to access her faith, her Christian upbringing was still shaping her experience. While she had internalized her family’s love and passion for God, the Church, and Christian service, she recognized that she had also internalized a punitive image of God (accompanied by “fear and shame”) and a standard of perfection (“that I had to live up to this good Christian girl image”) which left “no room for mistakes...no room for emotions”.

With time and healing, Lerato gradually began to re-engage spirituality/religion and her more recent experience has involved a time of “reinvention and a relearning and a redeveloping of what my relationship with God is like, um what faith means to me”. This renewal was part of her more recent experience, but Lerato went through some major challenges before such growth occurred.

Abortion as a Wound & the Mutual Influence Between Abortion and Religion/Spirituality. The participants used the language of abortion as a “wound”. In keeping with this figure of speech, Lerato’s post-abortion experience could be characterized as a wound which became necrotic. Just as in physiological necrosis there is a lack of circulation which then results in the death of the tissue, she experienced many types of disconnection which led to a felt

sense that many aspects of her life were either dead or slowly dying. In Lerato's case, the disconnection began due to traumatic experiences (including the abortion), and, just as necrosis involves a cascade of damage, her internal death and disconnection continued to spread until she was able to receive the support she needed.

The abortion was among a series of experiences which led Lerato to her "rock bottom". Despite initially trying to move on "like nothing (word emphasized) had happened", "there was a spiralling inside because on the outside I still had to show up like everything was ok" (emergent theme [abortion]: a wound that is hidden or covered up/ a wound experienced in isolation). The internal spiralling and the dissonance she experienced eventually led to her being "in crisis mode, in IC- you know, ICU... I was really just trying to stay alive" (emergent theme [abortion]: a wound that is severe). Lerato struggled with daily tasks like preparing food for herself, she felt suicidal, and she had an additional layer of confusion and shame as she wondered why her experience was so severe ("is this normal? Why am I feeling this way? This is not just regular guilt and this shame").

Lerato described her internal experience of the abortion in vivid terms of disconnection and death:

And I may have been disconnected before already because of previous trauma, but I think what the abortion did was sort of put the nail on the coffin so as to speak.. in the sense that (pause) whatever was left was just completely cut off.

This sense of internal death was both immediate and gradual. There was the impact she noticed right away ("the words I said as I walked out of the clinic – 'I feel like something in me has died'... so much more than just the little life in me died (said in a low creaky voice)") as well as

the effects of the abortion which she noticed were spreading over time (“It’s not just life dying inside of you, everything in your life connected to it then begins to die as well”) (emergent theme [abortion]: a wound with complications and cascading effects).

Lerato appeared to use the terms disconnection and death in very similar ways. She felt as if the aspects of herself from which she was disconnected had died because she had no hope of reconnection.

Death [and, consequently, the abortion] has a final- such a final aspect to it I think, uh and because of that I think it was easy for me to feel like that’s it. There is no hope for the rest of my life. All the dreams I’ve had have died..¹ all the ambitions I’ve had have died, all the desires I’ve had have died, my parts of my personality that I loved have died like just- not just Naledi’s [Lerato’s daughter’s] death, but even the death of my own self um in a way, and just feeling like there’s no point in going on any further because God can’t possibly use me anymore. God can’t possibly bless me anymore.

Lerato’s sense of self, her faith and her hope were closely linked together: “it’s been hard because faith was such a core part of my identity and when I hit rock bottom, it’s the thing that was shaken the most.. And so I didn’t... I couldn’t access that part of me” (emergent theme [abortion]: a wound impacting sense of self). Lerato described the experience of being unable to “access” her faith as “living from a place of insecurity [which] is a very miserable life.. And not being able to tap into hope, not being able to tap into faith and into that strength that comes from having a relationship with God” (emergent theme [spirituality/religion]: the effect of abortion on spiritual/religious experience). She was no longer able to access the coping resource that she had

¹ Two periods (..) are used in the quotations in place of the interviewer’s verbal tracking (e.g. Mmm, or Mhm).

leaned on in previous moments of difficulty and transition. The foundation she had stood on to weather previous stormy times in her life seemed to be inaccessible, so she found herself sliding deeper and deeper in her distress, unable to find solid footing.

The integration involved in Lerato's experience of being a woman of faith, meant that the disconnection from her faith had implications not only on her sense of self and her hope for the future, but "because my faith is part of everything like I said- I literally got disconnected from everything" (emergent theme [spirituality/religion]: effect of spirituality/religion on experience of abortion & emergent theme [abortion]: a wound causing many types of pain). She noticed she was disconnected from her emotions (because "it was just too much for me to even process it"). She noticed her relationships dying as she withdrew and "just went into myself" due to "so much shame and so much secrecy and so much guilt and then so much emotional distress". She noticed herself disconnecting from her own body (i.e. "just hating my body and hating what I guess had been done and what I had been through...feeling like I don't want to be in this body") because being in her body felt like being in the place where the trauma happened. The experience of abortion as physically traumatic and violating then circled back to wreak further havoc on her identity, her sense of self (her worthiness/lovability), and her hope for the future: "I think for me because um motherhood and womanhood are very much interlinked... just feeling like oh my gosh my body has been violated in the most core way that it can be violated". She further stated that "my womanhood, through the violation of my motherhood, has been stripped from me. What man will love me?... Or who will, you know, accept me as I am?"

With all of these cascading, interconnected effects, the phrase *an internal spiral of death and disconnection* seems to capture the phenomenological core of her experience of the wound of abortion.

Experiences that Made Healing Possible and the Recommendations they Informed.

The phenomenological core of Lerato's healing experience is captured in the following words: truth/love/hope intertwined, holistic reconnection, and being equipped. As was noted for each participant, the core of Lerato's experience informed particular recommendations which she offered to mental health professionals. Thus, each of the three aspects of her core experience will be presented alongside what she would like mental health professionals to understand.

Truth, Love, and Hope Intertwined. Part of each participant's healing was to understand their abortion within a broader context of their life journey and to express the pain and anger that accompanied these insights and experiences (emergent theme [healing]: understanding the effects of abortion in the context of their life journey). Lerato described this part of her healing as living in her truth:

For that weekend there was space to just live in my truth and to live in the loss, and to live in the grief, and to not put on this mask of (pause) faux joy.. and faux everything-is-ok as I'd been doing.

Instead of continuing to try to push forward as if "everything is ok", she took the time to stop and allowed herself to feel her true emotions ("I realized there was so much there. It was like this is not ok what happened.") (emergent themes [healing]: no longer in denial & receiving help to access/process emotions).

It was important to her to express the subjective truth of her experience of the moment, but then later to acknowledge that some aspects of her experience (e.g. her hopelessness, and her belief that "I'm unlovable") were lies which were contributing to her distress. Replacing those lies with truth (i.e. there is hope for her and she is loved & lovable) has been a gradual, ongoing

process in Lerato's healing (emergent theme [healing]: spiritual perspective shifts). She appreciated that the retreat provided her with the space to first express herself and receive validation, then later, to introduce new perspectives. Her appreciation for this ordering of the process was echoed in her recommendation that mental health professionals balance "genuine compassion" with the ability to "bring insight and perspective" (emergent themes [recommendations]: therapist qualities & offering perspective in post-abortion support). She emphasized the importance of providing the space for the one who has had an abortion to live in their experiential truth, while also carefully introducing new perspectives that can increase their sense of hope (emergent theme [recommendations]: hope in post-abortion support).

Balance that present-moment compassion with also future hope that you're here now, I understand your story, I am hearing your story, I'm seeing you. Um and at the same time, I can be your eyes for the future where you can't quite see yet, but I'm going to help you get there and at least get to a place where you (word emphasized) can start to see that.

The above quotation is a demonstration of the intertwining of truth and hope in Lerato's experience and recommendations. Lerato's recommendations also included a linking of truth and love (emergent theme [recommendations]: love in post-abortion support). In particular, she recommended that affirmations be incorporated into post-abortion therapy.

Reinforce (pause) some of those truths... whatever those truths- 'cause they're different for every woman right? We all struggle with different insecurities... but it would be, you know, there's some that are pretty universal. You are lovable, you are an amazing woman, you are um the apple of God's eye.

Expanding upon Lerato's history clarifies how she came to recommend such affirmations (further expanding the emergent theme [healing]: understanding the effects of abortion in the context of their life journey). Lerato recognized that because her relationship with her father was lacking expressions of love such as validation, "I ended up looking for love in all the wrong places and being very susceptible to certain types of men that um I felt maybe I wouldn't have been if I had sort of had that- the validation of a father". Furthermore, her upbringing had established a standard of perfection for being a "good Christian girl" so:

There were these conflicting and complex issues that then arose because it's I'm trying to be a woman of faith and at the same time, this is shameful and I'm engaged in this.. because of the shame I can't go to God to get His love and to feel loved because I feel like I'm not living up to the good Christian girl image, it means I ended up looking for love in other places. Which then sort of perpetuated this vicious cycle of guilt and shame and then getting further and further away from God.

Her lack of validation in her early experience with her father initiated her core wound of feeling unloved, unlovable, and unwanted. Then, while looking for the love she was missing, she engaged in actions, including the abortion, that she felt disqualified her from receiving God's love or the love of any man (as referenced earlier in her question "what man will love me?"). She was in a desperate search for love, but her searching left her feeling less and less lovable. She came to recognize and understand the cycle, but how did she break out of it? During the interviews, the answer became clear, and the interpretation was verified with the participant. The healing of the wound of feeling unlovable, which was compounded by the abortion, began when she experienced being loved by the retreat team.

This conceptualization clarified why love was crucial to Lerato's healing. She was especially sensitive to authentic experiences of love. She contrasted her dissonant experience of "eery cheerfulness" at the abortion clinic ("there's so much death around and yet there's this uppity everyone's just kind of you know, smiling at you" and "we're trying to make everything ok but it's not") with her experience of authentic loving welcome at the retreat ("the kindness and the cheerfulness of the vineyard was: this is genuinely a safe space. Like there's nothing more going on underneath like.. We're not trying to mask anything... We are genuinely just here to love you back to life"). Lerato felt that above any of the retreat interventions, the immediate impact of the retreat for her was "just knowing that I am loved and accepted and even with this story that I have that is riddled with colour and depth and texture of all sorts, I'm still worthy of God's love" (emergent theme [healing]: experiencing God's care in the midst of their suffering). She learned that she was loved and lovable by being loved by the retreat team. She felt that the team "literally embodied God's love".

When Lerato spoke of love it was in reference to actions, words, gifts, and encounters that demonstrated to her that she was welcome, cared for, and cherished, regardless of what she had or had not done. In order to receive the unconditional love offered at the retreat, Lerato had to first overcome her discomfort due to being unaccustomed to such love. She noted that "coming into a place where you are infused with so much love, as amazing as it sounds, is actually pretty terrifying. Because for me I was like this is so weird. Like why are they being so nice to me? (said in a low creaky voice)". However, once she lowered her defences, Lerato experienced the love as healing.

Coming to the retreat and just being so infused and saturated with love um that I think it's, it's what has carried me through in at least holding on to the possibility of hope. It

wasn't like a panacea for everything and like after that [I wasn't] like 'Oh my gosh I'm just so lovable' ... even today, you know, there's still things I struggle with and I'm challenging, but at least now I'm aware like ok this is not true like.. this is not- you know this is a lie. You don't have to go down that road anymore.

In this quotation, Lerato highlighted how countering the core belief that she is unlovable is an ongoing challenge (emergent theme [abortion]: abortion as a wound with effects that continue even after healing & emergent theme [healing]: ongoing effort related to abortion). The ongoing nature of this part of her healing was evident in some of the nuances of her speech. For example, she said "coming from this place of feeling unloved, then ending up in a situation [i.e. the abortion] that makes- that made me feel even more unloved and unlovable". In this case, Lerato initially used the present tense as if she were about to say that the abortion still leads her to feel unloved and unlovable, but she caught herself and used the past tense. With regards to navigating such ongoing challenges, Lerato recommended that mental health professionals consider the benefits of follow-up support to "check in" with the client periodically (i.e. "initially maybe once every two months and then... once every four months and then once every eight months, and then when it gets to nine months, (pause) they then have the ability to call you, open-door policy") (emergent themes [recommendations]: pace and timing of post-abortion support). As for therapeutic interventions addressing a client's sense of being unlovable, she recommended that mental health professionals collaboratively ask their clients: "how do you feel loved? How can you feel loved in this space, in the context of this room?.. What would make you feel loved?" (emergent themes [recommendations]: love in post-abortion support). She clarified that in this collaboration with the client, certain options could be given which would be "professionally acceptable" and that the individual mental health professional is "personally comfortable with".

Lerato also described how a focus on giving clients hope could be a professional alternative to giving love. She recommended that the mental health professional working in post-abortion care become a “dealer in hope”, because “ultimately, I think what a woman needs after an abortion experience is hope. (pause)... just- th- (half-laugh) there’s more after this”. Based on what she has found helpful, Lerato offered practical possibilities for building this hope (emergent themes [recommendations]: hope in post-abortion support). She described a process of gradually adding to a “realistic picture” of hope that is possible for those who have had an abortion. This could be done by sharing stories from others who have experienced post-abortion distress and healing, stories that acknowledge ongoing post-abortion challenges while also including their accomplishments and successes. These stories would provide an empowering message of being able to get through the struggles (as opposed to remaining in the hopelessness) and because they acknowledge the ongoing struggles, they might be less likely to be dismissed as idealistic and impossible.

Gathering stories of women who’ve walked through the journey who are flourishing and thriving... And share their stories like, you know, she went through this, but she’s thriving in her career, she’s finishing off school, she just had her second baby, she’s getting married um. I think that’s definitely one way to foster hope, to show women who’ve (shift from speaking quickly to slowly) walked through it um who are not living perfect lives necessarily, but who are living fulfilled lives (back to speaking quickly) even with the challenges you know, like that realistic picture.

In addition to stories that foster hope, Lerato recommended incorporating “space to dream” into therapy, and the termination process, in particular. She described how this could be done by “having a vision board session”. In her own experience, creating a vision board was an effort to

hope and dream which she engaged in even while she still felt that her “dreaming muscle was dead” because she felt unworthy to dream. Gradually, with the repeated visual reminder of her vision board, and as she began to believe that her abortion did not disqualify her from receiving good things from God, her capacity to dream was resurrected.

Thus, both Lerato’s journey and her recommendations emphasized making space to experience truth, love, and hope, as well as making space to dream. She valued living in the inner truth of her experience, she learned that some of the lies she believed about herself (being unworthy, unloved, unwanted) could be replaced with truth, and she recognized, by being loved, that she was lovable, which then allowed her to hold on to hope and to begin dreaming again. The abortion had torn apart so many aspects of her self and her dreams, but she was gradually learning how those tears could be cared for. Her own efforts, help from others, and God’s healing could come together in truth, love, and hope to reconnect what was disconnected and bring the parts of her that had died back to life.

Holistic Reconnection. Lerato recommended that mental health professionals engage in a holistic approach to post-abortion care which intentionally integrates the physical, psychological, and spiritual/religious aspects of the person into the structure of their practice (emergent themes [recommendations]: unique considerations for post-abortion support). Using Lerato’s words, the physical would be the body, the psychological would be the soul (as she described the soul as “your mind, your will, and your emotions”), and the spiritual/religious would be the spirit (“the part of you that is beyond that, [beyond the physical and psychological]”).

I would say it needs to be holistic.. And (pause) for me- and holistic will look different for every professional, it will look different for every client- but for me holistic (pause)

means (pause) spirit body and soul.. And incorporating all those different aspects, so we're not just trying to pray away the pain, we're also looking at the lies behind the behaviour, why did you get into this type of relationship? Why did you feel that you couldn't reach out to anybody during your experience? Why did you feel like, (pause) you know, now you won't get married because of that? And ok, your body, have you tried these activities? These are the range of activities that could be helpful for your body. What speaks to you? For some people it's dance. For some people it's sports. For other people, it's you know rock climbing or hiking. Finding what works for your client um and for the woman in her experience, and then deepening that into the spiritual aspect, I think just (pause) focusing on hope.

In her own journey, the various types of disconnection that Lerato experienced highlighted the need for holistic reconnection. Her approach to holistic healing was gradually formed as she found resources and supports that fit the needs of different aspects of her self. In this sense her journey was unintentionally multifaceted. She did not have a map or a framework that she was following, but rather was intuitively gathering and combining the types of post-abortion care that each addressed a small part of her journey of holistic healing. For mental health professionals who are able and willing to engage in this biopsychospiritual work, she provided concrete examples of what she would consider helpful in each area.

Physical Reconnection. Lerato experienced abortion as a traumatic event that led to a disconnection from her body. During her process of reconnecting, she began to engage in gentle movement, such as yoga or swimming, which allowed her to “learn to listen to my body”. She also learned to spend time resting and “allowing my body to just do nothing”. She was rebuilding her ability to be comfortable in her own body and to have a caring relationship with her body.

Lerato recommended that health professionals become mediators in the client's reconnection with their own body. Lerato also proposed the integration of hugs into counselling (proceeding with sensitivity to the timing and the fit for the individual, of course). She noted that for someone like her, whose love language is physical touch, "a good hug is just very healing for me" in general. The effect of "a good hug" was heightened at that time in particular (i.e. the period of time during which she went to the retreat) due to her isolation and the poor relationship she had with her body. Lerato stated that, in addition to being a potentially healing experience, hugs can be a physical source of interpersonal connection, support, and safety. Thus, hugs would further counter forms of post-abortion disconnection and isolation by creating (i.e. fostering a physically felt sense of) interpersonal connection which, she said, "is professional but still kind of breaks down the barriers that are there". Lerato went so far as to say that hugs are the "quickest way to bridge that [interpersonal] distance" and express the support and connection that is so crucial to those for whom abortion has led to a felt sense of distance/separation/withdrawal/disconnection from others and from themselves.

Psychological Reconnection. Within the psychological aspect of the person, Lerato spoke of the importance of understanding the implications of an individual's history. This could be approached differently depending on the modality of the therapist, but within Lerato's narrative she brought up therapeutic themes such as negative core beliefs, attachment wounds and relationship dynamics, shame, beliefs about limited future possibilities, and hopelessness, all of which were interconnected with her abortion experience. In particular, Lerato beseeched counsellors to develop a deeper understanding of "choice", to intentionally promote the client's agency, and to incorporate a memorial within post-abortion counselling.

Lerato recommended that mental health professionals avoid assuming that a woman who has had an abortion is pro-choice, or that she “wanted to have the abortion.. that it’s- she did it purely out of choice (pause) because choice is so (word emphasized and drawn out) complex and so nuanced” (emergent theme [recommendations]: understanding the complexity of lived abortion experiences). In Lerato’s case, her insecure preoccupied attachment style led her to capitulate to her partner’s pressure that she terminate her pregnancy. She had a thin sense of agency, so even subtle forms of pressure from her partner had a powerful effect (e.g. his presence with her at the abortion clinic was enough for her to feel that it was no longer possible to back out or change her mind - “I was kind of like well this is my chance, I could just [leave and] not come back but because he was with me that wasn’t an option”). She recommended distinguishing a choice which was “complicated by a host of other factors” from authentic choice.

Take the time to understand (pause) the (pause) history around what led up to that choice (air-quotes) um and I’ve put it in inverted commas because oftentimes it’s choice out of (pause) coercion, oftentimes it’s choice out of desperation, oftentimes it’s choice (pause) um, out of pressure, you know, so it’s not (pause) real (word emphasized) choice um. (pause) Did I choose to have an abortion? Um not necessarily, (pause) but there were other factors that were playing into that.. and so, I think to have (pause) that understanding of how (pause) your client specifically has gotten to where they have gotten to, (pause) that’s helpful.. Because then you can begin to understand: oftentimes abortion is just a symptom for a whole host of (pause) very very painful stuff going on underneath.. you know, whether it’s the result of getting into an unhealthy relationship, or whether it’s the result of not having a mother figure growing up and not feeling like one

can be a mother, whether it's the result of previous sexual trauma, like (pause) there's a whole host of reasons why women end up having an abortion, and (pause) a lot of times I think those are overlooked because abortion is this untouchable, unforgivable sin, um or it's so politicized that no one's really (pause) taking the time to look at the deeper emotional aspects connected to it.

Developing awareness regarding the factors contributing to her choice and developing agency can be understood as processes that went hand in hand in Lerato's psychological reconnection. In her case, 'choosing' to follow her partner's wishes in an effort to preserve their relationship required that Lerato act in a way that was profoundly dissonant to her own desires, emotions, values, and beliefs. She did not remain connected to herself and what she wanted, felt, valued, and believed in. Her healing included a psychological reconnection with herself which took the form of growth in agency. This growth was evidenced by her language around changing the narrative of her story and her intentionality around sharing her story: "because there was that space at the retreat where I could share with strangers, um it sort of equipped me to start finding ways of how I can frame my story in a way that is empowering". She further explained that:

I think after the retreat (pause) it was just kind of like I can change the narrative of this.. um. It doesn't have to be a story of hopelessness. It doesn't have to be a story of shame. It can be one where, you know, God is redeeming as He's done with these women on the team for the retreat.

Woven into many of Lerato's recommendations for mental health professionals (which will be further discussed in part 2), was a common thread of promoting the client's agency. She often emphasized checking with the client prior to implementing any of her recommendations and

avoiding any form of pressure for clients to move forward in their healing before they are ready to do so. Of course, informed consent is intrinsic to the therapy process, but given Lerato's distinctions between authentic choice and choice due to pressure, even subtle pressure, it may be particularly important in post-abortion care to promote the client's agency. Lerato believed that experiencing post-abortion distress could be understood as an indicator that the individual may have been conflicted about the abortion decision and succumbed to some form of pressure as opposed to making an authentic choice. If so, mental health professionals should adapt their therapeutic approach to the awareness that those who are seeking post-abortion support may be more likely to have a thin sense of agency.

The third element within Lerato's psychological reconnection was a gradual building of her capacity to reconnect with her emotions. The development of this capacity occurred initially within individual counselling and was then further facilitated by the compassionate space created for sharing with the group at the retreat. Thus, Lerato recommended integrating a group session into individual post-abortion therapy whenever possible (emergent theme [recommendations]: concerning treatment format). She also recommended maintaining a memorial for the aborted child as a standard part of post-abortion counselling. Lerato's various memorial experiences in the years after the abortion became markers allowing her to gauge her progress on her journey of emotional reconnection. For example, she progressed from "regret" and self-condemnation ("oh my gosh I'm a bad person") to "a whimsical type of huh I wonder what, you know, she [Naledi] would be like now". Lerato also tracked her growth from needing medication to subdue her emotions, to recognizing that, despite the "onslaught of mourning and grief" after she came off of her medication, "I'm stronger in the sense that I can fully connect to what happened and to the loss and the gravity of it". Since Lerato had coped with her traumatic experience of abortion by

disconnecting from her emotions, her healing involved learning to remain emotionally connected during moments when she remembered her daughter.

Spiritual Reconnection. Lerato described how being “steeped” in faith and love at the retreat began her gradual process of spiritual reconnection, a process that was not entirely separate from the other aspects of her healing (i.e., the points in this section overlap with other aspects of Lerato’s story in many ways). The three elements highlighted in this portion of Lerato’s holistic journey were the focus on a careful, tailored integration of spirituality/religion, the ways she was able to experience God’s love despite her state of spiritual disconnection, and the new hope that was unlocked by her experience of spiritual reconnection.

Lerato emphasized that it is important for mental health professionals to begin by developing an understanding of their client’s experience of spirituality/religion in order to then tailor the approach within therapy to the client (emergent theme [recommendations]: integrating spirituality in post-abortion support).

Everyone is at different places in their faith before the abortion.. And then after that I think it shakes (pause) that (pause) considerably. Um and so I think maybe getting to know- as you have done in your first interview- what’s your history? Tell me a little bit about your history with your faith and how did you get there and what does that look like for you? So you can understand where your, you know, client is coming from and then sort of tailor (pause) that (pause) experience and that healing process for them to that.

During her time at the retreat, it was important to her that the retreat team did not “stuff” aspects of spirituality “down your throat” or apply a “one-size-fits-all” approach. She believed that a gentler approach was necessary.

by the time I reached out, my sense of (pause) connection to God was so gone that (pause) if I had just been stuffed with Bible verses, I would have been discouraged (pause) because I would have felt like (pause) I can't even access God like that. This doesn't apply to me.

Recall that Lerato's disconnection was primarily a sense that, because of her actions, she was no longer worthy to receive God's love ("I can't go to God to get His love and to feel loved because I feel like I'm not living up to the good Christian girl image"). She believed that the abortion disqualified her from being loved by God, so any spiritual/religious intervention would feel inapplicable to her until she had an experience that called her perceived unworthiness and unlovability into question. Fortunately, three elements of her experience at the retreat were able to do just that: a retreat team that authentically welcomed her with love, the witness of the team members describing their own post-abortive journeys, and experiential prayer meditations known as 'Living Scriptures'.

As mentioned previously, the love from the retreat team allowed Lerato to recognize that she was loved by God. In addition, her exposure to women on the retreat team who had had an abortion yet were living out a strong relationship with God gave her hope that her own relationship with God could be restored.

It is really their faith because when you see other women who've been through that experience still show up with such faith.. and such grace and such love like I couldn't even help but look and be like God I want that. If You can do it for her,.. You can do it for me. You gave her back her faith. You gave her back life. You gave her back hope. Like you can give those things to me as well.

These experiences, in combination with the Living Scripture meditations at the retreat, were the “life support” that allowed her to hold on to the hope that she could be loved by God (emergent theme [healing]: transformative encounter with God through Scripture).

By this point I was already so disconnected um and really struggling in my faith like oh my gosh I don't think I was even struggling I think I was attempting to stay afloat... prayer was hard. Reading my Bible was hard. Like those things were just very difficult and the Living Scriptures (deep breath in, finding the right words) fed me with the word in a way that I could digest... [the Living Scripture style] was really powerful because (slow deliberate speech from here) it took the word of God and it put me right in the middle of it like, me, this girl at the time who had had an abortion, who had walked away from God, who was in so much pain and so lost. It took me, and it put me right in the middle of His love in a way that I could understand it.

Therefore, in addition to the love and the post-abortive stories of hope that she has already recommended, Lerato also recommended incorporating “a version of the Living Scriptures” into counselling sessions.

Once, you know, God has been allowed into the space um, sort of then digging in.. I found that was helpful in my experience too (audible breath in) just centering um centering on God and His presence and so not feeling like I was doing it by myself and would be completely overwhelmed with it.

This may be especially beneficial for anyone who, like Lerato, experienced the abortion as an overwhelming and isolating experience that she felt incapable of processing.

Lerato also highlighted how crucial it is not to skip the spiritual reconnection element of the holistic post-abortion care because of how inseparable faith and hope were in her experience (emergent theme [spirituality/religion]: spirituality/religion as a primary post-abortion resource).

And sometimes if that's [spirituality/religion is] completely left out, there's no source of hope.. Because what are you basing your hope for the future on if not a God who can redeem and restore and heal you completely so you can move forward. And I think that is one of the most powerful elements of the retreat.

Her spiritual reconnection was a key component in the resurrection of her ability to hope and dream. She shifted from complete and utter hopelessness (“coming from this place of hopelessness: I’ve made this fatal mistake and my life is completely over and there is nothing more to live for”, “there’s no point in going on any further because God can’t possibly use me anymore. God can’t possibly bless me anymore”), to a gradual cultivation of the seeds of spiritual/religious hope that were planted at the retreat (“to have this seed planted in me that no matter how far I’ve gone, no matter how dark it is, I am still in the center of God’s love” and “it’s taken a couple of years [after the retreat] to kind of finally get there and be like ok I’m worthy of dreaming again.. God can use me. I can get past this”). These seeds of hope are still growing, “it’s still a work in progress”. However, they have flowered into an understanding that God can bless her not only in spite of the abortion, but sometimes even because of the abortion (“sometimes in fact it’s not in spite of but because of that.. that God is like ‘Ok now I can use you’, right? ‘Cause I have a- a different level of compassion and understanding for people who may not have walked through what I have walked through but I can touch people in a certain way because of what I’ve been through”) (emergent theme [spirituality/religion]: post-abortion healing retreat opening new spiritual possibilities). Lerato learned to see her story “through the

lens of God's redeeming, restoring, and resurrecting love". Her spiritual life was resurrected, her relationship with God was being restored, and though she knew she would still have challenges to face, she had new hope for the future because she knew that she has been redeemed and that she is loved by God. Lerato's new redemptive perspective was one of the many ways Lerato felt she was equipped for her future.

Being Equipped. The final aspect of the phenomenological core of Lerato's healing experience was the way she was equipped to face future challenges. Being equipped for the future was also an emergent theme across participants which was tied to her experience of many of the themes that will be discussed in part 2 of the results (emergent theme [healing]: being equipped). For example, she felt that the retreat equipped her to share her story ("it gave me... words to use... to speak about my experience"). She felt that the retreat equipped her for moments when the waves of grief that had subsided come crashing in again ("whether it's the calm stream, whether it's the storm, um there's been this aspect of knowing how to move through in my faith.. because there was that foundation laid at the retreat um that I could stand on and that I'm now standing on"). She also felt equipped to cope with moments of guilt or shame or hopelessness because she could remember the seeds that were planted at the retreat to counter the lies and negative self-talk.

I have the tools and resources, right? So I think, I don't want to say it's not difficult, but I think because I'm now equipped to handle it as a result of being in the retreat, I know when, you know, there's issues of guilt or shame coming up I can kind of say, no that's not true because, you know, God has forgiven me and He's washed me clean and [Naledi is] with Him.

Lerato found that the tools and resources she compiled have equipped her to adaptively manage her response when faced by a trigger that brings up the trauma of her abortion. She noted that “I’ll get triggered, but because I have the tools and the resources, I know how to (pause) contain that trigger and attend to it”. Furthermore, beyond the practical skills and reminders, Lerato became equipped with a sense of community. She no longer had to feel isolated or hopeless in her experience of post-abortion distress because she knew others were going through the same journey of healing.

So much happened in that place that I think has definitely armed me, it’s definitely healed me, it’s definitely uh given me hope, different perspectives, a community in a sense.

Even if we- I’m not still in touch with any of the women, I think that sense of community is carried, like I’m not alone.

She spoke many times of how she was able to draw on her experiences from the retreat and other post-abortion support until the experiences became integrated into who she is.

I think having those tools and experiences put into part of who you are and your emotional makeup as a woman afterwards.. um that’s what then helps you sustain – what it’s three years later and I’m still going back to that experience – may not be consciously like on the Saturday we did this exercise and, but because it was part of my experience..

I’m able to get back to it.

Since the abortion affected Lerato in so many ways, disrupting much of what made up the core of her self and her human experience, it seems fitting that the tools, resources, and healing she received needed to be integrated into her self, into who she is. Not only has she learned that hope is possible for her, she is also becoming someone who finds hope when things seem hopeless.

Not only does she know, cognitively, that God forgave her and loves her, she is equipped to face future challenges because she is someone who is forgiven and loved by God. Not only has she learned that her core belief of being unlovable was a lie, she is becoming someone who can allow herself to be loved even in her imperfection. As the many aspects of her healing are being integrated into who she is, she is becoming better equipped to face future challenges.

Lerato believed that this equipping is paramount in post-abortion care. “I think the key is, what makes or breaks I think the uh retreat experience, the counselling experience, is how brilliant they are at equipping a woman.. to face life post-abortion.” She distinguished post-abortion care and healing from the one-time casting and healing of a broken bone (“you’re in the hospital and in that cast for twelve weeks you get out”, “your bones are gonna heal.. and for the most part you actually don’t even feel it for the rest of your life... it’s a very different experience with abortion... it heals, but it stays with you.”). Lerato believed that post-abortion healing should be understood as an ongoing process for which the individual should be equipped – equipped holistically, equipped with truth, hope, and love, and equipped to become a person who is able to work through whatever future layers of healing are needed in the post-abortion journey.

Concluding Reflections from Lerato. Though Lerato provided a great number of insightful comments regarding the details of her healing process and the concrete experiences that facilitated her holistic healing, God was still central to her meaning-making. She seemed to at once understand the role of her effort as well as that of the resources she drew upon, and also see the journey as more than the sum of its parts when she said “it’s honestly nothing short of a miracle”:

As great as therapy is, as great as books on healing are and the resources out there... you can know all these things of why I did what I did and how I got to where I got to, but having to now live that out... is a lot more complicated and complex than that... it hasn't been linear, it hasn't been sort of coherent so as to speak, but (pause) w- for some reason and somehow- which I can only attribute to God- I am here.

Although she did not always believe she could go on, let alone access the spiritual/religious part of her, when she looked back at her journey, she recognized God's presence with her.

The process of getting here (pause) I think I would say it's been a slow and gradual process (pause) and there's been times where I've felt like I wouldn't get to the end because the pain was so consuming or the darkness was just so thick I couldn't see beyond the moment that I was in and I think each level of healing, each season of healing, each phase of the process um (pause) has been connected and the only way that I would describe it is literally like God walking me through the valley of the shadow of death.. And just comforting me through each (pause) process um and meeting me where I was at.

God continued to meet Lerato where she was "at", and the time since the retreat was marked by spiritual/religious growth (emergent theme [spirituality/religion]: post-abortion healing retreat opening new spiritual possibilities). Lerato experienced a transformative process of "reinvention and a relearning and a redeveloping of what my relationship with God is like, um what faith means to me". It was a time of adjusting her schema of what it means to be a Christian woman, of grappling, and coming to terms, with the change in her own spiritual/religious experience, of seeking to reconcile points of dissonance between her roots and her growth,

between spirituality/religion and sexuality, between flexibility and commitment. In doing so, she has been moving from a spirituality/religion focused on meeting a standard of perfection to a holistic spirituality/religion in which she can bring every aspect of herself; from an “escapist” spirituality/religion (i.e. being separate and escaping from “the world”) to an integrative spirituality/religion; from a spirituality/religion that is based her parents’ emphasis on high standards and her fear of punishment to a spirituality/religion that is authentic and personal. She captured the core of her spiritual/religious growth as a process of learning to live by the “unforced rhythms of grace”.

The ongoing, gradual process of Lerato’s growth and healing also led her to the point where she felt ready to consider sharing her story and the fruits of her reflection in the current research project. Here is what she had to say about her initially tentative approach to sharing and the outcome after she did decide she felt safe enough to tell her story.

Thank you for doing this research. I think the beauty- and just to close up- I think the beauty of what you are doing um for women, I don’t see these as just interviews, which is why I did want to clarify with you beforehand because it’s easy to come in as an intellectual. I’m a researcher, I know how this interview process works.. It’s easy for me to come in and give you rote answers and sort of disconnect from the experience.. um but to be able to connect with that and the emotions um it’s also a space where there’s healing.. and more layers and more insights because these are questions that I don’t think about on my day to day.. right? Like my journey and what has helped and what am I thinking of and how has my history played into where I’m at now.

And so it’s amazing that you’re doing this work and even just as you’re going through your- your interviews for other women and doing that, is- it’s a spa- you’re not just

collecting research, but you – and as I can feel in the past hour or however long we've been talking is - you are helping create a space for even deeper healing um and even deeper insight and wisdom and reflection you know.. which is something that I think is scary, because you don't often, you know, a lot of us don't want to go back to the darkness.. or the dark places, but I think to see where we are now and to acknowledge the growth and what's worked and what hasn't and inform those who- like yourself, who are going to be getting- getting into a- a space like this where there's, you know, safety to.. um to reflect.. and also to have that vulnerability and that openness held with um esteem and reverence.. That makes a difference.

Lerato considered her interview experience to be “truly deeply healing” and “yet another powerful way God is redeeming our stories”.

Sarah

Participant's Background & Her Experience of Spirituality/Religion. Sarah was born and grew up in Canada, completed her university degree, married, and at the time of the interviews, she was in her 30s and staying home to care for her children. Her (then) youngest child came with her to the interviews and sat on her lap throughout. Although reserved in her speech, she came across as someone with a strong sense of compassion who will invest much of her time and effort for causes that are important to her. This participant chose the pseudonym - Sarah, and for her child lost to abortion she chose the pseudonym Matteo.

In her early life, Sarah had no personal engagement in spirituality/religion aside from her responsibilities to her grandfather (who wanted her to be baptised), and to her Catholic school. Her immediate family was not spiritual/religious, and she felt that her values were shaped by her

involvement in sports (e.g. she had no interest in alcohol or partying) and her social/cultural setting (e.g. her early views on abortion were formed through a vague, unexamined social osmosis: “I feel like I didn’t even really know what it [abortion] was. Like I felt like it was just something that I just culturally would always say oh I don’t think I would do that unless in case of rape- like that like sentence that like you hear”). When Sarah was 18, she was “brought to church with a boyfriend’s mom”. She felt attracted to this woman’s lived example of a Christian lifestyle. It piqued her interest in having a spiritual/religious life of her own, and she was drawn to begin engaging in Catholicism. The initial meaning of her faith was connected to her developmental stage at the time. She was an adolescent developing her sense of identity and searching for belonging.

Initially it was probably (pause) like community and also like um ‘cause being kind of like a teenager like 19.. like uh like identity or self-worth.. um (pause) so more like um (pause) like not knowing all the teachings of the Church but just knowing more of the (pause) of like the acceptance.

Over the next few months, as Sarah continued learning about, and participating in, Catholicism, she discovered more reasons she was drawn to this spirituality/religion, and she claimed it as her own. She thus went through a spiritual individuation process from her family. To Sarah, spirituality/religion meant “saving grace” and “belonging” through knowing God and the Gospel message (i.e. “Jesus came to die for me.. and just like that Jesus loved me”) and having a relationship with God.

Abortion as a Wound & the Mutual Influence Between Abortion and Religion/Spirituality. When Sarah found out she was pregnant she had been involved in

Catholicism for about a year and her newfound faith was integral to her response (emergent theme [spirituality/religion]: effect of spirituality/religion on experience of abortion). Initially, while she still had a limited, vague understanding of abortion, she considered the possibility of terminating her pregnancy but was undecided. Through discussions with a friend from church she learned more about abortion and decided against the option (“then I realized like like how like what abortion really was... and then I decided there was no way I could have an abortion”). At this point, she planned to give the baby up for adoption, but she also began taking on a mothering role in relation to her unborn child (“I even felt like (pause) um at a certain point like connected to my child. Like it like I felt like this is my child like I would do everything to protect this child um probably when I was like eight weeks along”).

Despite Sarah’s firm decision and commitment to protect her child, she was unsuccessful in resisting her mother’s determined efforts to terminate the pregnancy. Sarah had spiritually individuated from her family when she began engaging in Catholicism; however, it seemed her individuation remained limited at that time, and despite being a young adult, her mother still held a great deal of sway in her life. Her mother scheduled the appointment and drove Sarah to the abortion clinic (“I was like immediately like even on the way there like depressed and like screaming like wasn’t gonna do that and then anyways (spoken quickly) it obviously still happened”).

Sarah experienced abortion as a wound causing immediate, intense, and sustained pain. She repeatedly described the pain as “constant”. Just as chronic physiological pain can hinder many aspects of an individual’s functioning, Sarah’s chronic emotional pain had a cascade of effects which converged into situational depression.

Sarah described her emotional pain as a combination of grief, shame, and self-hatred (though at the retreat she recognized that she also felt anger; this will be described in the following section). All three aspects of her emotional/psychological experience (i.e. the grief, shame, and self-hatred) contributed to her hopelessness, social withdrawal, and depression.

Since Sarah had formed a connection with her child and had not wanted to abort, she felt the loss keenly.

For me it was immediate like the day after... like I was not doing well like the moment after... I was like devastated like completely like depressed like kinda like suicidal I just couldn't cope with it, just like missing my child like every day. I was just like a wreck.

(emergent theme [abortion]: a wound that is severe)

She described a constant "longing" for her child that seemed to consume her: "all I like could think about was how much I missed my child". She spent a great deal of time focused on her child and seemed to be stuck in her grief as opposed to moving through it.

I just remember being like just like the loss was so heavy like I had this little like stuffed animal that I would like hold all the time and like pretend it was my child- not like pretend like I knew it wasn't, but just like the loss.. the the like pain.

Sarah also experienced "a lot of shame" and fear: "Like if anybody would ever find out. Just like not not - even though you're like totally devastated - not telling anybody" (emergent theme [abortion]: a wound that is hidden or covered up). Her shame was accompanied by a perceived sense of condemnation and expected judgment and rejection because of her abortion. She did not separate herself from the action, and since she perceived abortion as a horrible

action, she perceived herself as a horrible person, thus her shame was accompanied by self-hatred (emergent theme [abortion]: a wound impacting sense of self).

I felt like that I was uh like the the worst person or [that] no one else could have ever done anything as bad as me... If they knew what happened, they wouldn't love me or want to be my friend.

Grief, shame, and self-hatred were woven into Sarah's hopelessness. She felt hopeless that the pain of her grief would ever abate, hopeless that anyone (God or human) could ever love her, hopeless that she could forgive herself, and hopeless that she could "get through this" because the "grief was so heavy" and "I'm just in too much pain" (emergent theme [abortion]: a wound causing many types of pain).

Her grief, shame, and self-hatred also contributed to her isolation (emergent theme [abortion]: a wound experienced in isolation). She isolated herself in avoidance of emotional triggers for her grief ("not being able to like go out and see a baby or a pregnant woman... I couldn't like handle that for like a very long time"). Her grief also led to her feeling as if she was in a "fog" and that she could not think clearly to hold conversations, thus she avoided them by withdrawing ("Like because I was sad and I- feeling like I didn't like myself or living in shame, I felt like my- like my brain wasn't functioning.. Like it was hard to like hold conversations"). She was disinclined to spend time with friends in her religious/spiritual or academic communities due to the combination of sadness and shame. Her social withdrawal was also a defence against expected rejection (i.e. possibly projecting some of her self-hatred onto others and expecting that they would hate her as well).

In summary, Sarah's post-abortive grief, shame, and self-hatred contributed to her experience of hopelessness, and isolation, which, together, resulted in situational depression (emergent theme [abortion]: a wound with complications and cascading effects). Her ability to function in daily life was hindered: she struggled to eat properly and her engagement in her university program was minimal. "I was like really depressed and like I would skip classes as much as I could I guess" and "everywhere you go you just have like a knot or like just so much pain. It was like hard to study.. or like go out with anybody". She also reported feeling "suicidal a lot" during the first two years after the abortion.

Despite having withdrawn from her friends at church and feeling that she could not receive God's love after having an abortion (emergent theme [religion/spirituality]: effect of abortion on spiritual/religious experience), she still turned to spirituality/religion as a primary source of support (emergent theme [religion/spirituality]: religion/spirituality as a primary post-abortion resource).

I feel like because I was grieving and so sad, like I even felt like suicidal at the beginning, I kept turning to God. I feel like my relationship was really strong then with God... 'cause I feel like I was able to turn to God a lot and because I was isolating myself, maybe I was turning more [to Him], like I had more like quiet time, alone time then.

In her psychological distress, religion/spirituality was both an internal and external resource. Internally, she turned to God in prayer. Externally, the connections she had made through church allowed her to begin receiving post-abortion support within a few months of her abortion.

'Cause like I had some exposure and... was part of a church kind of like right before [the abortion] I feel like that was kinda like my saving grace.. to to receive healing and the

help that I needed to to go through the... stress and the anxiety or depression that followed after having an abortion.

Although she received support in the form of individual counselling and a Bible study group for women who have had abortions, the symptoms of Sarah's situational depression lasted "definitely up 'til the retreat for sure" and, to a lesser extent, beyond the retreat (emergent theme [abortion]: a wound with effects that continue even after healing).

Experiences that Made Healing Possible and the Recommendations they Informed.

The phenomenological core of Sarah's healing experience included receiving support from people who understood the complexity of her experience, receiving help to process her emotions, developing hope, and forgiveness leading to freedom. These core elements of her experience were reflected in her recommendations for mental health professionals.

Receiving Support From People who Understood the Complexity of her Experience. Sarah spoke of her own experience of abortion as "complicated". Her story was complicated by relationships and her healing was marked by the support of people who understood, or came to understand, those complications. This was important because the complications contributed to her shame and having them understood and validated played an important role in decreasing her shame.

Sarah's post-abortion experience was complicated due to the conflict between herself and her mother. Sarah struggled to reconcile her belief in her own free will and responsibility for her actions with the fact that underwent an unwanted abortion. She hated herself for allowing the abortion to happen and felt responsible for the death of her child.

It's strange to say that um like the whole time I was saying I wasn't going to do it and I was like really upset with [my mom] and yelling her- yelling at her on the way, but then obviously I still had free will too right? So [it's] hard to really understand.

Having others at the retreat express indignation that her mother was able to all but force her into an unwanted abortion shifted something in Sarah's experience (emergent theme [healing]: sharing & expressing with others).

I just remember people being like wow like I can't believe- like just being- kind of reiterating what I had said so like giving me validation like I can't believe like that happened 'cause in the letter [that I wrote and read at the retreat] I was kind of like expressing what (hesitation) happened, how like she came to my (hesitation) school or whatever and like went in the- and how I said I wasn't going like just the interaction just explaining it all and receiving validation of like wow so um yeah feeling heard and um yes so that was huge for me.

Sarah had tried to express herself to her mother, even to the point of screaming, but she had not been heard. Through sharing this complex aspect of her story at the retreat, instead of being stuck in the confusion and shame Sarah felt heard and validated.

Sarah recommended that mental health professionals understand and explore the factors contributing to the complexity of abortion-related decisions and experiences (emergent themes: [recommendations]: understanding the complexity of lived abortion experiences/traits and awareness for therapists to foster in themselves).

So, to like be aware just like how complicated it is (pause) just like a huge part like our society just confuses people so much on it, right? So, it's just so confusing and depends

on how you're brought up and and just how (pause) confused you are when you are in a- like an unplanned pregnancy like how it's just so confusing and there's so much um you're just in a state of fear like in a state of um (pause) like shock, so your mind just can't think clearly.

Sarah's ability to offer this recommendation demonstrated that she has internalized a more self-compassionate narrative, as opposed to the narrative of shame and self-hatred. She used to consider herself the "worst" person because she had an abortion. Sarah found that sharing her story and listening to others share at the retreat was a validating experience. In particular, sharing with others who understood the complexity of her experience appeared to play a role in decreasing Sarah's shame and self-hatred, as did the processing of her emotions.

Receiving Help to Process her Emotions. The second core aspect of Sarah's healing experience was receiving help to access and process her emotions (emergent theme [healing]: receiving help to access/process emotions). There was a particular type of emotion processing at the retreat that Sarah found effective. Prior to the retreat, she experienced a post-abortion support group/bible study and individual counselling, which, for various reasons, she found less effective. Of the support group/Bible study, Sarah said:

It's kind of a blur. Like I don't remember all of that I think 'cause I was like so sad.. and I don't even know if I was able to really do the homework to be honest. I probably just like showed up.

She was in such a "fog" of grief that she was not able to take in what was discussed during the group meetings. It is unclear whether this was due to the format or the timing (i.e., perhaps the

effect is moderated by the fact that this intervention was the first among the three sources of support that she sought).

As for her experience in counselling, Sarah acknowledged that the combination of anxiety, shame, and grief may have hindered her receptivity to interventions (emergent theme: [healing]: overcoming barriers prior to healing). She spoke of being “closed off” and “quiet”, to the extent that “I may have been a little difficult to kind of get through [to].. like or like to express myself. Like I may have been a little more challenging.” She was uncertain whether her counsellor did address her grief; her memory of her sessions was not clear enough to rule out the possibility that her counsellor might have tried to address grief and that she was unresponsive or struggled to express herself due to being “afraid or anxious”. However, Sarah was clear that she left her counselling sessions feeling that she “didn’t really express much, so I think I wasn’t really expressing what I needed to.. And I think I usually felt like I left and I felt like oh I didn’t even like say what I wanted to say”.

Sarah contrasted her experience in the group and individual post-abortion support with her experience at the retreat. Sarah described how she felt that the weekend’s intense nature (i.e., being so “jam-packed”) was essential to her ability to express her emotions. She identified as:

somebody who wouldn’t express myself – I would just be quiet... but like the retreat kind of like forces it out of you (sort of laughing).. So that you’re able to express what you need to, ‘cause you need to express what you’re feeling, it’s just some people do it easier than others, right? Like some people just can’t go there.

Sarah found it challenging to identify some of her emotions, such as anger, and even when she could identify an emotion, such as grief or sadness, she did not seem to know how to effectively

express and process it, instead withdrawing into herself and descending into depression. She apparently needed the additional scaffolding, prompting, and guidance provided at the retreat.

I think because [the retreat is] designed to go through- like the person who designed it like she's a psychotherapist [experienced in post-abortion therapy] and she knows like kind of different levels of grief or anger, whatever it is that people experience with abortion like from her experience, so it's designed to go through the Scriptures and be able to address those different things.. Like the grief, the anger, the self-hatred, the unforgiveness, the whatever it is, the.. Um the denial the- yeah. so it's it like it goes through all those things, so it gives you the chance to express them. And listening to others... express [their experience] kind of makes you think like oh I feel like that too or oh I didn't know someone- you know like being able to also process it with other people hearing their stories- [their] testimony, helps or receiving feedback from them if they share any feedback on- or validation of what you just said too. (emergent themes [healing]: sharing and expressing with others & powerful experiences witnessing others' healing)

When Sarah spoke of going through the Scriptures and addressing different levels of emotion, she was referring to the way the Living Scripture Meditations helped her access her own emotions.

The fact that you're [in] the Scriptures like you're living- like you're re-enacting it like kind of thing like it's all like drama-based... entering into it in another way with our senses and with the smells and the cloth and everything and really entering into the Scriptures.. was a big part of my healing as well... just uh like a difference in like just feeling God's like God's healing and hope.

She felt that when she entered the Scriptures through the embodied meditations, it was no longer only a story she heard, but a first-person emotional experience, during which she felt the love, hope, forgiveness, etc. that accompanied an encounter with God.

There was an overlap here between Sarah's first recommendation and the second: one aspect of understanding the complexity of abortion is developing an understanding of the accompanying emotional experience in order to be able to facilitate the processing of those emotions. Sarah felt that part of the reason she was able to express her emotions at the retreat was the retreat creator's understanding of the complex mixture and layers of emotions that may accompany an experience of abortion.

Processing Grief. Understandably, one of Sarah's primary recommendations for mental health professionals was that they recognize the importance of exploring post-abortion grief and loss (emergent theme [recommendations]: unique considerations for post-abortion support).

Maybe being asked um more questions that maybe you'd ask somebody who's grieving.. Does it- does that make sense? Like um like not being afraid to ask like I don't know what those questions would be, but I think like just like um like somebody who's grieving um I think it would be helpful for them to be able to talk about the person, you know? Um as a way to remember them so not being afraid to ask those questions, because it's hard to express them, or depending on where the person's at 'cause I was a lot younger then too or- and in a different headspace, so being able to (pause) maybe given the opportunity more 'cause like it's hard to maybe express- or like um questions revolving more around grief?... Or like things that people really want to talk about if they're grieving, like ways to remember or honour the person um or be able to explore that more.

Sarah felt she would have appreciated such a focus on grief in her therapy sessions and highlighted the importance of considering the unique grieving needs of each individual (e.g., allowing each to have their own timeline, being aware that they may not have any previous experience with grief, and avoiding the assumption that grief for an abortion or a miscarriage should be shorter than other forms of bereavement).

Sarah's specific suggestions for addressing the grief centered around remembering and being connected to her child, thus reflecting some of what she herself found helpful (emergent theme [healing]: grieving and honouring the aborted children).

Even like um (pause) remembering the child. 'cause like even though the child wasn't like born, you still remember like the child ins- like when you were with them right?.. So you still remember those moments. So I think it's important too to explore that.. Because you still are connected to your child even before they're born.. I can still like remember like like the feeling of having the child there like at that stage I didn't feel like kicks or anything 'cause there's- he was still too little, but you can still like remember or different moments um like that. Probably important (pause) yeah.

For Sarah, remembering her child also included honouring her child's memory. It seemed to be especially important to Sarah to engage in actions to honour her child – writing poems, lighting a candle, giving her child a name, having a memorial for her child. This observation is supported by the fact that the only aspect of the Bible study Sarah could clearly recall was the memorial held for her aborted child. Sarah engaged in many such actions to honour her child on her own, especially within the first two years after the abortion. However, the retreat was particular in its combined focus on emotional expression, validation in a community, and a series of meaningful

meditations and rituals. Bringing together the social, spiritual, physical, and psychological in this way appeared to help Sarah move through her grief. For example:

Lighting a candle was (pause) um one of the ways during the retreat that like that's when you- you would say the name of your child like share it with the group um and then the the like there- the little like tea light or whatever candles um everyone lit them with the names and put them together so it was like all the little ones are together and the little like the lights um that signify like the light of your child like their like saying that they're alive that they're not- that they exist, that they're alive, that they're still alive and heaven um so mostly more like honouring.

Ultimately, with the hope that her child is alive in heaven, Sarah entrusted her child into God's care. The comfort of trusting that her child was being cared for by God, and the hope of a future reunion in heaven meant that Sarah no longer felt stuck in her grief.

Sarah also valued the keepsakes from the grief-processing rituals of the retreat. She found that they offered hope as well as something to hold on to in future moments of grief (emergent theme [healing]: being equipped to deal with future challenges).

Going home with um they gave you a certificate of life like different things like poems Scriptures that you go home with from the retreat.. Like being able to hold onto that, kind of like after you go to a funeral if you had a song that was played like listening to the song it will help you in your grief.. like different things like that like having stuff to hold onto when you're feeling still sad and when the grief comes back.

Sarah is now able to move through the moments when her grief re-emerges without becoming stuck in her sadness.

Processing Anger. In addition to her grief there was another important area of emotional expression for Sarah at the retreat: processing her unrecognized anger (emergent theme [healing]: no longer in denial). Until the retreat, Sarah's anger was mostly unconscious.

The anger letter really did [surprise me] 'cause I didn't know I had so much anger in me.. Like I knew I was upset with my mom but I thought I was just- I was just living in grief.. the whole time. So that- I remember that really surprised me how much like when I expressed that I felt like a weight lifted off of me

Having permission to express the anger she felt toward her mother helped to alleviate her depression. Having processed the anger, it was no longer being turned inward toward herself, contributing to her depression through self-hatred.

The anger letter was really important for my healing... 'cause I felt like my depression a lot of it was due to so much anger too- well like it was grieving and anger.. but um so being able to express my anger in like a safe place and and that I had never expressed it like that before

Expressing and processing her anger and grief was one of the elements of the retreat that gave Sarah hope. Even if she was still in the grieving process, the lightening of her emotional pain disproved her hopeless belief that the pain would never abate.

All those Scriptures or that time at Rachel's Vineyard and being able to express and release like anger and sadness just always gave me hope even though I was still grieving, it always gave me hope that uh things would get better, that- you know? It wasn't always going to be this painful.

Hope. Sarah described hope as the primary effect of the retreat (“feeling more hopeless before and then feeling more- more hope after”). Her experience was not a vague, blanket sense of hope, but many specific types of hope which she described at length.

For me, um uh hope that like (pause) that I’m not um (pause) like a c- like a lost cause. Like that I’m not just the worst person in the world like kinda like God can still work through me and be in me and still use me and still love me and I can still love others and (pause) um that I can still be a good mom today.. Um hope that (pause) yeah that He can also do the same thing for others.. That He can work through me to help others (pause) as well. (pause) so yeah. And hope in that my child is not just gone, that like that my child is still living and is ok...

[Hope] that my child was being taken care of that you know? um I didn’t have to worry about my child you know. That um (pause) um I could receive forgiveness from God. That I could forgive myself I could forgive others like a huge part of it was forgiveness too like for myself receiving forgiveness from God or forgiving myself as well...

And hope that like I could be lovable again.. like that somebody could still accept me or love me or I could be in a relationship again or have friends that can know (‘know’ said with emphasis) like truly know me and still love me sort of thing. Like truly know what happened and... just receiving that hope that you’re not alone as well um other people are going though this.. and hope that um you’re not- just like helping (pause) decrease like shame and loneliness and giving hope from like depression and also um hope from like feeling from grieving so much so helping with the grief like help[ing] the process of grief

Sarah spoke of hope in relation to herself, others, and God, as well as in relation to her past, her present and her future. Her experience pointed to the effect trauma can have on relationships and the importance of time in the processing of trauma. The trauma of the abortion left Sarah with an ongoing sense of hopelessness that seemed to engulf and dictate her experience in her past, present, and future, as well as all of her relationships. Having processed the trauma through the interventions at the retreat, Sarah's relationship to the trauma, and the trauma's effect on her changed. She still experienced regret and grief, but she felt able to cope with her emotional experience; it no longer prevented her from engaging in life. There was hope for healing and progress in her relationships with God, others, and herself. She had a willingness to co-operate with God and others toward restoration instead of a hopeless acceptance of the devastating effects of the abortion. She had processed her abortion, it was in the past, and she was taking a new, active role in reshaping her present because she had hope that healing was possible and hope that there could be goodness in her future.

How, specifically, did Sarah shift from her experience of hopelessness, to so many different types of hope over the course of one weekend (emergent theme [healing]: spiritual perspective shift)? At her starting point, Sarah felt no hope that any improvement or healing was possible. In that sense, the wound of abortion felt more like a death. Movement toward the various aspects of her healing began with the hope that they were possible. As a Christian, Sarah had a belief in the resurrection of Jesus. An important turning point occurred during a Living Scripture meditation on the passage in which Jesus raised Lazarus from the grave (emergent theme [healing]: transformative encounter with God through Scripture). Sarah entered into the meditation, relating personally to what was being said. She thus faced an important question: if she believed in Jesus' power over death, could not that general belief be applied to her specific

circumstance? She had named the aspects of herself that she felt had died, the aspects of herself that she felt had been hopelessly damaged beyond repair. Having done so in a Christian context, she was able to accept that hope was possible because, if she truly believed in Jesus' power over death, she could ask, and He could give her new life (emergent themes [spirituality/religion]: God/Christianity as essential to their post-abortion healing & healing as miraculous).

Giving that to God, um and asking for Him to bring it back to life, like to me it was really big 'cause I felt like there was no way that could ever come back to life, so by um (pause) uh [laugh] [I don't] articulate myself usually very well - um so being able to just ask for God to renew that and bring it back to life was (pause) big, like having that hope that it could even happen... and asking God specifically like.. 'Cause I don't think without that- that Scripture, without being invited to do that, I wouldn't think of doing that. I wouldn't think of God to like (pause) um I wouldn't be con- like like I wouldn't know enough to think oh yeah I do feel like these part of me are dead and I do want them to come back to life and I don't want to be in pain like this forever or feel like numb or not be myself or never be able to like- always be like in pain in my heart or like feeling the loss constantly or you know so being able to be invited to kind of be like oh yeah I do feel.. Like invited to like verbalize what you're feeling like- like with people that help you get to what you're feeling when you just know that you're in pain and you feel depressed.. and you feel like even suicidal at that time and everything and then being able to like invite God into it and ask for healing and then receiving that healing and that hope.. that I wouldn't have asked for otherwise

Sarah's experience demonstrated how a narrative approach (i.e. taking into account the words that are being used and having someone with her to help her develop agency in her ability to

describe her experience and to be a witness to that narrative) and an experiential approach (i.e. she was not just reading the Scripture at a cognitive level, but experiencing it applied to herself and the parts of her that felt dead, having wrapped those parts of herself with bandages) were combined to harness the resource of her spiritual/religious beliefs and connect Sarah to hope.

Sarah recommended that mental health professionals foster hope and healing through personal experiences of God's forgiveness, love, and power to redeem (emergent themes [recommendations]: spirituality/religion as a source of hope in post-abortion support). The Living Scripture meditations were the interventions that allowed Sarah to have those personal experiences and she was unable to think of any better way to promote such hope and healing. Prayerfully imagining herself in the role of people who met Jesus in the Bible resulted in an accumulation of moments through which she gained hope and felt able to receive God's forgiveness, love, and healing. To Sarah, having hope meant that she did not have to remain in despair due to all the things she thought were impossible for her; the seemingly impossible had become possible and the hopeless had become hopeful.

In her recommendations, Sarah acknowledged that fostering hope through spirituality/religion is a gradual process.

It's tough. I feel like- like you couldn't just like- if s- if someone's in like a place of despair in that moment or like you couldn't just be like oh well.. God's gonna bring good about this- well it's good to- I feel like it's good to plant seeds of hope because a person often feels a lot of like hopelessness in themselves like until they can see- receive healing and then like kinda get to that place of seeing that God can work good through this and you- you can even help others through it.. Um so like planting seeds of hope. But I guess

you can't just say that to someone who's there, so more just like walking them- with them in the process of (pause) of pain

In this excerpt, Sarah spoke of planting seeds of hope. This recommendation aligned with Lerato's description of the seeds of hope that she felt were planted for her at the retreat. Sarah recommended a balance: taking into account an individual's experience of despair and hopelessness (during which hope may seem impossible, so hope-focused statements may not land or may seem irrelevant to the client) while also persevering with the planting of seeds of hope. Using this metaphor, the mental health professional may be able to assess the soil conditions in the client's presentation: even if much of the soil is rocky or arid with despair and hopelessness, it may be possible to plant seeds of hope in patches where the soil might be the most fertile or receptive to growth.

If those entering post-abortion treatment have soil conditions that are not particularly receptive to seeds of hope, it may also be important to consider the type of seeds and manner of planting that are most suited to the client. This is part of the reason why Sarah recommended the Living Scripture meditations: it is an approach that is able to meet people where they are in terms of spirituality/religion, in terms of hope, in terms of forming meaningful connections with their own experiences, and in terms of the type of learning that they find most impactful (i.e. visual, auditory, kinesthetic).

I think that everybody's at a different place so by meditating on the Scripture, you would- you'd see kind of what you would need to see in that moment so like God would show you what you need to see. And experience different things, like what you would need to experience at that time. And then it would speak to you in different ways. And also, um (pause) yeah I think some people are more visual, some people are more like verbal or

like stuff like like reach- reaching differently than if we're just talking like trying to explore different areas.

To draw further upon the metaphor of planting seeds of hope, the mental health professional can also acknowledge that when a seed is planted it is initially hidden. Patience and continued care are required before seeing its growth. Sarah highlighted the importance of a combined approach when she ended her recommendation quoted above with the sentence: “but I guess you can't just say that to someone who's there so more just like walking them- with them in the process of (pause) of pain”. She was clarifying that interventions that plant seeds of hope are valuable, but that they must be combined with accompaniment through the ongoing process. The accompaniment then facilitates a growth through stages of hope. For Sarah, there was the initial hope that healing was possible, there was the renewed hope for a good future, and then there was the hope that good might even be made possible through the abortion (“God can work good through this and you- you can even help others through it”) (emergent theme [healing]: discovering a redemptive perspective – focus on their pain/their story). The growth of the seeds of hope planted at the retreat also continued after the weekend concluded. Sarah spoke of continuing to build on the foundation of hope, healing, and forgiveness (emergent theme [healing]: ongoing effort related to abortion).

I think that the retreat was a big part of receiving that (pause) that hope and healing and delving into forgiveness in different areas and then from there just like building on that foundation.. so doing more of the work to continue to grow in all those areas.

Forgiveness Leading to Freedom. Forgiveness was another key experience for Sarah which was facilitated through the combination of the Living Scripture meditations and emotional expression (emergent theme [healing]: forgiveness). Her experience with forgiveness was

another source of hope in Sarah's post-abortion journey, and she continued to work on forgiveness after the retreat, just as she continued to build on the foundation of hope and healing begun that weekend (emergent theme [healing]: ongoing effort related to abortion). Forgiveness was also another reason that spirituality/religion was crucial to Sarah's healing.

I can't imagine not having that that aspect of the healing like having spirituality not part of it like for me like it's a huge part of it.. Like being able to surrender the pain, being able to give it to God, trust in God, re- like um receive forgiveness, being able to forgive others with His like grace, like all of that like I can't imagine.

Receiving God's forgiveness began the domino effect of forgiveness whereby she was able to forgive herself and others: "truly accepting that God has forgiven me and then trying- and then being able to forgive myself and then from there I felt like I was able to forgive others". When Sarah said, "truly accepting that God has forgiven me", it was a marker of the fact that it was challenging for her to allow herself to accept God's forgiveness. She may have been aware that God could forgive her, but accepting the forgiveness was a step in her process of releasing her shame and self-hatred.

During one of the rituals at the retreat, Sarah came to a turning point with regards to self-forgiveness: she decided to let go of the shame, unforgiveness, and self-hatred that she had been carrying (emergent theme [healing]: spiritual release of burdens).

At the beginning [of the retreat]... you're given a rock and you name it as like um something that you're carrying and then you can give it- put it at the foot of the cross throughout the retreat whenever you're ready, so um I think um for me it would've probably was um (halting speech) um shame and unforgiveness towards myself like

hating myself.. So being able to give that over that I'm not just gonna continue hating myself for- was a big part of the retreat.

Her ability to release her shame and forgive herself was facilitated by her experience of being forgiven by God, but also by some of the work done in her counselling sessions. Sarah recalled how her counsellor would repeatedly shift her perspective.

I felt like like the shame was like I felt like nobody could ever accept me or love me because of what I had done so she explored a couple times with me like what would you say to someone who told you this like your story, what would you say to them like kind of she- like knowing that (pause) I would be gentle with them so what- what would I say so- And then thinking like well can someone else then be the same way with you?.. Like kinda- so it gave like a glimmer of hope.

Thus, addressing post-abortion shame/the feeling of being unlovable was also among Sarah's recommendations for mental health professionals. However, she noted that "I feel like you could only go so far without spirituality" (emergent theme [recommendations]: integrating spirituality in post-abortion support). For Sarah, the two were inseparably linked. The conversations with her counsellor played a role in reminding her that it was possible for her to be loved, but it was through her spiritual/religious experience at the retreat that she went from theoretically countering her shame and the belief that she was unlovable to having lived experiences that helped her to release those burdens, forgive herself, and allow herself to be loved (emergent themes [recommendations]: offering perspective & love in post-abortion support). The freedom Sarah experienced as a result held great meaning for her as she felt it "allows me to (pause) to be who I am called to be like as a mother for my kids".

Sarah described how offering forgiveness to others was important for her own healing and it provided additional “freedom and growth”. Having processed her anger toward her mother, and having had her own experience of receiving forgiveness, she felt able to forgive her mother for the role she played in the abortion. Sarah clarified that this forgiveness was not a one-time event, but something that she intentionally repeated as needed. Persevering through the layers of forgiveness gave Sarah the freedom to be around her mother and to engage in family events. Extending her work of forgiveness even further while attending the retreat for a second time, Sarah processed her anger toward the man with whom she had been in an abusive relationship. She and her husband then went together to forgive the man. This forgiveness continued to build on her “freedom and growth”.

Concluding Reflections from Sarah. Sarah’s experience was particular in that, despite profound challenges in the early years of her spiritual/religious engagement (including her experience in an abusive relationship and her experience of abortion), she felt herself continually drawing closer to God. Sarah described her spiritual/religious journey in terms of a consistent increase in the importance, depth, and impacts of her Catholic faith. She used the analogy of growth in a relationship. Initially she felt a “superficial” attraction to spirituality/religion “kind of like... the beginning of a relationship... more like butterflies”. Then, she spoke of how “the different trials” led to the relationship’s growth “over the years to be more um (pause) like deeper and like grounded” (emergent theme [spirituality/religion]: God as present, active, and loving through the post-abortion journey). This growth meant that regardless of whether “things are difficult or easy”, she could remain grounded in “who I am in Christ” (i.e., someone who is forgiven and loved) and do “whatever I’m called to do” at any given time.

I'm definitely like I know like I think my life is like a miracle. Like kind of where I am today.. Like being married to a man who's like very strong in his faith and yeah just receiving lots of healing to be there for my kids currently and... like being free.

Sarah understood her healing as a miraculous process during which she was accompanied by God to be who she is today (emergent theme [spirituality/religion]: God/Christianity as essential to their post-abortion healing). She acknowledged that her progress was a human and divine collaboration. For example, when she said "like having received- like done a lot of work.. to having received forgiveness", she demonstrated that it was not purely her own effort, nor purely God's grace, but her cooperation in relationship with God.

Since her healing at the retreats she attended, Sarah became active in supporting others after abortion, as well as helping pregnant woman in need of support. She had a strong desire to share the support and healing she received with others. However, some shame remained a barrier to the advocacy she felt called to, and she identified this as an area for further healing.

I do still struggle with um (long pause, sigh)... a bit of shame, like um.. And my family being non- like (pause) Christian or being- they would be like all for abortion, like to this day I feel like I want to (pause) help others receive what I have received, like knowing just how much healing and love I have received, I- I desire like for other women and men- men and women who have gone through this to receive that, but having the fear of my family, so I think being able to grow in that area is really huge for me, not being afraid of (pause) of uh of what others think.

Sharing in this research project was one more step toward that healing and she was amazed by how far she had come.

All this I didn't think would be possible in the beginning... different layers [of healing] like that that I didn't think were even possible.. Um and being able to talk about it like right now.. (laughs) without – obviously I do feel like a bit of anxiety as we're talking about it I feel like knots in my stomach but.. the fact that I can even do it is pretty huge.

Sarah pushed through the discomfort because of how important it was to her that others receive hope and healing as she had. Her desire to help others shone through in her interactions with the researcher, demonstrating care and concern in many small gestures and comments (e.g., “It's so great that you're doing a study on this so definitely I want to support you”, and even offering to help find more participants for the research). This helpfulness was not only a personality quality, but also a meaningful ongoing part of her grieving and healing: she was helping others in honour of her child. Thus, this research is now part of a legacy of good works done in memory of Matteo.

Naomi

Participant's Background & Her Experience of Spirituality/Religion. Naomi moved to Canada from Africa when she began her post-secondary studies. At the time of the interviews, she was in her 40s, single, and working full time.

Although she may have been less comfortable speaking in English than in other languages, she came across as someone who had a deep well of spiritual experience within her waiting to be drawn upon, and which was expressed a little bit at a time.

Naomi's spiritual/religious experiences began at a young age and prompted her spiritual individuation from her Muslim family.

I was born in a Muslim family and while growing up, (pause) I—experienced (pause) the meaning of Jesus dying on the cross for me.. I had (pause) some pretty vivid vision of Him and His- I experienced Him that made it clear for me.. that Jesus was the way. So um I gave my life to Christ and it meant for me that my whole life I will follow Him.. So it's not something that I do on and off.. I might sin but still following Jesus and making Him the Lord and Saviour of my life is center to everything.

From that point on, Naomi developed a strong relationship with God, marked by a great deal of time spent in vivid interactions with God and a trusting, secure attachment style.

From the get-go, because of the way I came to know Christ, (pause) uh nobody could interfere in the- in our relationship. I was really close to God from the get-go 'cause I was not going to church I was [on] my own- in my own house and for years it went on like that and I had this relationship and [God] will talk to me and He will train me, He will teach me how to pray, He will- I will experience sin and He will redirect me.

As she began further engaging in Christianity, “the Church... Bible studies, and all those things”, her experience of spirituality/religion became intertwined with the spiritual gifts others recognized in her: “throughout the year[s] it was pretty clear that I had something um I have a gift for vision. I have a strong intuition”. Naomi used the metaphor of a well to express this aspect of her spiritual growth: learning that she could rely on God in His gifts to her and continue drawing on His grace.

At the beginning you think it's just something that is ah (expressed as a wavery so so) and then you see that gift develop.. throughout the year and I went to some um mission trips and being exposed just ah um gave me the opportunity to experience how the well

was deep and I could- could- I could just continue um relying on God to- to guide me and share revelation with me, word of knowledge and things that I'd have no idea could be.

The revelations and visions were meaningful to Naomi as they opened new ways for her to pray with people and for people. They also contributed to building her confidence and trust in God

You just witness God[']s] goodness in a way that when you look at the world and everything is dark and you're like ok. You could be discourage[d] but when, on a daily basis, you can trust God to maybe tell a colleague (pause) just randomly 'Oh is your wife pregnant?' And they're like... 'How did you know?'

Naomi treasured these moments that allowed people to see how much God cares for each individual. She said they often reacted with surprise that God would care about the details of their lives "God showed you that about me?", and that it would be a meaningful moment for all involved.

Naomi's confidence in God also grew through her experience of gradually learning to pray in tongues (i.e., uttering words or sounds that are a personal prayer language and that are, most often, incomprehensible). Naomi expressed that praying in tongues allowed her to pray from God's perspective as opposed to her own.

You know when people come with the word- the worst news and it seems like the whole like world is collapsing.. In the past, I'll start praying but in my own understanding right? [saying] 'this is not working and then this is not working'... now I will just talk and say 'Ok God I don't know what to pray about, how to pray. I don't know what is this, but I

just want to first pray in tongue and realign my thinking and see You- to see You as who you are and the situation as it is'.. So yeah that makes a big difference.

Naomi's desire to do God's will shaped her sense of purpose, how she lived her life, and how she understood herself. She understood everything about herself as being part of an instrument designed by God for a particular function. She freely chose to prioritize God's will above her own, and she desired to be constantly available to do God's will so that He can help others through her.

I remember someone was in my office and all of the sudden I was feeling bad and I couldn't breathe and I was on the verge of collapsing and I'm- ok I'm not feeling well and I'm not feeling well uh there's some- something wrong. I was like 'Is that you? Is that how you're feeling?' He's like 'Yeah that's exactly how I'm feeling.'. I'm like 'Ok we need to stop this'.. so in those situation you see how God- I can even say hungers to have people that will do such things.. 'cause there're so many people who are suffering all around us and He just want to (pause) lessen the burden I would say.. Help people- help them know Him and know that He cares for whatever it is that they're going through. And that really changes the way you see things and the way you- (pause) the way you live as- also.. 'Cause knowing that you have a Father that is- you can trust that is loving.. and that cares for those random thing changes everything right?... I will always say (pause) God (pause) I want to be available for you whenever you need me. And [God] will be like 'ok wherever you are m- be alert. I can use you anywhere'.

Abortion as a Wound & the Mutual Influence Between Abortion and Religion/Spirituality. Naomi described how her inability to maintain boundaries led to an affair which led to her pregnancy.

I was 25 and more but still, when you've been sheltered all your life and then all of the sudden (laughing) you[re] just.. All by yourself in a country that you don't know. You don't have a- friend, you don't know anyone, and the only person that seem to care for you – and I do know that person really cares for me and that even though I was hurt by all the things that happened – um (breath out, pause) for me it was not- I never had a (pause) how should I say it? A um (pause) romantic attachment but it was just a need to have someone.

In these circumstances, her experience of abortion was immediately one of isolation, secrecy, and dissonance between her beliefs and her actions.

I knew I was doing something wrong, but it- for me it was as if you don't have the choice 'cause you screw[ed] up big time (laughingly). It was a real mess. It wouldn't have affected just me but it'll have affected other families because it- the father was married... so it was kind of covering for another sin, (laugh) covering for another sin.

Her isolation due to being in a new country contributed to the affair, which was already an action in dissonance with her beliefs. Then she chose to terminate her pregnancy, leading to more dissonance, more secrecy, and more isolation in order to keep the affair a secret. Even though "the father didn't want the abortion", Naomi felt that she had no choice. She wanted to keep the affair secret to avoid widespread repercussions for the other people who would be involved. However, doing so meant that "from the moment I decided I was going for the abortion, I was all by myself." (emergent theme [abortion]: a wound felt in isolation).

The self-condemnation accompanying Naomi's internally dissonant action was immediately present during her medically induced abortion: "I remember while doing it and I-

what kind of mom, Christian, threw [her] own child in a- (pause) in a toilet top.. in the toilet and flushes it?" (emergent theme [abortion]: a wound impacting sense of self & [spirituality/religion]: effect of spirituality/religion on experience of abortion). Although she began trying to suppress the experience shortly after it occurred, the dissonance continued at an unconscious level.

Even though for years I tried to forget about it, I uh- I am a Christian, I was a Christian at that time, so I knew it was wrong. So- at the same time I knew God was merciful, but still I was judging myself and I was punishing myself.. So anytime I'll see in the news something, I will not remember that I did something like that I'll just be like "how can a mother be so mean and do something like that" (sort of chuckling drily) right?.. But still, I did the same right?.. So it is- you know, you might be- you might forget about it, but it's deep in there. (emergent theme [abortion]: a wound that is hidden or covered up)

Naomi's internal conflict and pain from the abortion deepened as part of her was set on keeping the pregnancy and abortion a secret and to deny and suppress all memory of it, but part of her wanted to be open about her son and her own pain.

Another aspect of the pain is not having anyone to share that with. Not a single soul. I couldn't even trust my own parents to be there for me.. (deep breath) 'cause they would have seen just the sin aspect of it. (emergent theme [abortion]: a wound felt in isolation)

She found it painful to know that she had a son and had given him a name, Eli, but to be unable to say his name or share that she was a mother. The concealment was especially taxing in moments when she was keeping her own pain secret while celebrating others' pregnancies.

Naomi's suppressed pain and dissonance emerged in a variety of indirect ways, including insomnia, physical tension, and depression (emergent theme [abortion]: a wound with complications and cascading effects).

I was really tense throughout the years, really really tense, and I couldn't relax, and I was I- I was not able to sleep much. Um (pause) so I was praying but I couldn't really relate all that to the abortion... my whole back was hurting, my neck.. uh shoulders"

Naomi experienced cascading effects from the suppressed post-abortion guilt and shame as well, which she felt in a vague way with no identified source. Despite having a love and a talent for working with children, she found herself uncomfortable around them and she declined opportunities to spend time with children.

I was not able to be in presence of little kids anymore. It was really hard, not that I don't like them, but just because... it was as if they will think you're a mean person... They will not trust you. They will not want you near them because of... what you've done. And you don't even relate that to anything, you just know that you [are] ashamed of being around kids or playing with kids.

In addition, although she initially left her church in an effort to avoid the drama ("it was not just the abortion, it was kind of the whole drama behind it") that was occurring, she stayed away without finding a new church because of her vague sense of guilt and shame (emergent theme [spirituality/religion]: effect of abortion on spiritual/religious life). She experienced herself as having a good, shareable side (e.g., talking about her conversion and relationship with God), and a bad side (i.e., the sins to be kept secret), and she did not feel inclined to begin

attending a new church in case she had to share the bad side (emergent theme [abortion]: a wound that is hidden or covered up).

‘Cause I guess you go to church and you have to talk about yourself, you have to talk about your relationship with God, you have to tell about yourself to others, and it’s easy to talk about ‘Oh I know God, I’ve received the Lord’... all the good side. But there’s this part that you cannot share.. so I think it might be one of the reasons why I was not I-I cut myself from church for a while.

Although a friend eventually convinced Naomi to find a new church with her, Naomi had spent two years during which her only contact with church community was through her television. Effects such as this further contributed to Naomi’s experience of isolation (emergent theme [abortion]: a wound felt in isolation). Later in her healing journey, Naomi identified these effects as stemming from the abortion and she named isolation as one of the many types of post-abortion pain she experienced (emergent theme [abortion]: a wound causing many types of pain).

Naomi summarized her experience by saying “there’s so many things that are robbed from a person just because the person is living the trauma of abortion”. Yet, at the time, even though she was experiencing all of these effects, she was not aware that they were related to the abortion due to the “denial”, “not facing what it was”, and burying her pain. “I couldn’t accept what was happening. I couldn’t even think that some of the things happening in my life related to [the abortion]”.

The wound of abortion, as experienced by Naomi, was a wound that was infected with her self-condemnation, but it was covered up. She tried to deal with the top layer of it and clean it a little (i.e. her superficial request for God’s forgiveness), but she had not fully cleansed the

depths of the wound because it felt too painful to do so. Therefore, when she tried to ignore it, it only worsened and prevented her from fully engaging in many aspects of her life. Eventually, in a series of steps, she came to face the fact that for this wound, “the healing that I needed (pause) was something that I couldn’t even imagine”.

Experiences that Made Healing Possible and the Recommendations they Informed.

The phenomenological core of Naomi’s healing experience is captured in the following phrases: removing the veil of denial; being ready to be free from the monster she kept locked inside; and the importance of a Christian approach.

Removing the Veil of Denial. After her abortion, Naomi asked God for forgiveness and then tried to put the whole experience out of her mind (“I thought I was fine... I thought it was done”). In the following years, she experienced God continuing to bring her abortion to mind and she responded by praying about it. Finally, approximately 10 years after the abortion, she had a dream that prompted her to acknowledge that something about her abortion remained unresolved (emergent theme [healing]: developing the willingness to engage in the full course of healing).

I forgot about it for years and at some point I just- I had a dream where I was in front of the sea and I had a baby in my hand and the baby was rotten... I woke up and for me it was clear. Ok you need to deal with this... You need to do something about it... it was kind of an awareness... I felt like there was so much more around it that was not covered, that I needed to work on. I didn’t know how, so I did what I could.

At that point, she once again asked for forgiveness and sought support from a pastor. This seemed to only address part of a bigger picture, but she did not know what else could be done (emergent theme [healing]: overcoming barriers prior to healing). She recognized that “it has

been more than ten years and it was still there; the whole thing was still there”. She recognized that even though “I knew I was forgiven... there was a big part of me that was not forgiving myself or not accepting [forgiveness], so I’m sure that that- that must have hindered my relationship with God”. She also recognized that “It was a baby that was never... talked about... as if he never existed... I gave him a name [Eli] and I knew his face, but I was still in denial, so I knew I needed to go through it”.

Gradually, as Naomi was gaining awareness of the healing she needed, she described how God brought together a series of events in her life to lead her out of her suppressed shame, pain, and denial, toward a Rachel’s Vineyard retreat. For example, the one woman from her church community who knew about her abortion was the one who heard about Rachel’s Vineyard retreats “and for me it was God planning... so that the person who’ll hear about it [Rachel’s Vineyard] will know that I have that need, know that I’ve been through abortion”.

When Naomi heard of the retreat (a few years after her dream about the rotten baby), she believed it would bring the additional healing she needed to address the deeper “layers” of her wound. However, she was still surprised by the extent of the uncovering required to facilitate her healing.

I knew God was in it, and I knew He will do something, and I knew I will leave that place with another level of um deliverance.. and peace, and I knew something will happen, but I was not expecting that (pause) all the benefit and all the thing that was brought to the surface and discussed and dealt with. I was not expecting that much.

As Naomi continued to approach the retreat, the process of removing the veil of denial also continued.

Just answering the [pre-retreat] questions um with uh the person that called me to- to- just going through those uh um just facing those questions was already a step to healing... it was just (pause) removing the veil and looking into what has happened.. What I have done.. that had been done (whispered) (emergent theme [healing]: no longer in denial)

Removing the veil of denial was not a one-time experience, but an ongoing process of removing layer after layer as she gained more insight into her experience of abortion in its specific details and its broader context (emergent theme [healing]: understanding abortion in the context of their life journey).

[It involved] so many people, so many things like acknowledging that that baby was a human being whose opportunity was robbed from him, acknowledging my own pain and the whole situation around- acknowledging even other um wounds that were there even before I got pregnant, um (pause) acknowledging my hurt and (pause) issues my- with my parents and so many things. So many things.. So that was so many layers kind of like an onion that you peel and you peel and you peel and you never stop peeling.

Naomi recommended that mental health professionals understand and address how the impacts of abortion can be kept hidden through denial. She recommended understanding how abortion can be a “venom” that is internally destructive while still allowing the maintenance of function and an illusion of health.

For each person, it will take a different f- face but it’s still the same (pause), like a venom that is poured in your system that eats you alive, but just enough so that you can continue being (pause) being in society and continue doing things.. and can- think that you- your- things are alright.

The illusion of maintained health would reduce the likelihood of acknowledging a need for support or counselling. Naomi therefore proposed that mental health professionals consider how they might play a role in advocacy and awareness, to find ways to reach out to those who are suffering alone, without support due to this type of illusory health and hidden pain.

I think (pause) not (pause) many people will go to counselling, (pause) maybe that it could be good to find a way to reach to those people... I don't know how that will work, but find a way to reach to (pause) 'cause it's not just abortion, there's so many things that people are suffered- suffering from and they're keeping for themselves. Especially in the society where (pause) isolation and everybody's running his ra- rat race. So I think the counsellor maybe need to reach out more and make it (pause) more accessible or I don't know how t- how that could be..

Understanding the effects of denial means understanding that the primary reason someone has not sought additional support may be that they are trying to convince themselves that "I'm fine". Alternatively, those who, to some extent, acknowledge the link between their distress and an abortion may not think anything could be done for them or they have never heard of a format of support that could address their needs.

Naomi believed that it is particularly important to publicly acknowledge post-abortion distress instead of denying it because of the greater societal context:

Especially in a society where the main culture says it's ok – 'it's your right. You just do it' – I don't know how to say (pause) the culture does not see any moral issue or any psychological issue attached to it, just a right that people are defending. That can make it even harder for people to accept that the pain they're going through is related to abortion.

In addition to the general societal messaging, Naomi pointed to the experience of “all your friends around you” who are saying “it’s ok to abort” and “minimizing” any distress by saying “don’t be silly”. She noted that some might also internalize that messaging of “I’m being silly” because if “there are people advocating [for abortion] or signing laws about it, why should I feel bad about it?”. Thus, the entire context “does not help people to easily understand the underlying guilt and feeling that something is wrong, that they’re mourning, condemning [themselves], so many hidden things”.

Naomi recalled her experience of trying to come up with many alternative explanations for her insomnia because she “couldn’t even think that some of the things happening in my life related to [the abortion]”. In her case, she eventually had the dream of a rotten baby and “that dream stop me in my track” but she recognized that others may not have such a clear wake up call. Naomi proposed the organization of events that could be part of a series of experiences that lead someone to the healing they did not realize they needed or that they did not know was possible. Just as she experienced the reminders of her abortion as signals that it was unresolved, she believed that events focused on promoting awareness of post-abortion distress might allow people to acknowledge and seek help for distress that had previously been suppressed.

Maybe just hearing they organize event where- yeah open to the public where people can come and share their experience or whatever... ‘cause you could- even if you have people who have been through it... Yeah (long pause) could be you guys are on a campus, so maybe visit classes and say it a- advertise an event where pe- people- someone is invited to talk about abortion and the traumas and that kind of thing.. Information. Yeah.. Get it out there so that.. people can participate and come.

One occasion during which an individual's post-abortion distress is publicly validated may be surprisingly impactful due to the abundance of invalidation they may experience in a societal context of pro-abortion advocacy.

Ready to be Free from the Monster she Kept Locked Inside. Naomi recommended taking into account the continuum of readiness to acknowledge, and heal from, post-abortion pain. In Naomi's experience, each type of pain she faced – her grief for her son, the anger/fear/pain of her wounded inner child, and her self-condemnation – required a readiness to engage in some intensely emotional processing.

We are [at] different level[s] in the healing or being- being even in the continuum of being ready to acknowledge [the abortion & the pain].. For some people it's so deep deep deep um buried that they- they- they don't even re- remember that they done that.. So this- if some- for someone who have (pause) who acknowledge the pain and all that, then you can say something,.. But to someone who haven't, you can just share your experience and from there, hope that God will work through their hurt and bring [them] (pause) to where they need to be.. 'Cause in all that, there's also that defence mechanism that God gi- give us right? So you don't want to do something before they're ready (laugh)...

Yeah. So you don't want to talk to- to someone and make the person realize something when [they are not] emotionally ready to handle it.

Just as in her first recommendation, Naomi's approach to someone who has not yet acknowledged their pain would be to share experiences of facing post-abortion distress. Naomi saw how a moment of hearing about other people's post-abortion pain and healing could be used by God in ways beyond what is known by the one who is sharing.

In Naomi's understanding, psychological and spiritual preparation were not separate. Naomi was confident that even though she spent over a decade suppressing the pain and the memory of her abortion, the suppression defence mechanism was valuable. It gave her the time she needed to be ready to fully express her pain when God eventually led her to the retreat. Throughout the interviews, Naomi intentionally shared her understanding of how painful the experience of abortion can be ("I think I've shared how vicious [abortion] can be (laughing).. at length (laughing)". The awareness of the depth of pain that can accompany abortion is important in order to be able to gauge whether someone has the safety, stability, tolerance of intense emotion etc. required to face it. Having done such an assessment, the psychological and spiritual approach to an individual can then better meet them where they are on the continuum of readiness to acknowledge the abortion and the accompanying pain.

Once the pain has been acknowledged, Naomi's primary recommendation would be to "let it out". However, she noted that the process may look different for different people.

Don't keep it in. Let it out...(pause) but seeing for myself as I said, I never cried for more than ten years. (pause).. and it all came out at the same time. (pause) So who am I to tell someone (laughing) to do it in a way or you know so.. I'd just share my- my own experience.

Naomi spoke of how she felt "God had prepared me" and that she was attending the retreat at the right time for her.

I think it's just God knowing what we can take and where we are at and when the- He could work on that healing.. 'cause He could have done that years before, but He picked that time (finger tapping up and down on table). Was it because at some point I cry to

Him after I saw that vision? ‘Cause after I saw the vision [of the rotten baby], He showed me the face of my baby two times I think, and I’m sure my spirit in me was praying and begging God to do something about those thing that I was not even aware of. So (pause) I think I was ready.

Naomi’s secure attachment in her relationship with God allowed her to enter into the retreat process with a sense of safety and trust. “I had no idea what the format will look like and uh I just went. And I just went in faith, knowing that if God orchestrated thing so that I hear about it, then He had something to do.” The retreat team’s effort to create a sense of safety prepared the way as well. “[The] people that were facilitating, they were really good. They were loving, they were helping, and they created a secured environment for it to- for us (pause) to (pause) really go through that healing”.

Having removed the veil of denial and having the sense of trust and security then allowed Naomi to express the many faceted fullness of her post-abortion pain (i.e., the process not only included being ready to acknowledge the pain, but also allowing herself to fully feel and express it).

[At the retreat] people are not allowed to comfort you ‘cause that’s distraction (pause) ‘cause you need to face your pain. You need to see the level of pain that is in there. You need to let it out. If not, you just brush it (doing brushing motion) and you keep the monster beautiful (laughing).. But you need that monster to be shown in all his ugliness and it is important to let it out.

Letting the monster out was a scary prospect; Naomi had spent years avoiding her post-abortion pain and emotions. Each time she would try to approach the inner cage in which she kept the

pain monster locked up, she would run away: “you’ll just brush it and quickly run from it... you try to go there then you run from it ‘cause it was so heavy”. She would then resume decorating and camouflaging the monster and its cage with a veneer of denial. However, she came to realize that trying to keep the monster locked inside her was more damaging in the long run than letting it out.

Just as removing the veil of denial was done in layers, revealing the monster of her suppressed pain was a process of unwrapping layers of pain: “the set of exercise or simulation- I don’t know how you call it-.. that we went through, each and every one of them will unwrap part of the pain”. For years, Naomi had only felt the diffuse sense of shame and self-condemnation that still seeped out of the cage that had been so persistently locked up and buried in denial. Yet, Naomi noted that it was ironic: in the midst of her subconscious self-condemnation, she felt she deserved to be in pain, but there were certain types of pain, such as grief, that she did not allow herself to feel because she did not feel she deserved to miss her son.

You want the suffering pain because you[’re] condemning yourself, but you will not acknowledge the pain that your son is mi- you missing your son.. ‘cause you do not have the right to say I love you... You see what I’m saying right? ‘Cause yes, I’ve done something bad, I need to be punish punish punish punish punish, but because what I’ve done is so bad, I cannot acknowledge the suffering of letting go of my son.. Yeah, so as I said, there’s so m- there’s so many things to unwrap (laughing) around that thing [the abortion].

The next several paragraphs will describe Naomi’s experience uncovering the “ugliness” of three facets of the pain “monster”: first the pain of losing her son, then the pain from the ways she had been hurt by others, and finally the pain of her self-condemnation.

The Pain of Losing her Son. Naomi found it healing and “one of the most freeing things” to be able to talk about her son, to acknowledge him as a person, and to ask his forgiveness for having robbed him of the life he could have had. “it was like one of the first time that I would- I could talk about my son and ask him for forgiveness”. Such a simple sentence should not be misconstrued as superficial. Asking her son for forgiveness required that Naomi be ready to acknowledge the excruciatingly painful reality that she had hurt her own child. “At some point- so- you- you – you- you have to accept that yes I’ve hurt you. And I’m sorry about it. And being able to do that (pause) just (pause) h- help you continue (pause) free. Free. Free.” Asking her son’s forgiveness created a breakthrough for Naomi: she no longer felt unworthy to express love for her son. “just being able to say I love you is a big victory. ‘cause for years, you cannot go there. You have not asked for forgiveness to that kid”. Acknowledging her son as a person she loved also meant allowing herself to grieve and feel the pain of love mixed with regret. Thus, for the first time, she allowed herself to grieve for her child (emergent theme [healing]: grieving and honouring the aborted child). She found that expressing her remorse and sadness was a healing experience and it provided her with the freedom in the present to laugh about how much she cried at the time.

I think the pain was (pause) so (pause) deep buried that I never cried. The fir- I cried for the first time at the retreat.. (laugh) and I remember (pause) crying as if I will die (laughing).. And saying I never never never cried for my baby (emphasis and laugh).. It’s good to laugh about it today.

Her grief itself had many layers: grieving the opportunity to get to know her son and all the moments they could have spent together, grieving the encounters that her son could have had

with all the people who could have been part of his life, grieving the entirely different path her own life could have taken.

I do regret not to having known him, hold him, take him- taking care of him. ‘Cause when you see a vision and in the vision you see that your son will have been a (pause) kind of a piece of work (laughing) someone, someone- what’s the word? Doing mischief- mischief.. Mischievous.. Yeah. Then you’re like oh I would love to have been able to know that and.. yeah. So you have all that pain that is there as well.. Or when you see your nephew and they’re asking for the babies oh you see ok mine will have been here with them and I rob him from that. So you have the pain for yourself, but also the pain for him or her... [and] even if you have other kids, you you not having that one, right? Yep so.. you see like a total di- a total different life. (pause) and how your choices after that will never a- after that decision (pause) you s- uh- and- you- you see all the closed doors.. Like just coming home and being alone. Ok he will have been there. Not just because I need someone to be there, not just for myself but yeah.. Kids going to school, uh all these things that have been true as a human being, you robbed someone from that.

With her wording in that last sentence, it sounded as if Naomi was expressing how she could see an entire life of possible moments and she robbed the person out of those moments, leaving only the emptiness of grief. Naomi had to allow herself to feel the depths of that grief in order to heal.

The Pain from the Ways she Had Been Hurt by Others. Unwrapping the layers of pain and uncovering the “monster” not only included the pain from losing her son, but also the as of yet unacknowledged pain from the way she had been hurt by others. Fully processing the pain of

the abortion meant processing the pain from the pre-existing wounds that contributed to her abortion.

Accepting that you're angry and that you have been hurt. That was good as well.. 'Cause- and you kind of know that you've been hurt (pause) but because you know you have hurt as well, you just make it like ok, it's not important.. but it's still there and still killing you.

Naomi processed the early traumatic experience that left her feeling "dirty" and that shaped her core beliefs about herself. These beliefs included:

that nobody could ever like you or love you, that you not worthy of anything, and then yes you give your life to Christ, but still for you it's as if ok Christ is not a man right? So even though He like me, who else can like me? And that will affect all your relationship[s].

During the retreat she learned to care for her wounded inner child who was hurt and afraid. She even came to see that all the aspects of her journey which led her to the retreat were connected to each other and they took on new meaning due to their role in the healing she was experiencing. "God explained to me how that [little] girl was still hurt and that all that happened in my life was also because of the hurt and the healing that that little girl needed. Um everything everything." During this retreat, not only was she ready to process the pain of the abortion, but she was also ready to process the effects of her early trauma.

The Pain of Self-Condensation. The third type of pain Naomi came to acknowledge, express, and release during the retreat was the pain of self-condemnation and unforgiveness toward herself. Her unforgiveness of herself was preventing her from accepting the forgiveness

that she had asked for from God and that she knew God offered her. A full and free acceptance of God's forgiveness would mark a major milestone in her release of self-condemnation, yet this was perhaps Naomi's most challenging internal struggle. Releasing her self-condemnation and accepting forgiveness was a challenge because: a) she needed to become aware of her subconscious self-punishment, b) uncovering new layers of pain caused by the abortion meant there were new layers for which she needed forgiveness, and c) she felt she had committed "the worst" sin possible, so she felt that simply accepting forgiveness was too easy.

Naomi described how God showed her all the "ugliness" of her subconscious self-punishment using an image. In the image, "I saw that I was piercing myself" with "knitting needles".

It was like needles that will go from one place to another like this and like this (pointing from one side of her abdomen to the other at different angles).. and there were so many, and it was all (pause) infected and swollen.

Every time she would project her harsh self-judgment and self-punishment onto others (e.g., accounts she heard of mothers who harmed their children) it was as if she was inserting a new needle through the infected wound: "those [needles were] kind of the image that God showed me to show that every time I was judging others I was also judging myself 'cause I did.. the same, so my subconscious was judging me.. and punishing me". An important step if she wanted this wound to heal, would be to stop stabbing the wound with needles of self-condemnation and self-punishment. During the retreat, Naomi came to realize that her self-punishment was an exercise in futility and a painful burden that she no longer needed to carry.

The moment where you realize ok yes I have this burden, I'm keeping this burden and this burden is my shame, this burden is everything that I would like to punish myself for, but it's not even worth it that I do that because I will never be able to do it. There's no way. I can try to every morning to crucify myself, I can punish myself in many ways, I can decide- you know there's so many things that you could do- I can... not talk to people and cut myself from people, I can decide to do whatever I want to punish myself, but that won't do it. (laugh).. That won't do it. And why would I do it when somebody already pay the price for it and well is just saying 'Come. Give me that pain'.. So the- the decision to say ok I'm dropping- I'm picking- bringing back this stone to Your feet is just to say is a surrender and saying God, I cannot save myself. It's as if being born again, again (word emphasized), and realizing that yes, what He did, He did it for that as well.

Having processed a great deal of pain at the retreat, Naomi recognized she needed to give herself time until she was able to authentically say that she accepted God's forgiveness. She did not want to accept in a superficial way (as she had tried to do immediately after the abortion: "I guess I rushed the forgiveness- asking for forgiveness part 'cause I didn't want to really go deeper at that time. It was maybe too soon or whatever."). Neither did she want to accept forgiveness out of a sense that, as a Christian, she is supposed to say she is forgiven by God. She wanted to be able to authentically accept forgiveness for the entirety of what she now understood about her abortion and its effects.

I've repented many times right? But the level of buried things that God brought up through that um through the retreat (deep breath in) was so p- so profound that I couldn't just go there in the first se – session and say f- from the get go oh I know I'm forgiven and all is good, God have forgiven me and do you s- do you see.. what I'm saying?..

‘Cause that’s the- the proper things to say. And I think all of us at some point we- we will do that. We’ll say the verse or say something to- to show- because accepting how (laughing) hard it is for us to accept God’s forgiveness- deeply accepting God forgiveness, is not easy.

Although it was painful for Naomi to see how much she struggled to accept God’s forgiveness, she was ready and willing to face that pain for the sake of a profound and authentic acceptance. To return to the imagery of abortion as an infected wound, she wanted the cleansing of the wound and the infection to be complete so that the wound could actually heal.

Naomi observed herself, and others in the group, resisting how easy it seemed to be to accept forgiveness. There was this sense that because their sin was great, it should be more challenging to be forgiven.

It was good just to see how God was extending the same grace to others (deep breath) um and what we could see in each other right? ‘cause yeah. ‘Cause we were all in pain and (pause) trying to (laughing) get out from there. But in the same weekend that you have these moment[s] where- these moments where you’re trying to get out from it and you could see that you’re also trying to say no it can’t be so easy this sin is so the worst- the worst ever. So how can it be so easy to get free of it and to accept.. the- the the forgiveness of God and you could see sometimes in the room the (pause) the dynamic of (pause) tr- trying to rationalize thing[s] and you making all your effort and then at the moment you just can’t take it anymore and just boooooo (imitates a crying sound then laughs)

Naomi was aware of the moment when she finally stopped trying to hold on to her self-condemnation and stopped trying to rationalize. She was tired of fighting it and instead finally accepted this forgiveness that seemed so illogical. That moment of release and acceptance was one more step toward healing, and it was a step that was as intrinsically spiritual/religious as it was psychological.

The Importance of Christian Redemption. While expanding upon the value of exposing the pain & processing the trauma, Naomi clarified that she only believed doing so would be helpful in so far as Christian redemption of the pain occurred. This was part of the reason why she believed a Christian approach would be essential in post-abortion healing.

If they don't bring God and what Christ did on the cross to the (pause) to the discussion. It's just like (pause) playing with someone['s] pain (pause) and not putting the um what can c- i- ok how should I say it? It's like you have a- a um a wound that is infected. You stick your hand in it, it's not sanitized, you make the person suffer more, (pause) and then you remove your hand, and the infection will continue... or maybe the person has a wound and is infected and then you put your hand around and then you're patting it. What will that do? Nothing.. The person might feel the comfort of your hand, but the infection is still there, and the infection will still continue to grow....

It's good to expose the wound and look at it and see it w- w- the cause- the cause of the infection, but after that, if... we do not use Christ and Christ's Word, then there's still no cure. You [just] leave the place more conscious of the horror of what you did.

Naomi's stance was that acknowledging the infected wound can be good, taking stock of the infected wound to see how deep it is or the cause of the infection can be good, providing comfort

to the wounded person can be good, but none of those actions are ultimately helpful unless the infection is being properly treated. Metaphorically opening up the wound of abortion and poking around may, instead, worsen the individual's condition, leaving them "more conscious of the horror of what you did", and risking even more pain, guilt, shame, hopelessness, or denial than before. Naomi described Christ as the only penicillin, because "the right antibiotic is for the person to know that someone died so that they can be forgiven".

While keeping in mind the eventual importance of a redemptive (Christian) perspective once the pain is acknowledged, Naomi warned against imposing a pro-life perspective. Doing so, she believed, would result in the individual shutting down. She recommended staunch avoidance of putting "the answer in their mouth" (e.g., you feel guilty), and instead, focusing on asking open questions that could allow them to discover or acknowledge their feelings when they are ready to do so.

Naomi also warned mental health professionals against conspiring with the individual's denial and promoting or imposing a pro-abortion perspective on a client (i.e., that "abortion is accepted today. It's legal, the systems allows me to do it, I can go and do it as many times as I want, I don't even have to pay for it."). Doing so could equate to helping them hide the pain monster and keep it in its cage because it is more comfortable that way or because, according to societal values, the monster should not or does not exist.

You go to a therapy, and they show you, 'no it was your right to do that, so you did what you had to do, you did what was best for you, and that's what it is. You have to accept that'. So (laughing) now, your conscience and all your subconscious knows that you've done something wrong and you need forgiveness for that, but your mind is telling your conscience 'Just shut up. We did nothing wrong. Just shut up. We did nothing wrong.'

(said in a different voice – whisper yell) So that like that conflict is even stronger than the one you've been through.

Naomi emphasized the severe consequences of such internal dissonance, saying “it can make someone... even sicker... and even bring to suicide”. Naomi gave the example of someone who has stolen money and they know they have done so. They may find it helpful “for the pride, for the moment” if someone says, “you did nothing wrong”, but then later, “how do you feel? Worse right?”. Receiving validation and affirmation of the decision to abort (through “nice words” and “argumentation” and “rational” thoughts, and the sense that the therapist is on their side) might provide temporary relief, but Naomi distinguished this relief from healing. It “maybe helpful for one's pride, but not helpful for the soul.. and the emotions”; “the monster's still there and will come back and bite”.

Naomi believed that post-abortion dissonance will continue until the individual brings the abortion to God, accepts responsibility for the wrong done, and accepts Christ's sacrifice as something done for them. She understood this to be the only way to heal the wound and deal with the monster. The reason Naomi was able to let the monster out was because God had prepared her in two ways: a) to be able to face the pain; and b) to trust that God could redeem the monster that she revealed.

The pain of Naomi's grief was bearable because of God's redemption:

I've seen what [God] did for my baby, I've seen how, even though I did something wrong, He turn it in[to] something good. I've heard my baby laughing and having a joy that he cannot have with me here. I've seen Him in the meadow, playing with all the kids. And I've seen how knowing that I love him [has] brought that joy to him, right? So, n-

yes there're things that I've missed. He- he will never go to university. He will never have con- grand- children from him, but it doesn't matter anymore, because restoration- because of the restoration that was done through Christ... And all through you've seen that Jesus [is] with the kids playing and you've seen them running around Him and how they know, they know that they're loved.. So there's- the- there's just Him that can do that.

It was and continues to be meaningful to Naomi that, because of her belief in heaven, her love can reach and bring joy to her child. In that sense, the redemptive perspective outweighed the loss perspective. She could consider the goodness of her child's current experience in being loved by her and by God, whereas without those beliefs she would have only been able to focus on the loss.

Naomi was also able to care for her inner child in cooperation with Jesus. This was poignantly described in a poem she wrote at the retreat called *Pretty Little Girl*:

Hello little girl. What are you doing here all by yourself?

- I don't know. Waiting?

Waiting for what?

- I don't know. I have to. I am scared.

Scared of what?

- I don't know. Maybe I'm just scared.

What do you have there little girl?

- I don't know. I cannot see.

What is it?

- What does it look like?

It is a scar.

- A scar? Where?

Right here. Touch it. Maybe you will remember.

- I don't know if I want to. If I touch it, do you think it will hurt?

No, the pain is forever gone. The wound is healed. Jesus took the pain away. Let me help you. Do you feel the scar?

- Yes, I do. I guess it did happen then.

Yes, it happened little girl.

- But I was told nothing ever happened. I was told it was just bad dreams. I thought I made it all up.

No, you didn't. It happened. But do you know what? It is finished now. See. It doesn't hurt any more. You are very strong. I'm very proud of you little girl.

- Are you?

Yes. I am.

- But how come the pain is gone?

Jesus took it away. He does miracles you know. Yes. I asked Him to heal me, and He did. He did, little girl.

- Will they come back and hurt me again?

No, they won't. Jesus got rid of them for good. They will never come back. Aren't you happy?

- Yes, I am. But with the scar, am I still pretty?

Yes, you are little girl. You are prettier than ever before. Your scars are your soldier's medals.

- I like that, but does Jesus still love me?

Yes. He does. And He will always love you.

- I love Him too. Can I go play now?

Yes, you can. You are free. You are free, pretty little girl.

Thus, Naomi was able to reassure her inner child attending to her pain and fear and by sharing the spiritual/religious healing and love her adult self had experienced.

Finally, Naomi was firm in stating that the love and sacrifice of God was central to her release of her shame and self-punishment. Through the Living Scripture meditations, she experienced Jesus' love for her and saw that, just as He had not condemned the woman caught in adultery in Scripture, He was not condemning her.

And the love of God is central. And it's not just something that [we] tell of... It's an experience that you can a- you can explain but [more than that] you've- you live- you've

experienced it right? You know that He loves you. You've seen that you- you've seen that, you've heard that voice. You've heard that voice, you've seen how lo- He was to looking at you when you were that lady that was accused by all the others..

Naomi believed it was absolutely crucial for healing to recognize that, out of love for her, Jesus had already taken on the punishment she felt she deserved for the abortion.

The thing is where would you find redemption like the one in Jesus? There's no religion that will give you that. Any other religion will tell you (pause) forgive yourself. What does that do? If you (laughing) don't get the forgiveness from God.. Forgive yourself or be strong, or whatever. Meditate to ease the- no you just covering.. You just covering the monster... 'cause remember, that stone that was the weight of our sin and the guilt and the shame of- and everything. We were able to let it go because of Christ right? If He- if it were not what He did for us, where will I- will we find the hope to let go (pause).. of that stone, of that guilt? It's because of what He did.. So yes, religion is central.

Concluding Reflections from Naomi. The spiritual/religious element which Naomi highlighted as central to her healing was what allowed Naomi to stand her ground following the retreat. She spoke of the retreat as winning a battle and the time after the retreat as fighting to stand her ground. In particular, there were moments when she had to fight not to fall back into self-condemnation:

'Cause the reality will tell you 'Ok you still don't have any baby. Your baby still gone... you've done those nasty things' and yeah all that is true, but there is a higher truth which

is that Christ died for me, and He has forgiven me, and I've made the decision to trust Him and let go of all that.

Beyond standing the ground she gained at the retreat, Naomi understood her post-abortion journey as spiritually/religiously meaningful and utterly transformative. Through her post-abortion experiences, her view of, and relationship to, herself, others, and God improved. "I can see how (pause) yes, it is- it changes you through and through at l- at least for me that's what it was".

Her own experience of forgiveness helped her to extend forgiveness to others and shifted how she sees them: "because grace was extended to you, you can do the same". She had previously been "an outsider" among her family members, not fully engaging because "I had things to hide", and she reflected that "you don't want to be in full relationship with your family when you can't be transparent". Since the retreat, she has begun praying with her family members on a regular basis and has become a confidante and an encourager who can share her own experience when her family members are going through their own challenges (e.g. "all the reasons that [my sister] was giving not to fully accept God's forgiveness, I was like that's bullshit 'cause I've been there").

Naomi found that her experiences increased her humility and her awareness of needing to rely on God. This transformation occurred in the day-to-day moments where she increasingly consulted with, and turned, to God.

The more I grow with God and with that kind of experience... you are more aware of your own weakness, and you know that you need God on a daily basis. You know that you can fail at any time and that without Him you cannot make it. So, I think today

(pause) I try even in the smallest thing to be aware of God, what God is telling me, and
(pause) I try as much as possible to (pause) ask for direction from Him.

The shift in her relationship with God was also present in her understanding of herself and her ongoing growth and healing.

Being able to discuss certain things [with God] like ‘Ok is this the corre- the right relationship? Is this what I should be doing? Ok God, why am I behaving this way? Um is there a reason why I’m attract[ed] to that kind of person?’... Being free of the biggest bond which was the abortion, I think now God is bringing out all those little things and
(pause) I think it will help me work better, work better with God.

The experiences in Naomi’s post-abortion journey which led to so much transformation became integrated into her identity and the meaning-making framework through which she lives her life. One of the key ways that Naomi understood herself and found meaning and purpose in her life was by being someone who is available to be used by God to help others. This is how her post-abortion journey was meaningfully integrated into her sense of self. She found meaning in her experiences because they became one more aspect of who she is that allowed God to work through her to help others. “I know that where I am today, because of many things that happened in my life (pause) I’m able to be used by God (pause) for others in ways that I wouldn’t have been.” (emergent theme [spirituality/religion]: post-abortion healing retreat opening new spiritual possibilities).

It was evident that this integration continued through Naomi’s participation in the current research project. When she received the recruitment email, she was available enough to respond. During the interviews, she drew from the deep well of her experience of God and of healing in

order to help others receive healing. Finally, at the end of our last interview, Naomi offered to pray for me, the researcher. She prayed at length that God would strengthen me and remove any obstacles to the completion of the project. Then she prayed in tongues, further drawing upon her gifts and God's grace to offer meaningful support. Naomi acknowledged that some aspects of her spiritual/religious experiences and beliefs may be unfamiliar or difficult for some people to accept. However, it was clear that her conviction stemmed from a multitude of experiences during which God's grace was exactly what people needed. Thus, God's grace is exactly what she continues to offer to others through so many of her actions and prayers.

Rico

Rico grew up in Canada, worked full time, and was in his 60s at the time of the interviews. He and his wife were highly involved in, and passionate about, various church ministries. Although he always seemed to have more to say in response to any given question than what we had time for, he managed to rally his many ideas and inspirations into a narrative that I could follow.

Participant's Background & His Experience of Spirituality/Religion. Rico's overall positive experience as a youth at church was terminated by an experience of "physical advances" from a member of the congregation, an experience that, when reported, was "just glossed over". Rico became disillusioned with the church and left, saying "I don't want anything to do with this anymore. Uh I know the street. Street's honest.. you know? Um. Church doesn't seem so honest anymore". He then spent almost three decades in what he described as a self-focused lifestyle that spiraled into "everything evil and dark" (i.e. drugs, alcohol, promiscuity, Satanic worship, etc.). It was during this time that he and his partner had two abortions.

When Rico was in his late 30s, he experienced two drug overdoses which he miraculously survived, followed by a cessation of heavy drug use that he also understood as miraculous since he believed he should have required some intensive rehabilitation.

When I talk to- you know, share my testimony with- with addicts and uh and other healed alcoholics and stuff um like nobody can believe it you know like how- how did that possibly happen.. without withdrawals without- it was just miraculous.

These events were accompanied by his growing openness to Christianity (i.e., God was capturing his attention through Scripture, and he was directed toward a Christian comedian whose witness he could relate to). Over the course of a year, Rico experienced a shift from spiralling into darkness to walking increasingly in God's light. He, and his wife who journeyed with him, gave witness to their internal transformation and "publicly declared that we were giving our hearts to Jesus and from that point, never looked back". Rico described this moment as being *born again* (this was the term Rico preferred, because it captured the meaning of the moment for him: "the death of the old me and the birth of the new me". Therefore, the wording *born again* will be used as opposed to the term conversion when referring to this turning point in Rico's life). Rico and his wife then became actively engaged in Christianity, and Rico expressed his gratitude for the continual spiritual growth he experienced even through life's challenges.

Rico's involvement in Christianity included taking part in outreach ministries. He found reaching out to people in areas he used to be engaged in (street-engaged, drug dealing/use, objectification of women) to be especially meaningful and healing. Rico derived a sense of belonging, identity, and purpose in his involvement with these ministries. He described having regular employment, but that "my first job is what He [God] wants me to do".

Rico developed a multifaceted personal relationship with the three Divine Persons of the Trinity. He understood Jesus as a close companion, “buddy”, and employer, to whom Rico was loyal above all else. Rico related to God the Father with wonder at how the unfathomably powerful Creator of the universe could also be an approachable and caring “daddy, sittin’ in a rocking chair.. pulling me up on His knee to chat”. The Holy Spirit, he experienced as one who cared for him and lovingly chastised him to help guide him. By sharing the details of his relationship with God, Rico felt that it was a way of “opening up who I am” during the interview. The statement reflected just how integral his relationship with God was to his identity. Rico made it clear throughout the interviews that Christian spirituality was the central source of meaning in his life, shaping his beliefs, his identity, his journey, his family, and his day-to-day life.

Abortion as a Wound & the Mutual Influence Between Abortion and Religion/Spirituality. Rico described his initial response to his partner’s pregnancy as a “typical male” response.

It was just the beginning of our relationship and she got pregnant um and I was kinda the typical um or a typical male approach was yeah that’s that’s rough I’m there I’m there for you I was the noble kinda guy, [telling my partner] ‘ah yeah yeah I’m there for you whatever- whatever you (word emphasized) decide’, right? ‘Just make sure everything goes away, make sure it gets taken care of’ and I kinda ok (gesture of dusting off his hands) and let her take care of it. And uh drove her to the clinic, dropped her off. I don’t even think I picked her up I think she took a taxi home. So, it was a pretty horrible- horrible thing um I need a minute (throat tight with emotion - pause).. And then that repeated uh a little over a year later um basically the same scenario, same attitude.

Rico retrospectively identified several aspects of his experience at that time that were affected or worsened by the abortions, including: increased sexual activity with multiple partners, lack of respect for women, lack of respect for himself, and pre-existing substance use that was increased as a way to numb the pain that he was avoiding (emergent theme [abortion]: a wound with complications and cascading effects).

After being born again (and as he spoke during the interview) he was horrified at how he ducked responsibility at the time of the abortions. He also came to understand abortion as a sin to confess, for which he could receive forgiveness from God (emergent theme [spirituality/religion]: effect of spirituality/religion on experience of abortion). Rico believed he accepted forgiveness when he repented but he distinguished between being forgiven and being healed; even though the sin was forgiven, he later became aware that healing was still needed.

Another area in which Rico gradually developed insight was the interaction between the abortions and his pre-existing diagnoses of mental illness. Rico had been taking mood stabilizing medication, but he described how, a short time after being born again, he “literally just didn’t need to take the medication anymore”. However, approximately twenty years later, his struggles with mental illness “flared up again”. Rico described how he tried to understand the changes as they were occurring.

In looking at different things [and wondering] well what’s- what’s the root of this and praying about it, and a lot of the times um the fact of the, you know, about the abortion, the children would come up as I was praying and then just I’d sort of push it away and- and move on.

His intuitive, and initially disregarded, link between his fluctuating mental health and the abortions was further clarified after the retreat. He came to understand that the “pain of the abortion” which he had suppressed, “was manifesting itself in that anxiety and depression”. The twenty years during which his symptoms lessened corresponded with the years during which he was raising the children he and his wife adopted (they adopted because “we were unable to have children because of uh damage done from the abortion[s]”). Then, when his adopted children moved out, his experience of “empty nest syndrome” was heightened; he no longer had the constant presence of those children to alleviate the suppressed pain from the children he previously lost to abortion.

When we [adopted] and I entered into fatherhood, that pain of lost fatherhood went away.. And then as I went through all the things that are involved in in in being a parent and [my adopted children] became um you know a focus of my life um that pain (pause) (sigh) I won't say (pause) it was- It was a band aid. It was like a temporary healing... Five years ago, they, the children, like uh like were 19, 20 starting into university and college.. and- and sort of no longer required [me] as the parent. Like I'll always be their dad right.. But that so- so- I no longer had that parenthood part of my life and so then that kind of the band aid.. sort of came off and I went 'Oh you know what you- there's no healing there it's- that was just covered over'.. and and so that um [I] tended to focus subconsciously on on uh my uh- I don't know, I'll use their names, Gabe and Tess, my unborn children that I um did not give the opportunity to live. Um that started bubbling back up and like with many things that contribute to uh anxiety and depression w- we're not aware of them.. that's why they're anxiety and depression (laughing).

Around the time when Rico's mental health initially worsened, he noted that, unbeknownst to him, his wife "was going through uh a lot of struggles in the same area at the same time but we weren't communicating to each other about them" (emergent theme [abortion]: a wound experienced in isolation). They had "never really talked about [the abortions]".

In the following years, as he observed his wife seek post-abortion healing (a process described in the following section), Rico became aware of the existence of post-abortion distress and healing. He wanted to decrease the incidence of abortion and support others' search for healing but was not yet extending the possibility of a need for healing to himself. He had not yet acknowledged that some of the emotional and psychological distress he experienced was related to the abortions.

Rico began having experiences of "complete overwhelming sorrow" during which he was "flat out on the floor at the altar in the church, just overcome". However, at the time he was still unable to acknowledge his own abortions as the source of his sorrow (emergent theme [abortion]: a wound that is hidden or covered up). His post-abortion pain was buried so deep that even when he was overcome by the pain that was "bubbling up", he did not know it came from the abortions he and his partner had. During these bouts of overwhelming pain, he would experience "little flashes but not even full thoughts" that there was some connection to abortion. The timing of these episodes also hinted at the source of the pain as it was consistently experienced in the days after he engaged in his bi-weekly prayer walk against abortion. Despite these hints of insight, Rico remained in denial.

[I] would feel this pain an- and.. couldn't- couldn't really connect the two... I just kinda put it down on just feeling pain from the- the people that had suffered.. never- never really connected that it was... pain that I was feeling... not for someone else, but but for

me.. But um I believe, looking back now, like I was more probably subconsciously not allowing myself like my mind... going 'no no don't go there. Don't go there'

In subconscious avoidance of his own pain, he rationalized that his experience was due to empathizing with others' pain. Only through the retreat and "the power of Scripture and the Holy Spirit" was he eventually able to "bring that out", to face the full impact abortion had had on him.

[I was] not recognizing that I was carrying that guilt [from being part of the abortions], and when you carry something like that within you that just festers within, right? And causes all kinds of side- side effects 'cause like it produces like spiritual toxins.. that affect other parts of your life, even your thinking. (emergent theme [abortion]: a wound with complications and cascading effects).

After attending the retreat and developing more awareness regarding the effects the abortions had on him, Rico began to describe the many facets of that pain. He went from feeling a general experience of pain with no clear root cause, to recognizing the source of his pain and many of its nuances.

There's no one word, um just a complete overwhelming sorrow, um anger, anger at myself uh anger at um the facilities um just unbearable pain really um you know, pain and sorrow uh um again those words aren't- ... we don't have a word in the English language that covers it, um the guilt um feeling definitely of of how I had uh horribly um you know not been there for for [my wife], that aspect. The death that I caused of you know my two children... [I felt] loss, pain, sorrow, overwhelming at times (emergent theme [abortion]: a wound causing many types of pain)

The intensity and complexity of the post-abortion pain he felt left him feeling that his description did not adequately capture the experience. He further attempted to convey the intensity of the effects of abortion when he stated:

Of all the other things of a sinful nature in my life... I think the abortion was the most uh impactful because of the depth, right, the fact that there were, you know, two other lives um that that- oh and then [my wife]'s life as well, so three other lives... that I had um you know destroyed (emergent theme [abortion]: a wound that is severe).

Regarding the severity, Rico also felt that the act of abortion had a violent effect on his core self “when you murder your own children, that tears a part in your heart out. That creates a s- a wound so deep that’s in your heart in your very being that stays there” (emergent theme [abortion]: a wound impacting sense of self).

In sum, Rico’s wound was one that he did not initially recognize at all. He began to experience symptoms but did not, or did not want to, recognize their source. Even when he was in “overwhelming” pain, he did not acknowledge that he needed healing. He remained in this state due to “that male attitude that we don’t get hurt from things like that”.

Experiences that Made Healing Possible and the Recommendations they Informed.

The phenomenological core of Rico’s healing experience involved the following three sub-themes: overcoming barriers prior to healing; time and space for awareness, openness, and allowing healing in; a Christian approach of relationship and hope; and allowing others to acknowledge the effects of abortion. These core elements of his experience informed his recommendations for mental health professionals.

Overcoming barriers to healing. Rico had an extensive journey prior to being open to receive healing (emergent theme [healing]: overcoming barriers prior to healing). In this journey, Rico described several key factors that led to his attendance at the retreat: becoming a Christian and time spent in prayer, observing his wife's journey toward post-abortion healing, increasing awareness of the impacts of abortion, and his desire to engage in post-abortion ministry.

First, becoming a Christian fundamentally shifted his perspective on abortion. He no longer saw abortion as a solution to a problem, but as ending the lives of children he could have parented. As he became immersed in Christianity and prayer, he recognized God bringing up elements from his past, including abortion, for which he could seek deeper repentance and forgiveness. Rico also recognized that he was growing and maturing as a Christian, which allowed him to be better prepared for the healing he needed. This general cooperative growth in his walk with God as well as a series of specific events seemed to have contributed to his readiness for post-abortion healing.

I can only say it is um a combina[tion]- like I believe everything that we do in our walk is a... partnership. God in us in partnership, Holy Spirit in us in partnership, and I think... I was gradually you know maturing in my walk.

Rico came to understand the time between the moment when he was born again and his attendance at the retreat as necessary and providential in his preparation, allowing him to be ready for the healing at the retreat.

It's, again, God's timing. I don't think I was- um looking back, I don't think I was uh in a position or spiritual condition uh that I maybe was not ready for the level of healing that I

experienced when- when I did do the weekend (emergent theme [spirituality/religion]: God as present & active & loving through the post-abortion journey).

He also observed his wife's journey. She became involved in awareness regarding the negative effects of abortion (through a group called 'Silent No More') and was thus led to attend a Rachel's Vineyard retreat. Even though he was glad that she was seeking post-abortion healing, Rico did not believe it was something he himself needed: "I said that's great. That's good yeah and again be- being you know that male attitude that we don't get hurt from things like that. That's the way I thought at the time". However, he was struck by the change he saw in his wife after she returned from the retreat.

When she came back there was such a- a lightness right and- and um she just became so like just fiery excited about being engaged with Silent No More and being active and she started for a year doing prayer walks around the... hospital praying against the abortions... Anyway, she did that for about a year and then one day I asked... 'Is this something that you like gotta do on your own, or could I- could I come with ya?' and she just started weeping. She said uh 'I have been praying and waiting and waiting'. So then we started doing it together.

After a year of his wife's patient witnessing and prayer, he finally asked if he could become involved as well. He then discovered that his wife had been waiting and longing for him to be ready to take that step of his own initiative – to accept that he, as a man, could also be personally invested in prayer and witness regarding the adverse effects of abortion. As he became involved, he became more aware of the impacts of abortion. In particular, he contemplated the effect of men on abortion and the effect of abortion on men. His passion for being active and engaged was finding a new focus as he began to think about, and pray for, the men involved in abortions.

Walking and praying against abortion, praying for the those suffering, and a lot of the times in the prayers I- I would just start praying for the- for the men ... so this really started burning in my heart: ok, like what what's going on? Like there's two involved in an abortion, you know? So where are the men?" (emergent theme [spirituality/religion]: effect of abortion on spiritual/religious experience).

Rico spoke of how God was bringing together a combination of experiences through which his heart was being "stirred" (emergent theme [spirituality/religion]: God as present & active & loving through the post-abortion journey). The next piece of the puzzle was the way he began to see links between abortion and the areas of ministry in which he was already engaged.

And then um, again, God, the way He's putting pieces together... I believe a big part of it was because I wanted to move ahead in a ministry uh for men in those areas of uh pornography, uh those that are active in human trafficking, uh those that have uh objectified women and resulted in pregnancy and and don't take the responsibility of a father... That was comin' together in in my spirit of 'I need to be doing something in this area'.

He began describing his vision to some acquaintances who were themselves active in advocacy regarding post-abortion distress and they recommended he seek healing for his own abortion experiences prior to becoming active in post-abortion ministry.

Chatting with them... about different things that- that- ways I could go about doing this and they just said 'well, before you can go anywhere in that – what you see as a vision – um you- you know, there's healing'.

Rico came to understand seeking his own healing as putting on his own in-flight emergency oxygen mask before helping another plane passenger to put theirs on.

It started as a concern. [I] can't do anything more 'til I get rid of, you know, this stuff, until I'm healed. I can't help. It's like the oxygen masks in the ar- in the airplane right?.. So in emergency put the oxygen mask before [helping someone with theirs]- so I can't (pause) you know or I couldn't uh at that point even consider, even thought that was what I wanted, I couldn't consider working with uh men that were impacted by abortion uh while I was still injured.

Rico was not seeking healing out of a sense of his own need, but because it had been deemed a prerequisite to engaging in the ministry he hoped to pursue. Despite taking steps toward the retreat, Rico was still resistant. When asked about his goals for the retreat, he responded by laughing and saying, "I almost didn't go". If he had not had the combination of his wife's firm encouragement, and an experience of God in prayer, he would have backed out.

The week or two before just no no no no.. It's a waste of time. I know- I know I've been forgiven and [all] this da da da da. You know? Every- every thought possible. And um and uh because [my wife] had gone before, and because she was going as well and she goes 'No', she goes 'Yeah I know- I knew that was gonna happen. No, you're goin'. You're goin'..' and uh 'Just pray' you know? Like so [I prayed] 'God like is this true?' And then everything short of a audible voice, you know. 'Yeah you get your butt there buddy' is essentially the (chuckle).. Again uh not- not uh being facetious but that's kinda how God talks to me sometimes. He goes 'You gotta be there.. I've got things for you'.

Even as he accepted that it was God's will for him to attend the retreat, Rico was not necessarily pursuing healing.

I kinda thought what was going to happen would be I would get a greater revelation of the level of forgiveness... [and] there's the whole aspect of the- any type of Christian retreat is great. You're away, you're you know- no tv, no- it's a- it's a great experience it's a good- you know, good cleansing, spiritual strengthening... So, um, there were those thoughts. Never- it- um (pause) um there was never a clear thought [that] this is going to be about a deep healing from the trauma you suffered from abortion. Tha- that was never in my mind before going at all. Um I mean I read the literature [about post-abortion distress and healing], but it never occurred to me that that's what I (emphasized) would encounter.. So, I did not have an expectation of I've got this pain and suffering that I've gotta, you know, God's gonna take care of. That was never- never at all.. 'Till about two hours after I got there (both laugh).

His experience at the retreat was much more profound and healing-focused than he anticipated. His assumptions of a simple spiritual strengthening and reaffirming of things he already knew was dispelled shortly after his arrival.

Given the many steps required for Rico to accept that he could experience a deep level of healing from abortion, it is perhaps unsurprising that he wanted mental health professionals to understand the challenge posed by resistance to post-abortion support.

Rico recommended that mental health professionals develop an increased awareness of the impacts of abortion since those affected by abortion may not recognize it (emergent themes [recommendations]): understanding the complexity of lived abortion experiences &

understanding denial). He acknowledged that this denial, avoidance, or lack of recognition may be among the primary challenges for men's post-abortion healing. Rico recommended that mental health professionals incorporate questions about a history of abortion into their standard intake process for all clients (emergent theme [recommendations]: considerations for a standard structure of care). A client may seek mental health services for general mental health challenges, but as was Rico's experience, their symptoms may be linked to a history of abortion. He recommended both a gentle approach to the question and an awareness of potential avoidance. Although clients may initially dismiss the topic as irrelevant to their mental health, as Rico did for many years, Rico recommended that clinicians follow up on the topic later on.

Being conscious (pause) um you may be counselling a man for um some you know (pause) aspect of mental illness um (pause) making sure you touch on the point somehow um you know, is there an incident of abortion in your past? Uh having you know having that as obviously not quite that blunt but um somehow getting to that point. Making sure that- that every...client that that comes uh for counselling, that that's a point, that's- that's addressed, right?.. You know, to say, you know, 'Have you- Do you smoke? Do you drink? Have you had- been involved- has abortion been a part of your life?' You know? That needs to be a fact.. that that's [established]- so the opportunity [to address it]. And if they s[ay]- 'Yeah, yeah', you know the response would be 'Yeah, but that was a long time ago'.. Ok then take... notes down: 'I'll follow up on this part'.. and don't let it get away. So yeah, I think that it should be a part of a standard interview process.

Rico also recommended assessing whether there has been any sudden increase in self-medication using substances, increase in promiscuity, or changed attitude toward babies, which could be flags for post-abortion psychological distress. He acknowledged that the flags of such distress

would vary by individual, the time that has passed since the abortion, and the individual's stage in life.

According to Rico, seeking out and learning from “more people like me”, who have experienced post-abortion distress and healing, would allow mental health professionals to develop the awareness required to recognize others who are experiencing similar distress. Rico's recommendation was also specific to the fact that he is a man who has sought post-abortion healing. Rico highlighted the need to address the lack of information regarding the effects of abortion on men (emergent theme [recommendations]: information about abortion).

Rico acknowledged that it will be challenging for mental health professionals to build their awareness and to gain experience and understanding from men who have had experiences like Rico. Rico was aware that men might not recognize or seek support for the way abortion has impacted them. He was also wary of the possibility that even if men do end up working with mental health professionals, the professionals may not recognize the contributing role of abortion. Rico had received mental health care from a psychiatrist. However, it was only after the retreat that Rico came to understand how the abortions had not only led to pain and guilt that he suppressed and numbed, but that they also contributed to some of the changes he experienced in his mental health. He himself had internalized the mentality that men are not harmed by abortion. Until he and his wife became involved in pro-life prayer and advocacy, a factor which he came to understand as a major contributor to his mental illness was being entirely disregarded.

Rico stated that he did not have solutions, but he desired that men understand that healing is possible for them, not just for others. He believed it was important to recognize the challenge of communicating the possibility of support to the many men who have had abortions and may have suppressed their distress and are not ready to seek healing. Rico also noted the importance

of recognizing that, if a man is seeking post-abortive counselling, he has already overcome the biggest hurdle.

Time and Space for Awareness, Openness, and Allowing Healing In. Rico

recommended beginning the process of healing by creating space to “take your time”. This was one of the functions of the retreat for Rico. It was a dedicated time and space during which the only thing he would be focusing on was the abortions (emergent theme [recommendations]: unique considerations for post-abortion support).

It's a little hard to receive, you know, um what God wants to do when you've got, you know, half your mind in problems at work. And (cough) I think there's also something that that happens um (pause) psychologically when you (cough) physically move yourself from your environment and move into another environment. Um it op- it increases your vulnerabi- vulnerability I think.. um, so that y- you become more vulnerable Therefore you're actually more able to receive,.. which seems somewhat counter-intuitive. You'd think you'd have more barriers up, but because you're more vulnerable – you're making yourself vulnerable – therefore, you know, you're [saying] ‘ok I'm doing this because I'm expecting something to happen’... putting yourself apart, so making yourself more vulnerable, and and just putting the world aside for a period of time to to focus on um what you're recognizing as a need, right? The fact that you're doing it, you're telling yourself yes I need this.

Rico recommended understanding the value of setting aside time in this way as it promotes focus and spiritual/religious receptivity. Attending the retreat also meant physically travelling somewhere to embody the setting aside of that time and space. Furthermore, Rico felt that going to a new place involved intentional vulnerability, accompanied by increased receptivity. This

combination of factors, which he recommended mental health professionals take into account, may have contributed to his ability to lower his defences and be receptive to a process of psychological integration and spiritual healing.

Once he was in that space he had set aside, Rico began to immerse himself in the retreat interventions. A crucial moment in Rico's healing occurred when he was finally able to acknowledge the impact the abortions had on him and how he had suppressed that impact, thereby keeping that part of himself "blocked off". The realization occurred during a Living Scripture meditation at the retreat (emergent theme [healing]: transformative encounter with God through Scripture). In the following quotation, he described his internal experience while he was physically being covered by a sheet which represented the closed tomb.

I'm there in the session, [thinking] where's this going? And then kinda asking God where- where's this going?... This is a little weird but it's making no sense. And then then they came and and then they uh the leaders, the- facilitators came and drew the cloth up over our heads and we're completely covered. Um [I] really um (pause) went deep (pause) like literally was like was in the cave and the- the stone rolled over the entrance to the cave. I was in the- in like [Lazarus] there, dead. Um but then it started to well up: I'm- I've been, to a degree, as a Christian, I've been uh a walking dead in this aspect of- of - of abortion and- and this part of me that- that has- that has not been born again... There's a part of me that (pause) that- that God wants to get a hold of and use, part of my emotion and part of my soul, part of my heart that God wants to use, and it's there and it's dead. Um because um I I've allowed- I m- didn't allow it- and this is really weird, but I blocked it from being part of the rebirth when I was born again a- as a Christian, there was part of me that- that didn't get born again because I had not let Christ touch it.

During that meditation, the Scripture context became a metaphor that reflected Rico's own experience. For the first time, he was able to see the deep effect the abortions had on him. He understood that because of his denial that anything was wrong, the part of his emotional and spiritual/religious self that had been affected by the abortions had been cut off, as if sealed in a tomb. He understood that God had been waiting to enter and offer new life, but that Rico had not yet allowed Him to do so because of his desire to keep the 'tomb' blocked off.

Rico recommended that post-abortion support involve a Christian approach (this will be further discussed in the following section). He recommended asking God for guidance in the healing process, including asking God to bring internal dissonance or denial into awareness (emergent theme [recommendations]: understanding denial). With this recommendation, he referenced the Scripture passage in which David prayed "show me any unclean thing within me". In parallel, Rico recommended praying "show me Lord, what are the things that I don't see that are uh tearing me apart inside because I was involved in an abortion". He had repented from the abortion after being born again, but through the retreat, God showed him how the internal effects had continued due to his denial. Rico believed that if asked, God can do the same for others.

Once he was aware of keeping part of himself dead and shut in a tomb, allowing God to bring new life to the part of him meant that Rico first had to allow the tomb to be opened. The opening of the tomb seemed to represent Rico opening the rest of himself up to fully experience the spiritual and emotional effects of the abortions. Approaching this integration began with an experience of intense psychological distress which Rico was not sure he would be able to cope with.

I was freakin' out... [in] a panic state, but not like a panic attack that I was familiar with having. It just- it was just intense... borderline to the point um where I didn't think I

could mentally or emotionally handle it... It had that edge of... crying out, screaming out and running away.

However, just when he felt he was on the verge of “crying out, screaming out, and running away”, the ‘grave cloth’ was lifted up off of him (representing the opening of the tomb). In that moment, there was an experience of release, and he began “weeping”, allowing himself to feel grief, regret, and guilt from the deaths of his children.

And then they lift open the- the cloths up right? And then it just- it just released. It just (sound effect like a puff of air) (pause) It just went. And then I just started- started weeping. And (pause) the- I know this is internal and I don't want to be misunderstood that I um was actually speaking to th- the children, but I was, and I just um just [said] ‘I'm so sorry, Gabe and Tess’ (said slowly and intentionally). And um and that just uh it just kind of let it go.

Asking his children for forgiveness was not something he had done before, and he did not believe his children could hear him, but it was a significant moment of expressing his newly integrated internal experience. He felt the loss and the pain, and he asked for forgiveness while being fully connected to that pain (emergent theme [healing]: grieving and honouring the aborted children). In Rico's recommendations, he stated that it is important for individuals, and men in particular, to know “it's ok to cry” in their post-abortion process – that it is good to allow themselves to feel and express their emotions instead of keeping them shut off.

Moments after Rico had opened himself up to the psychological and spiritual/religious impacts of the abortion and began to allow God in, he was already jumping ahead to think about the possibilities for ministering to others.

And then, as is (pause) kinda typical of my walk and my personality type... I call it the Peter syndrome, [I] just jump out and go for it right? So then it started [a] train in my head right- right at that very second. Things started going 'Ok this is amazing. I just- just want to soak in this. Ok, but what's next. What do I do? K God, what do I do?' (laugh) And and very much like like with Peter right? Just jumping out. Sometimes a little too quick. And then woah look at the waves, look at the storm... I went right to uh [the retreat coordinator] and [said] 'This is- this is incredible- this is incredible I- I gotta get-' and you know- 'I gotta get to do stuff w- there's stuff- I'm seeing things to do- I gotta-' just having these- these things I gotta get active on-' and where she kinda went 'Ok just slow down.' (pause) She goes... 'Healing has just begun.' Right? 'You gotta give it time.' Right? Uh and so yeah, [I] sorta drew back a little bit.

If the way he expressed his thoughts during the interview is any indication, Rico was jumping ahead so quickly that his thoughts and plans were not completely formed. Likewise, he had not allowed the spiritual/religious insights, thoughts, and emotions he experienced during the pivotal Living Scripture meditation to fully take shape or sink in. He needed to be reminded that healing takes time (emergent theme [healing]: developing the willingness to engage in the full course of healing). During the interviews, Rico acknowledged that the reminder was valid and important.

Rico recommended that mental health professionals actively manage their clients' expectations regarding the extended process of post-abortion healing: "make sure there's no false expectations of uh um a few counselling sessions and I'm gonna be alright again, that it's you know, an extended thing" (emergent theme [recommendations]: pace and timing of post-abortion support). He emphasized this point using the metaphor of antibiotics, saying that just as it is

important to take the full course of antibiotics, it is important to engage in the full course of post-abortion healing.

You know you- you have an infection (pause), you don't know about it until it's brought to your attention, and you- and then you're given the antibiotics and you start taking them. And so within three, four days you start feeling better, and the tendency is, well, I'll just stop. You know? But the doctor says, 'No there's thirty pills to take. You need to take all thirty'. And even though you think you're all better,.. you're not... You feel in your mind that you're- you're healed, but the depths spiritually, you know, God is still- it takes time to (pause) to really go through the full healing.

In the days after the retreat, Rico experienced an ongoing "revelation" of "the extent of the (pause) effect that the abortion had".

The uh subsequent weeks immediately following it- days and weeks immediately following [the retreat] – yeah there was- it it wasn't completely done. There was- there was still times where um the sorrow- would just- I'd become overwhelmed with the sorrow. But I kept going back to that experience in the grave (pause) and rising up out of the grave, right? That- that particular healing um Living Scripture session right?.. Um (pause) was- was very profound.

The ongoing revelation meant that Rico could experience further healing because he could only allow God in after Rico himself developed deeper awareness. Rico first became aware of that pain, sorrow, guilt, etc. and opened the door to feel it. Then he invited God to meet him there ("just allowing God more and more access"). This is part of the reason that Rico considered Christianity essential to post-abortion healing.

Rico believed that humans exist as body, mind, and spirit. He believed that counselling can promote insight into mental health issues, but he believed that knowledge does not fully heal psychological and spiritual/religious wounds (“it’s not just enough to know what was wrong and that it was wrong, there has to be a spiritual healing that takes place”). His understanding of spiritual/religious healing was letting God into the areas of pain.

Rico understood the human heart as the experiential core of the person. He described how the heart can be likened to a house with rooms representing various experiences. As with his experience of abortion, some rooms are kept closed due to psychological defences. They could be “closed closets of – of evil-doing”, or “areas of pain and suffering that we’ve blocked off”. Rico believed that the Holy Spirit desires to enter those closed closets” in the human heart to provide healing. He understood the human role in spiritual healing as opening the door to God and spending time with God in the previously closed-off internal spaces.

All it requires is God’s presence, there’s nothing I have to do other than allow God to do what He does.. So, it’s not so much anything that I do, it’s what I stop doing (laugh).. I stop blocking God from coming in... and then allowing God in. And allowing God in means spending more time in- with Him right? (emergent theme [spirituality/religion]: God/Christianity as essential to their post-abortion healing).

The core of Rico’s retreat and healing experience was that it allowed him to open up to Jesus and His healing and no longer keep the doors in his heart closed.

Rico experienced this process not only intrapersonally, but also interpersonally in his relationship with his wife. During the retreat, Rico witnessed another couple experience reconciliation from the abortion-related pain and blame carried for decades in their relationship

(i.e. the wife, who had felt abandoned, came to forgive her husband) (emergent theme [healing]: powerful experiences witnessing others' healing). Rico found it reassuring to see that God could also bring that type of interpersonal post-abortion healing ("that uh just was tremendous healing to me witnessing that healing to them... and to be able to see well you know, God can minister to that"). He then had an open conversation about the same topic with his wife (emergent theme [healing]: forgiveness).

[My wife] stated that there was never any (clears throat) anything that she held against or felt that I was- I had wronged her in any way, um but yet um I still felt that we needed to walk through that forgiveness and- and kind of um even though it had never been- been a obvious um block in our relationship, that- that we would take that point in time, this walk, as a as a moving forward. Like maybe it- maybe we didn't realize that it was a block in our relationship but.. quite likely [it] was to some degree um that we just didn't realize, right?.. So, um there was- that was uh uh a deeper healing time... [and] God's coming into our relationship in- in an increased way.. That caused our relationship to be even stronger.

Once again, as Rico took the time and space to be open and invite God into an area that had previously been kept closed, he experienced healing and strengthening.

A Christian Approach of Relationship and Hope. Rico emphasized the importance of a Christian approach to post-abortion support (emergent theme [recommendations]: spirituality in post-abortion support). He believed that counselling which does not integrate spirituality will be much less effective for healing. He also believed that the God he came to know through Christianity provides "the only true spiritual healing". Thus, he directed a number of his recommendations toward mental health professionals working in Christian counselling.

He emphasized the importance of grounding every element of the counselling process in Scripture.

Every bit of the counselling needs to be backed scripturally um and that's where I think the big power of uh Rachel's Vineyard is is the Living Scriptures. Everything that was done was all based around Scripture. Um you know that's (pause) it's all been done. We don't have to re-invent it right? They just need to look at what's there and and apply it.

However, Rico clarified that he is not recommending any form of "Bible thumping". Rather, his recommendation, which stemmed from the approach used in another area of ministry (encountering those involved in the sex trade and human trafficking), was to begin with a focus on relationship. "We don't start off with telling them about the gospel, we start off with treating them with love and kindness and respect and establish a relationship". The relationship then leads to the openness and desire to "know more".

In Rico's own experience, when he was considering the possibility of attending the retreat, it was not "Bible thumping" that he was wary of, but "newageism". This contributed to his initial hesitations regarding the retreat. He was able to set his concerns aside because of the reassurance he experienced through the relationships he had with his wife and the retreat organizers.

[My wife] having gone before and the fact that she wanted to, you know, attend again um- I- if I didn't have that um I'm very wary of newageism and- and- and anything that's a little bit flaky and as far as Christian gatherings go, and so... even a little bit once I got there [I was] having these kinda [thoughts] 'aaaaa not so sure' and, you know, like ok because I... met and talked with [the retreat organizers]... k I guess it's alright.

In both his own experience and his recommendation, Rico highlighted the importance of relationship and how it cleared the way for openness to spiritual healing.

Rico also underlined the value of a Christian approach in providing hope. In particular, his beliefs allowed him to think of his children with joy and hope (emergent theme [healing]: spiritual perspective shifts & discovering a redemptive perspective). “Before (pause) it was (pause) these two tiny little fetuses that I snuffed the life out of. That’s what it was before. That’s pain, that’s sorrow. Now, it’s tears of joy”. Rico could think of Gabe and Tess as “my sweet little children”. He believed that his children are “real” (as opposed to never existing), “alive” (not just dead), “in heaven” (with God), “playing” (being cared for and not suffering), and “waitin’, just waitin’ for me to be with them again” (they are not holding any “animosity” toward him). Rico recommended that mental health professionals offer hope for those who, like Rico, are grieving lost fatherhood (emergent theme [recommendations]: hope in post-abortion support). He envisioned doing so through the assurance that:

While your fatherhood in this world has been lost, it will be restored uh in- in heaven, right? And tha- that those children that um did not have a life on this earth, do have a life in heaven. They’re there and they’re waiting, so it’s- it’s- yes it’s lost in this life, but it’s not lost forever. (emergent theme [recommendations]: spirituality as a source of hope in post-abortion support)

Rico added that, in addition to the reassurance of restored fatherhood in heaven, the pain of lost fatherhood may be eased by having other children.

In the case where um- cases where there’s been um marriages an- and because of abortion uh a couple’s not able to um (pause) have a child through natural childbirth, um

birth through adoption um you know is something to be considered, that fatherhood lost uh can be um balanced by by fatherhood now.

Rico used the word “balanced”, not “healed” because in his experience, the pain from the abortions was only alleviated by his years spent fathering his other children. Rico needed the Christian retreat to engage in a process of healing that gave him hope and profoundly changed the way he thought about his aborted children.

Allowing Others to Acknowledge the Effects of Abortion. Rico understood his life journey as a process of being led by God toward many types of ministry work. All his own experiences, including the abortions and healing, took on additional meaning as they increased his capacity to minister to others (emergent theme [healing]: discovering a redemptive perspective). Rico felt that the more he understood the effects the abortions had on him, the more he would be able to support others in their post-abortion journey.

I think it was just the Holy Spirit bringing to mind um the different aspects that... will be used as- as building blocks within um you know, ministering to others.. To understand and to be able to walk through with them right? (emergent theme [spirituality/religion]: post-abortion healing opening new spiritual possibilities).

Rico was actively in the process of establishing a new post-abortion ministry to do just that (emergent theme [healing]: ongoing effort related to abortion). He understood this ministry as his next layer of healing – an extension of the previous moments of letting God into the spaces where he needed to be healed.

My belief: when we can do things to help others in areas where uh we ha- may have done wrong in, um it- it provides the healing... I used to be a drug dealer uh and a drug addict

um and was healed of that miraculously, but every time I have an opportunity to meet and talk with uh addicts or recovering addicts or people that have left the drug trade and- and don't know what they're going to do because they can't make any money, um every time I engage with them and talk with them, that healing for me increases in that aspect right?... I let God use me and I can pour out of myself. He just keeps pouring more in... When we move and we are obedient to God and- and He fills us with the power to minister or do work and we do that, we pour out. Then it's not that we lose any but as we pour out then He fills us again. So that flow... which is really [a] revelation of the Holy Spirit moving within you.

Rico's vision for his post-abortion ministry was to welcome anyone impacted in any way by abortion (whether it be their own experience of abortion, a relative who aborted their niece or grandchild for example, or someone who was shocked by the abortion statistics). Rico's ministry would be directed toward men in particular. Rico was quick to note that he was not incorporating that focus out of any intention to minimize the effects of abortion on women or babies but to highlight the tendency to overlook the impacts of abortion on men. Rico hoped to provide a safe haven to talk about the effects of abortion and provide a space where men could come to recognize their need for healing. He clearly stated that he did not intend to provide counselling, but to fill a gap by providing a steppingstone in the direction of healing.

Rico planned to minister to those who have already been affected by abortion; however, he wanted mental health professionals to also take on a proactive role. Rico recommended that mental health professionals fully explore the effects of abortion with individuals who are considering that course of action (emergent theme [recommendations]: offering perspective).

People coming for counselling and... if they're looking for advice about abortion, then... encouragement to not right? That that it's not just (pause) um like you're you're ending a life, but you'll also be causing yourself permanent damage... Number one, the- you, you know, you're destroying a life um so you will carry the guilt. You're not only destroying a life, you'll- you'll carry the guilt of- of murder uh with you. Um you will carry the- the burden of a child that you could've had, that you never had. And you know it may seem like just a problem now, but uh later in your life, you'll recognize that it wasn't a problem, it was a child that you never had, that you could have had. Um you know that- that awareness that isn't talked about anywhere.

Rico also believed that it would be important for men and women to be aware of the extent to which abortion can be traumatic. He was frustrated by the discrepancy in the information and warnings given (online and in counselling sessions) regarding various pregnancy options (emergent theme [recommendations]: information concerning abortion). For example, he described how prominently "PTSD of adoption" was featured on the Planned Parenthood website, whereas "nowhere on the front page does it talk about PTSD of abortion".

You as a young wom- a- a- a young girl who's pregnant and uh if you're thinking about- and this is part of their counselling, if you're thinking about having the baby and giving it up for adoption, you need to be aware of the post-traumatic stress that you will suffer after giving the baby up for adoption... But they don't talk about the post-traumatic stress of having the abortion. So again, for counselling to be um, you know, making sure that the full extent of the impact of abortion um both at the time, and the two-three weeks, month afterwards, but the years afterwards. Of- of the impact that that abortion is going to have.. both for the men and the women

Concluding Reflections from Rico. At the end of the interviews, Rico expressed his gratitude for the researcher's work and willingness to pursue this subject matter. With all of the time and effort he spent promoting his own and others' awareness of the effects of abortion, he began to consider the effects of abortion on a global, societal scale.

From what I've talked to people that are involved in Silent No More or Rachel's Vineyard or Campaign for Life um we haven't even scratched the uh- we haven't even touched the tip of the iceberg as to the depth of damage that that abortion has done to our society, and not just the millions of babies that have died, but the families, the marriages that have been destroyed, the um siblings that have been- been- been shattered um the depth of the damage uh is- is- beyond concept.

Given the number of abortions occurring each day, he did not believe it would be possible to cognitively grasp the full extent of the effects. This was the big picture that Rico came to see and that he repeatedly referenced throughout the interviews. He had a strong sense of urgency to get to work on this massive issue. Rico emphasized the critical need for people to engage in counselling, research, and information dissemination addressing the vast effects of abortion.

Counselling is absolutely critical and for people taking time in their careers and in their lives and in their a- academic endeavours to focus on abortion is- is uh greatly needed. I mean uh we will know the truth and the truth will set us free, so the- that information that needs to get out there will only come from people uh like yourself and others that uh are gonna take the time and look into the facts and figures, look into all the aspects and then and then put it out there, so- so people can know um, you know, there is (pause) there is an answer right? And, you know, the answer is God and you don't have to suffer in pain any longer.

Rico’s understanding and experience of healing was to develop his awareness of the effects of abortion and invite God in so that God could provide healing. Rico expanded this same template to his big-picture view of addressing the effects of abortion at a societal level. The action he was taking in forming his own ministry, his decision to participate in this research project, and the insights and recommendations he provided were all directed toward this goal, and he invited mental health professionals and researchers to join their effort to his.

Part 2: Emergent Themes Across Participants

As a second step in presenting the results of this research, I will focus on presenting the themes which emerged from the experience of the four participants. The emergent themes are presented first in Table 4, in which they are grouped by superordinate themes.

Table 4

All Emergent Themes, Grouped According to Superordinate Themes

Superordinate themes	Emergent themes
Abortion as a wound	A wound that is invalidated A wound that is severe A wound with complications (spreading effects/layers) A wound causing many types of pain A wound that is hidden or covered up A wound experienced in isolation A wound impacting sense of self A wound with effects that continue even after healing
Points of mutual influence between abortion and religion/spirituality	Effect of spirituality/religion on the experience of abortion Effect of abortion on spiritual/religious experience Religion/spirituality as a primary post-abortion resource (internal & external resource) God as present & active & loving through post-abortion journey God/Christianity as essential to their post-abortion healing/Viewing progress as miraculous/ unexplainable without God Post-abortion healing retreat opening new spiritual possibilities

Experiences and transitions that facilitated healing	<p>Overcoming barriers prior to healing / the shift required to seek healing</p> <p>No longer in denial/dissonance</p> <p>Receiving help to access/process emotions</p> <p>Sharing & expressing with others</p> <p>Understanding the effects of abortion in the context of their life journey</p> <p>Layers of forgiveness and freedom</p> <p>Grieving & honouring the aborted children</p> <p>Discovering a redemptive perspective (focus on the child)</p> <p>Discovering a redemptive perspective (focus on their pain/their story)</p> <p>Experiencing God's care in the midst of their suffering</p> <p>Transformative encounter with God through Scripture</p> <p>Spiritual release of burdens</p> <p>Spiritual perspective shifts</p> <p>Developing the willingness to engage in the full course of healing</p> <p>Equipped to deal with future challenges</p> <p>Powerful experiences witnessing others' healing</p> <p>Ongoing effort related to abortion (working toward ongoing healing)</p>
Recommendations for mental health professionals	<p>Concerning abortion</p> <p>Understanding the complexity of lived experiences of abortion</p> <p>Understanding abortion-related denial</p> <p>Contributing to awareness about the effects of abortion</p> <p>Concerning psychotherapy session content</p> <p>Offering perspective in post-abortion support</p> <p>Hope in post-abortion support</p> <p>Love in post-abortion support</p> <p>Concerning Spirituality/Religion</p> <p>Integrating spirituality in post-abortion support</p> <p>Spirituality as a source of hope in post-abortion support</p> <p>Concerning treatment format (structure, timing & type)</p> <p>Counselling & retreat combination (some things only available at the retreat)</p> <p>Pace & timing</p> <p>Value of group vs individual format</p> <p>Considerations for standard structures of care</p> <p>Concerning the therapist</p> <p>Therapist qualities (traits & awareness to foster within themselves)</p> <p>Acknowledging the limitations of the professional role</p> <p>Concerning participants' unique considerations</p> <p>(varies by participant)</p>

Each emergent theme will be presented alongside the statements from the participants on which the theme is based.

Abortion as a Wound

All participants spoke of abortion as a wound. Rico said, “I think um once the abortion has happened, the- the wound’s there like the knife’s in and the- the- s- you know the the- your heart’s torn apart”. Different elements of this metaphor seemed to capture different aspects of their experience: the invalidation, the severity, the cascading effects, the impact on the sense of self, the hiding of the wound, the isolation, and the effects that continued even after healing.

While reading about the nuances of this theme, keep in mind the reason the participants felt it was important to describe these nuances. This theme is not only about the participants’ experience, but their desire for others to understand all of these aspects of the wound of abortion. The participants were willing to speak of their experience of the wound, not just its healing, so that the extent of its effects and the necessity of healing could be understood. Each participant was willing to share in spite of the challenge involved in doing so. Lerato noted that it was daunting to do so because “a lot of us don’t want to go back to the darkness.. or the dark places”, Sarah described feeling “a bit of anxiety as we’re talking about it” as well as “knots in my stomach”, Naomi noted that “it’s still difficult” to talk about her experience, and while Rico was speaking of the abortion, describing how “it was a pretty horrible horrible thing”, he paused saying “um I need a minute” because his throat had tightened with emotion. The participants’ had the courage to go back into the dark and emotional moments because they wanted their voices to be heard. They wanted to play a role in re-shaping an understanding and narrative around abortion that takes their experience into account as opposed to ignoring or invalidating what they have felt.

A Wound that is Invalidated. The participants shared many varieties of invalidation. They felt the invalidation from actual and perceived/expected messages about abortion, in society in general, the resources available to them, from people in their lives, as well as from themselves due to having internalized some of those messages.

Lerato's partner at the time of the abortion wanted to move on as if the abortion had never happened. Thus, for months she tried to move on as well, putting on "this mask of (pause) faux joy.. and faux everything-is-ok", but "everything" was not "ok". According to Lerato, "I was told [the abortion] was supposed to fix everything.. and life would go on as usual, but I had a completely different experience". Lerato spoke of asking herself "Is this normal? Why am I feeling this way? This is not just regular guilt and this shame". She was confused and looking for answers that would speak to the profound physical, psychological, and spiritual effects of her abortion.

I was just looking for resources and material that would give words to what I was going through.. because it didn't make sense to me... And I was just searching for material, one that could also speak to my relationship with God and because that was the thing that got hit the hardest.. I think that's also why I was trying to find material on that. All other material that I was finding was... (sigh) I don't want to say secular or worldly, it was, and it was more geared towards it as a cavalier: 'yes it's to be- emotional distress is to be expected'.. at least that's how it felt for me... because of the distress I was in, it kind of felt like my experience was being invalidated.. and kind of like while you've had this- if you're having emotional distress, there's something wrong with you.. because this experience is a cure-all for all your problems and all your crises.

Although, she eventually found resources through Rachel's Vineyard that addressed the profound effects she was experiencing, her initial experience in her "deep dive search for anything that could speak to" her spiritual, psychological, and physical distress was one of "invalidation".

Naomi spoke of the importance of acknowledging abortion as traumatic.

Especially in a society where the main culture says it's ok, it's your right, you just do it... that can make it even harder for people to accept that the pain they're going through is related to abortion... I couldn't accept what was happening. I couldn't even think that some of the things happening in my life were related to that.

She cautioned that internalizing the messages of the "main culture" can lead to feeling that, since so many people are toting the goodness of abortion, it would be "silly" to think she is experiencing any negative effects. Naomi was also clear that the opposite end of the spectrum when it comes to views on abortion can be equally invalidating. She did not feel able to talk about her abortion with her family for that very reason: "I couldn't even trust my own parents to be there for me.. (deep breath) 'cause they would have seen just the sin aspect of it". Lerato mentioned a similar concern: as a woman who has had an abortion her focus is not on "taking sides and pro-choice and pro-life", rather "I'm just thinking (pause) can you help me get through this" and provide "space for that grief to be validated and healed".

Space for her distress, for grief in particular, was something Sarah was looking for as well. After her abortion, Sarah was grieving but felt she had to move out of her parents' house to be able to do so. She implied that it would not have been possible to grieve in an environment that was invalidating her grief. Her mother's psychological defences meant that she stood by her

actions, not acknowledging the hurt experienced by her daughter due to the unwanted abortion. Since moving out, Sarah experienced a great deal of healing, but some of the influence of her family's response remains. She still lived in fear that her family would be angry with her if she publicly shared her experience of post-abortion distress to help others find healing.

I do still struggle with um (long pause sigh) like... a bit of shame, like um.. and my family being non- like (pause) Christian or being- they would be like all for abortion. Like to this day I feel like I want to (pause) help others receive what I have received, like knowing just how much healing and love I have received, I- I desire like for other women and men- men and women who have gone through this to receive that, but having the fear of my family.

It was apparent while speaking with her that Sarah's desire to validate and support others was strong, but for the time being her fear of her family remained stronger. Thus, instead of engaging in the advocacy she felt called to, she decided to share anonymously in the context of this research.

The emotional invalidation experienced by Lerato, Naomi, and Sarah may have contributed an additional layer of shame. The participants already felt guilt and shame about the abortion itself, and then they felt shame about their post-abortion distress because of the way others responded to it.

Rico's experience held a type of invalidation that was distinct from the other three participants. Rico noted, regarding abortion, that he had internalized "that male attitude that we don't get hurt from things like that". Rico understood his defences as a manifestation of the stance of a society that does not want to acknowledge pain caused by abortion. In his case, the

invalidation of post-abortion distress did not result in shame, but rather denial and resistance against seeking healing.

A Wound that is Severe. The participants seemed to go to great lengths to express the severity of their experience. In many ways, the participants emphasized that, when they spoke of abortion as a wound, it was not something that caused a small amount of distress and then proceeded to heal on its own. They were speaking of a wound that was severe and required specialized care. Lerato and Sarah recognized and experienced the severity shortly after the abortion. Sarah stated “for me it was immediate like the day after... I was like devastated like completely like depressed like kinda like suicidal. I just couldn’t cope with it, just like missing my child like every day. I was just like a wreck”. Lerato described how the severity of her post-abortion experience could be likened to a hospital patient in crisis in the intensive care unit. The metaphor was not a hyperbole. Both Lerato and Sarah expressed that their lives were in real danger. Sarah spoke of feeling suicidal because she felt unable to bear her pain, saying “the grief was so heavy um that yeah it was kind of like I can’t get through this. Like I’m just in too much pain”. Lerato described how “I needed help to make sure that I stayed alive” because she was suicidal and because her severe depression meant that she was not eating for days on end. Due to this immediate, life-threatening severity, Sarah and Lerato were grateful to receive post-abortion support shortly after their abortions.

Naomi and Rico recognized the severity of the wound only in retrospect, many years after the abortions occurred. Naomi put it this way: “There’s so many things that are robbed from a person just because the person is living the trauma of abortion”. Her words carried the message that the initial lack of recognition did not reduce the severity. Rico went so far as to say that “of all the other things of a sinful nature in my life ... I think the abortion was the most uh impactful

because of the depth”. Prior to making that statement Rico had provided an extensive description of the severity of these “other things” (from Satanic worship to drug dealing and the objectification of women) and their effects. Placed in that context, his statement about the severity of the effects of abortion was made to intentionally carry great weight.

All of the participants clearly wanted to communicate their experience of a wound that was severe. Lerato spoke of struggling to “stay alive” and barely staying “afloat” in an “emotional storm”, Sarah spoke repeatedly of being utterly “devastated” and “constantly” in “so much pain”, Naomi used the term “vicious” for the post-abortion effects she experienced, and Rico described the wound of abortion as a “festering sore that that was deep in my heart”. Their choice of language was vivid, attempting to convey a sense of intensity that should not be underestimated.

A Wound with Complications and Cascading Effects. This theme focused on the way the participants’ post-abortion distress was not confined to one aspect of their experience, but rather the abortion seemed to trigger a series of complications which compounded their distress.

Rico described this phenomenon by saying “when you carry something like that within you that just festers within, right, and causes all kinds of side- side effects ‘cause like it produces like spiritual toxins.. that affect other parts of your life, even your thinking”.

Lerato described the cascade as an internal death that began spreading.

It’s not just life dying inside of you, everything in your life connected to it then begins to die as well.. Your relationships begin to die. Your faith begins to die. Um and I noticed it in my own life. I couldn’t have articulated it as death at the time, but it was a death. My

relationships suffered because I just went into myself. And there was so much shame, and so much secrecy, and so much guilt, and then so much emotional distress.

Sarah said that due to her grief and shame “I found it hard to talk or to think clearly... it felt like my thoughts were always like a bit foggy... so uh then I always felt like I wasn’t able to really hold conversations with people.” Thus, her initial social withdrawal increased, and this likely compounded her depression. Her depression further hindered her ability to function, for instance, she skipped classes “as much as I could” and “I probably didn’t eat very well”.

For Naomi, the cascade occurred because of the internal dissonance she was trying to bury. The effects manifested as tension and insomnia: for years she was “really really tense... my whole back was hurting, my neck, uh shoulders... and I couldn’t relax and I was I- I was not able to sleep much”. She also experienced vague feelings of shame when in the presence of children (“I was not able to be in presence of little kids anymore. It was really hard, not that I don’t like them, but just because I was it was as if they will think you’re a mean person”) and grief after being around new mothers (e.g., feeling “depressed for a few days” after attending a baby shower).

The cascade phenomenon was common to all four participants but occurred with different driving forces and different effects. Rico experienced a cascade of mental health sequelae due to a suppressed sense of guilt and the pain of lost fatherhood. Lerato experienced a cascade of disconnection (from others, from her faith, from her emotions, from her body) due to trauma. Sarah experienced a cascade of withdrawal and reduced function due to grief, shame, and anxiety. Naomi experienced a cascade of psychosomatic and interpersonal effects due to buried dissonance and self-condemnation. These cascades were not isolated from the participants’ pre-existing struggles, instead, the abortion seemed to amplify them. This can be understood by

picturing a cascading series of waterfalls meandering down a rocky slope. Due to the way the terrain is formed, the water may be predisposed to flowing along a certain path and splashing up in certain locations. The participants, like any human, each had a stream of unique difficulties in their lives. The abortion seemed to add a significant volume of 'water' to that 'stream'. The water often flowed along a similar path as before, but with additional turbulence causing additional disruption to their lives. For example, Rico had pre-existing diagnoses of mental illness. However, he was able to link some of these effects to the abortions because of the way his symptoms were alleviated during the time he was parenting his adopted children, a time when the pain specific to "fatherhood lost" due to abortion was less potent. Lerato spoke of the abortion as a trauma which exacerbated the pre-existing disconnection from previous traumatic experiences:

I may have been disconnected before already because of previous trauma, but I think what the abortion did was sort of put the nail on the coffin so as to speak,.. in the sense that (pause) whatever was left was just completely cut off.

For others, like Sarah, the abortion began a full cascade, where before there had only been a trickle of water. Sarah had noticed some initial symptoms of anxiety while in "a tougher time... with like family difficulties", but she was clear that she had not had any diagnosis of anxiety or depression, stating "I've never been diagnosed with anxiety and I don't have it today so I think it's all just related to the grief process.. and like the anx- like the shame". In the months following the abortion she commented, "I was so anxious.. Like because I was sad and I- feeling like I didn't like myself or living in shame, I felt like my- like my brain wasn't functioning". Naomi had begun by keeping the affair secret. Then when she had the abortion, she felt she had to maintain the secrecy, so the initial internal dissonance was augmented. Although she buried it,

she still felt its effects. In each of these cases, the abortion had cascading effects which disrupted many aspects of the participants' lives. These cascades followed courses that had some congruence with previous response patterns, but with augmented impact. The cascading style of post-abortion effects also meant that the pain from the wound of abortion was not one uniform experience. Each cascade that touched a new area of experience led to its own variety of pain.

A Wound Causing Many Types of Pain. Another theme that emerged from the data was the presence of many types of pain from the abortion and its effects. Naomi put it this way: "I don't think I'm able to- how should I say it- think about all the aspect of the pain... I don't think I will be able to comprehend all the pain." Rico also felt frustrated with his inability to adequately describe the pain he felt, saying he experienced "unbearable pain, really um. you know, pain and sorrow uh um again those words aren't... we don't have a word in the English language that covers it". Despite its indescribable multiplicity, the participants did provide some glimpses of the types of pain they felt. An initial distinction between these types of pain was their timing. Sarah and Lerato experienced their pain immediately, whereas Naomi and Rico suppressed their pain for years. This distinction coloured the way the participants experienced the pain.

All the participants keenly experienced the pain of loss, but this pain was experienced in a more immediate manner by Sarah and Lerato. Sarah spoke of feeling that her child was taken from her and avoiding triggers that worsened the pain of grief, describing it as "severe loss... constant... longing for your child... not being able to like go out and see a baby or a pregnant woman... I couldn't like handle that for like a very long time". Lerato and Sarah both held a small memorial for their aborted children before going to the retreat to continue learning to effectively express their grief. Lerato and Sarah's grief was initially accompanied by the pain of

hopelessness. Sarah thought she would always be living in just as much pain as she felt immediately after the abortion and Lerato thought she would live the rest of her life in “this place of hopelessness that I was in”. They were also grieving for their future because they felt hopelessly unlovable. Sarah said, “I had thought there was no way I could ever be in a relationship again”. Lerato had already felt unloved due to past wounds, so that pain was compounded when she felt that the abortion was an “experience that makes you feel even more unlovable”.

Over the course of their healing, Sarah and Lerato described how they discovered new types of pain. Sarah reported feeling grateful to have experienced a significant amount of healing within the first few years after her abortion. However, after she attended the retreat, Sarah experienced feelings of guilt when she noticed she was not sad or thinking about her child. It seemed that holding on to her constant grief was a way of holding on to her child. The process of healing for Lerato was painful as well in a slightly different way. Part of her healing process was to allow herself to connect with the pain of the loss of her child. She had initially been taking medications, so her emotions were “subdued”, whereas later in her healing process she recognized “I’m stronger in the sense that I can fully connect to what happened and to the loss and the gravity of it”. Lerato and Sarah’s experiences of painful loss were at once parallel and contrasting. In order to move through the pain, Sarah had to feel the pain of letting go of the pain and Lerato had to feel the pain of connecting to the pain.

Lerato and Sarah also spoke of the pain of lost time. Lerato described this pain as arising from comparison, fear, and insecurities. Even after learning to combat the belief that she was unlovable, Lerato felt that she had lost years during which she could have been making progress toward her dreams of having a spouse and a family.

Earlier today I was actually telling a friend like how much I'm struggling with certain insecurities.. and is God going to do anything with my love life? Is God going to give me a family? Is, you know- all these things that I thought by now I should have... very real fears like.. oh my goodness is it go- am I going to be able to experience the wonderful things I see my frien- friends my age and younger- experiencing, right?.. Because it's like ok I've had to take the last sort of three-four years healing from this where my peers are out dating or out getting to know people.

Despite the healing she experienced, Lerato still had painful moments of insecurity and hopelessness because she had not seemed to make any progress toward the love she hoped for. In those moments, it was painful for her to think of all the time she spent in the healing process and to feel as if the life she dreamed of passed her by while she was trying to recover from the abortion.

Sarah was married at the time of the interviews, so she did not have the same experience of insecurity, but she still grieved for the years she lost while she was grieving and healing.

And I feel like too like because of like the grief like I feel like- like I'm so grateful for the process, but because it happened I feel like I lost like a few years of my life kind of thing.. Like I wasn't able to like- like really do anything or like you know like I lost those friendships I los- like I felt like- like kind of like sad that I lost that. So then if I look back on it, but then I don't want to focus on that because I'm really grateful for where I am today, but I felt like I lost like part of my like young adulthood kind of thing.. Just 'cause I was like grieving.

Thus, not only had they lost their children's lives due to the abortions, which was painful enough on its own, but they also felt they had lost part of their own lives and experienced additional pain and grief from that loss as well.

In contrast to Lerato and Sarah's experience of immediate post-abortion "devastation", Rico and Naomi did not allow themselves to feel much of their pain for many years (though there were moments when some of their buried pain surfaced despite their best efforts to suppress and deny it). Naomi did experience some post-abortion pain of which she was aware in the weeks following her abortion. For example, she felt the pain of emotional labour as she kept her own pain and abortion secret while celebrating others' pregnancies.

It was (pause) really not easy 'cause (pause) right after my abortion (pause) [someone I was close to] was pregnant, so that- the daughter (pause) I I I had to be happy (laugh)..

For the f- for the couple.. while I was still going through my own pain.. Um (pause) and as I said, I was really (emphasized) close, so I was there for everything. Everything.

This was the beginning while she was still aware of her own pain, but she was already trying to bury it. In the months and years that followed, Naomi tried to forget that she ever had an abortion. For a time, she mostly succeeded. During that time, her suppressed pain manifested in physical tension, pain, and insomnia.

For many years Rico did not consciously consider abortion to be something that would cause pain to anyone, let alone to men or to himself, in particular. Yet, he also described using drugs and alcohol to numb, and perhaps avoid having to acknowledge, the pain. He experienced the effects of his suppressed pain in the form of fluctuating mental health, commenting that pain

“started bubbling back up and like with many things that contribute to uh anxiety and depression w- we’re not aware of them.. that’s why they’re anxiety and depression”.

Naomi described how, due to her psychological defences and self-punishment, some types of pain were “allowed” and some were not.

You want the suffering pain because you[’re] condemning yourself, but you will not acknowledge the pain that your son is mi- you missing your son.. ‘cause you do not have the right to say I love you... You see what I’m saying right? ‘Cause yes, I’ve done something bad, I need to be punish punish punish punish punish, but because what I’ve done is so bad, I cannot acknowledge the suffering of letting go of my son.. Yeah, so as I said, there’s so m- there’s so many things to unwrap (laughing) around [the abortion].

Throughout her time of subconscious self-condemnation, Naomi’s feeling of needing to be punished influenced her experiences of physical pain. In the two years prior to attending the retreat Naomi was suffering from endometriosis. She experienced “non-stop” pain and spent months at a time when she was in pain all night and unable to sleep, but still had to go to work the next day. Naomi described her internal response to this intense physical pain.

[Thinking] that this is the consequence of what I’ve done and that I’m suffering... I will be like, ok don’t even go there [don’t even think of being physically healed] because you know you’ve been punish[ed] for what you’ve done

She felt she deserved the constant pain and insomnia, but she did not feel she deserved to feel the pain of grief, because she did not feel she deserved to say she loved her child. This was the irony around Naomi’s different types of pain. Naomi was finally able to unwrap the layers of denial and allow herself to feel the pain of grief when she went through the painful experience of

acknowledging her son as a person whom she had hurt and asking his forgiveness. She then grieved for her child, described post-abortion grief as “the pain of love and regret”, and she grieved for all the possible moments that had been terminated with the pregnancy. She spoke of receiving a glimpse of her son’s personality during her prayer and being able to imagine the moments that might have been part of his life. This deeper sense of connection to her son was then accompanied by additional layers of pain and grief.

Rico described his pain in terms of its evolution from a generalized, overwhelming type of pain that had no clear conscious source, to the more specific types of pain he became aware of in his healing journey. He stated that “there was this un-un-unbearable pain that would be happening” which he rationalized as empathy for others, not acknowledging it as his own pain. It was only at the retreat that he was able to acknowledge the pain as his own. Through the processing at the retreat, he came to describe many aspects of his pain:

Complete overwhelming sorrow um anger, anger at myself uh anger at um the facilities um just unbearable pain... the guilt um feeling definitely of- of how I had uh horribly um you know not been there for for [my wife] that aspect [and] the death that I caused.

Rico, as the sole male participant, had a unique experience of double regret and guilt. He felt the regret and guilt that he did not prevent the abortions and decide to raise his children, and he had the regret and guilt that in failing to do so he also failed his partner at the time (now his wife). He not only grieved the lives his children never got to live with them, but also felt at least partially responsible for his wife’s post-abortion pain.

The general types of pain highlighted in this theme include the participants’ immediate and delayed pain, as well as spiritual, psychological, and physical pain. Their pain was linked to

experiences in the past, they experienced pain in the present, and felt pain in relation to their beliefs about the future. The pain of self-condemnation/guilt/shame, secrecy, and isolation will be further explored below as they are emergent themes in and of themselves. However, my experience while writing about this theme seemed to be an echo of the participants' experience in that I feel I have been unable to even come close to summarizing all of the types of pain they shared with me. Thus, having read my presentation of this theme, keep in mind that the summary offered here seems like the tip of the iceberg compared to what the participants described, and what the participants were able to describe felt like the tip of the iceberg compared to what they experienced.

A Wound Impacting Sense of Self. The effects of the abortion on the participants' sense of self were due to its incompatibility with other aspects of themselves which were key to their sense of identity.

All of the participants spoke of their spirituality/religion being the foundation or core for their identity.

- Rico: "spir-[ituality] really um have to say it's really the core of my being"
- Lerato: "it [faith] is everything because not only is it a core part of my identity and my essence and who I am, but everything in my life is filtered though that".
- Sarah: "knowing like who I am in Christ like having my identity"
- Naomi: "I might sin but still following Jesus and making Him the Lord and Saviour of my life is center to everything"

Moreover, all of the participants understood abortion as incongruous with their Christian beliefs and, as Lerato stated, the abortion went against "everything that I held true- my belief in God,

my belief in the sanctity of life and all of those things”. Sarah and Naomi also felt, at the time of their abortions, that the action was contradictory to their own beliefs. Rico’s view of abortion changed after being born again, so even though he had not considered it wrong at the time of the abortions, he later felt the need to repent. The participants also spoke of their abortion as a violation of their parenthood by failing to protect their child or taking their child’s life. Thus, the effect on their sense of self, i.e., feeling like a “bad person” was a combination of the dissonance between abortion and their belief as Christians, as well as their experience of failing to live up to their understanding of what it is to be a good parent.

Rico spoke of his past by saying he was “heavy into terrible, terrible things, was a terrible terrible person”. Among his past actions leading to this sense of self as a “terrible person”, Rico experienced the abortion as the most severe. He explained why he felt the abortion was most impactful by saying, “when you murder your own children, that tears a part in your heart out. That creates a s- a wound so deep that’s in your heart in your very being that stays there”. He also stated that he felt he “destroyed” the lives of his children and his wife because he failed to prevent the abortions. However, because he had not yet allowed himself to fully feel the pain from the abortions and their effects, Rico spoke of how he had not given God access to renew that part of himself at the time of his repentance. Instead, he kept a buried experience of guilt and shame that “festered” deep within him. Any time he thought of his children lost to abortion, his thought was of “these two tiny little fetuses that I snuffed the life out of”. Subconsciously he avoided thinking about them as much as he could because doing so involved thinking of himself as someone who had destroyed lives. Consequently, he tried to convince himself that “I didn’t do anything”. The abortion affected Rico’s sense of self in ways that were perhaps not yet entirely

clear to him since he had attended the retreat fairly recently prior to the interviews. Lerato, Sarah, and Naomi spoke much more about abortion as a wound impacting their sense of self.

Lerato and Sarah's experience with abortion having damaging effects on their sense of self points to the complicated mediating effects of a pre-existing thin sense of agency. In both cases, abortion was not entirely their choice, yet this did not ease the effect that it had on their sense of self. Lerato did not want to abort but was vulnerable to her partner's pressure to terminate her pregnancy due to her insecure preoccupied attachment style. She experienced the procedure as traumatizing and deeply harmful but was unable to acknowledge any anger toward her partner because doing so would mean turning against the primary reason she had the abortion in the first place. She had put herself through so much pain to preserve their relationship; if the relationship did not last, she lost her justification for the abortion and the pain that followed.

Initially I didn't feel any blame or anger like at all which is, for me I find very interesting, but it's almost like I clung even harder to him because I was like well (pause & slowed) you asked me to give her up so you're all I have left... that's how disconnected I was, where it was like, (pause) not to say he's the reason um, but essentially I'm here because this person didn't want to go through this [pregnancy].. And this is the person that I'm still holding on to, so it's like holding on even tighter to the person that has hurt you in the most deepest way possible as a woman.

Lerato further described this "deepest" wounding by saying "because for me womanhood and (pause) and motherhood are so connected that feeling like oh my goodness my (pause) womanhood, through the violation of my motherhood, has been stripped from me." This left her thinking "I'm never going to make a good mother and I would- huh- and you know I'm a bad person and sort of you know this- this very venomous, shameful, negative self-talk". While

speaking of the effect of the abortion on her sense of self, Lerato used words such as “violation” and “stripped”. These words evoke accounts of sexual trauma, and in turn invite the interpretation of her experience of abortion as an assault on her identity. This interpretation aligns with Lerato’s concern about consent and agency due to her experience of feeling pressured by her partner to have the abortion. Sarah also showed concern about consent in her comment about the lack of safeguards that would have prevented her mother from scheduling an abortion for her young adult daughter who did not want to terminate the pregnancy. Sarah spoke of making an internal commitment to protect her child, saying “I even felt like (pause) um at a certain point like connected to my child. Like it like I felt like this is my child like I would do everything to protect this child”. She then felt an intense self-hatred when she was unable to do so, describing how her mother drove her to the abortion clinic despite her resistance and “screaming [I] wasn’t gonna do that”. Sarah also noted that “a big part of the pain was just being (pause) so upset with myself for (pause) allowing [the abortion] to happen”. The extent of this effect on her relationship with herself (i.e. directing all her anger toward herself and feeling that she, as a mother, let her child down) was partly due to the fact that, at the time, Sarah was psychologically unable to acknowledge her anger about the way her own mother let her down. Lerato and Sarah’s thin sense of agency may have increased the likelihood that they experienced an unwanted abortion. In addition, they were both unable to feel angry toward those who contributed to their abortions, and, as a result, turned all of the anger toward themselves. Therefore, not only did they feel the effects of the abortion with respect to their spiritual/religious identity and their experience of themselves as a parent, but they also had to contend with anger turned inward.

Naomi also experienced anger turned inward. However, hers was deeply buried, to the point of being subconscious, and it was less directly associated with anger that could have been directed toward another person. That is, Naomi acknowledged anger due to the way she was hurt in her childhood and the contribution that the subsequent belief that she was unworthy of love may have had in her affair which led to her pregnancy. However, she did not feel coerced into the abortion. She terminated the pregnancy because she felt trapped by her own decisions that she was trying to cover up to avoid hurting others if they found out about the affair. Yet, just as the experience of pressure did not ease Lerato or Sarah's self-hatred, feeling that she had no other choice did not ease Naomi's self-condemnation.

I remember while doing it and I [thought]- what kind of mom, Christian, threw [her] own child in a- in a toilet top... and flushes it. So even though for years I tried to forget about it I uh- I am a Christian, I was a Christian at that time, so I knew it was wrong. So, at the same time I knew God was merciful, but still I was judging myself and I was punishing myself. ... So anytime I'll see in the news something, I will not remember that I did something like that I'll just be like 'How can a mother be so mean and do something like that?'

At the time of the abortion, she condemned herself as a bad mother and a bad Christian, doing something she knew went against her beliefs. Then, after she had buried the experience in her subconscious, she continued to indirectly punish herself through harsh condemnation of others. She would do so any time she heard an account of a mother who hurt her own child. This was what she was angry at herself for, but she was unable to acknowledge that anger without uncovering the abortion, so she projected the anger onto others and subconsciously punished herself.

Some of the participants, feeling that the abortion disqualified them as a good person, also felt unworthy of, or disqualified from, a good life or relationships with others. Sarah said “I felt like that I was... the worst person... no one else could have ever done anything as bad as me... If they knew what happened they wouldn’t love me or want to be my friend” so she thought “there was no way I could ever be in a relationship again”. Lerato had already felt unloved due to earlier wounds, and now she felt that it was impossible for anyone to love or accept her. “There is no hope for the rest of my life. All the dreams I’ve had have died.. all the ambitions I’ve had have died, all the desires I’ve had have died, my parts of my personality that I loved have died like just- not just Naledi’s [my daughter’s] death but even the death of my own self um in a way”. It was the death of the self who could be loved, the death of the self she hoped for, the death of the self who could pursue her dreams. Naomi also considered the possibility that the abortion had “even prevented me from going into relationship with other men. I don’t know. ’Cause (pause) can- was I ready to share that with someone? What would they have thought?... Would they have accepted me anyways?”

If her sense of self was weighed down with subconscious self-condemnation, she may have subconsciously avoided the risk of heaping condemnation from another person on top by avoiding intimate relationships altogether. Although she was uncertain about the effects specific to romantic relationships, Naomi was clear that her wounded sense of self hindered her ability to engage with children in ways she had enjoyed prior to the abortion.

I was not able to be in presence of little kids anymore. It was really hard, not that I don’t like them, but just because I was it was as if they will think you’re a mean person... They will not trust you, they will not want you near them because of... what you’ve done. And

you don't even relate that to anything, you just know that you are ashamed of being around kids or playing with kids.

Naomi was projecting her self-condemnation into her perception of the way the children would respond to her. At the time she was not aware of the reason she thought they would see her as "mean", but the vague sense of shame was enough that she avoided children.

Lerato summarized the dynamics behind all of these interpersonal impacts of a wounded sense of self when she said:

The lies have become a lifestyle um and so, you know, when you believe you're unloved, when you believe you're unwanted, you live unloved, you live unwanted. And so that's how I approached all my relations- especially with men. It's how I approached my relationships.

Living from core beliefs such as 'I am unlovable' or 'I am a bad person' severely impacted Lerato, Sarah, and Naomi's lives and relationships. Their wounded sense of self and core beliefs also intersected with experiences of shame. The experience of guilt: 'I did something bad' seemed to be less prominent than their experience of shame: 'I am bad'. Due to their shame, participants felt the need to hide their abortion and its wounding effects.

A Wound that is Hidden or Covered Up. All of the participants hid the wound of abortion in one way or another. Lerato and Sarah hid their abortion from others in their lives while they struggled internally with their post-abortion distress. Naomi and Rico covered up the wound of abortion in denial to hide it from themselves as well as from others.

Lerato initially tried to move on "as if nothing happened" but ended up "spiralling inside because on the outside I still had to show up like everything was ok". Lerato highlighted how

important it felt to hide her abortion. She kept it hidden and delayed seeking support until it was no longer possible to delay.

I started getting help in April, so April that's when I was like I just- I can't be, I can't be on my own. Like I just, I was really struggling with suicidal thoughts. Um I was struggling with carrying this secret. Like I didn't tell anybody at all in my life what had happened. I was so ashamed... terrified even... At that point I think it was like a survival instinct, like if I'm going to stay alive, someone else needs to know what I'm going through"

Her story witnesses to how powerful post-abortion shame can be. She was so ashamed and terrified of telling anyone, that the intensity of distress required to outweigh her shame and convince her to reach out was at the level of life-threatening suicidal thoughts. Another factor contributing to her hesitation to share, though perhaps less potent than the shame, was that she felt unable to describe her experience: "having gone through something like that, so traumatic – I didn't even have the words to articulate.. what I was going through, let alone share with my friends. I couldn't even share with anybody". Sarah's experience mirrored Lerato's in that she felt "a lot of shame. Like if anybody would ever find out ... even though you're like totally devastated, not telling anybody". She also spoke of having difficulties expressing her distress in words and struggling to overcome her shame in order to speak to her counsellor. Sarah and Lerato both sought post-abortion support in an individual counselling setting prior to attending the retreat. It was important to them to have a "safe place" where they could talk about the abortion since they felt unable to do so with other people in their lives.

Rico and Naomi spoke of burying their wound in denial, so it was hidden even from themselves for years. Naomi is now able to recognize "a lot of um denial, not facing what it was

(pause) and I think the pain was so deep buried that I never cried.” She had so much buried pain, that when she finally let it out, she remembers “crying as if I will die”. Rico said, “I believe, looking back now, like I was more probably subconsciously not allowing myself, like my mind... going ‘No no don’t go there. Don’t go there’. Their denial and suppression of their abortion experience prevented them from recognizing the abortion as the cause of some of their distress. Naomi spoke of experiencing effects such as tension, insomnia, and shame, but never connecting them to the abortion, saying “you don’t even relate that to anything, you just know that you ashamed”. Rico spoke of experiencing pain from an unrecognized “burden of guilt”, sharing that:

[The pain] was buried so deep... when I was saying I was overcome... it wasn’t clear to me that it was um the pain from the abortions.. I was just overcome... [I would] get little-little flashes but not even full thoughts... that that might be- it was it was not clear just that there was this un-un-unbearable pain that would be happening.

Even as he was overcome with pain that he suspected was connected to the abortions, his psychological defences were still active in suppressing and not allowing the “little flashes” of insight to form into thoughts that would bring the source of his pain back into awareness. Both Rico and Naomi experienced a sort of bubbling up of their suppressed pain over time, but they had spent so long trying to forget, deny, or avoid the pain that when they started to experience it, they were not entirely aware of the source of their distress.

A Wound Experienced in Isolation. All of the participants experienced some form of isolation related to their abortion. Lerato referenced how the sociopolitical context also contributed to her post-abortion experience of isolation. She described how the current ways of addressing and debating abortion leave those suffering after abortion feeling ignored and alone.

It's such an isolating experience... because the discussions around it are so politicized.. and so emotionally charged, um no one's really giving light to the women who are suffering.. in the shadows. And I love the book by Teresa Burke 'Forbidden Grief'.. because that was also another thing that really um - and that came as a recommendation after the retreat too.. – that just really gave words to my experience.

In this quotation Lerato mentioned her appreciation for the book *Forbidden Grief* (Burke & Reardon, 2002). She appreciated the validation it provided. When she first read it, there was a sense of relief that there was finally a resource that captured her experience and put it into words. The title of the book alone speaks powerfully to the sociopolitical isolation involved in disenfranchised grief (a concept that will be explored in the discussion).

There was also an aspect of spiritual/religious isolation described in participants' accounts. Rico experienced this form of isolation as a result of blocking God from accessing the part of him that had been affected by the abortion. For Sarah, she felt closer to God because she turned to Him in her distress; however, she withdrew from the people in her church community, for example sitting alone when she attended church. Lerato and Naomi experienced isolation both from church community when they stopped attending, and in their relationship with God. After the abortion, Lerato felt disconnected from God. Of all the impacts of the abortion, "my relationship with God... was the thing that got hit the hardest" and she felt uncertain whether there was "still room for God to take me back". Naomi spoke of how she was less engaged in her relationship with God during the time while she was not attending church in person.

So (pause) yes, when I was going through that, I knew I was kind of slacking, right? But (pause).. as I said, it's something that happened in our 1- work with God, so I was not.. really conscious of it, but coming back and now experiencing the all the richness of the

relationship with Him, I realize ok I missed that I could have enjoyed all those things..
earlier

She was not accessing the full potency of the supportive relationship with God that she could have experienced. Thus, in various ways, the participants were isolated from spiritual/religious resources while they were experiencing the wound of abortion. These dynamics will be further explored with the emergent theme focused on the effect of abortion on their spiritual/religious experience.

The participants interpersonal isolation involved a variety of nuances. Rico's experience was distinct from the other participants in that he focused on an experience of isolation within the context of his marriage. "[My wife] and I never really talked about it... [my wife] was going through uh a lot of struggles in the same area at the same time but we weren't communicating to each other about them". Rico did not clarify why they were not communicating, but the combination of his denial and lack of awareness regarding the way the abortions affected him would have made it challenging to do so. It is also possible that Rico's worry that his wife held resentment toward him made the prospect of discussing the abortions more daunting. "it, you know, was always in my mind. I you know w- I wonder if... my wife um you know if there was anything [any resentment] um (pause) there that that she's holding right?". The concern about resentment may not have been entirely conscious. Rico seemed to experience a subconscious type of guilt that led him to avoid talking about the abortions in general, whether that was with his wife or with anyone else ("I used to not- just not talk about it at all").²

² The term subconscious guilt is used here to express the way Rico had not yet recognized that he had a sense of guilt "festering" inside him, but he had just enough awareness of this experience that he avoided thinking or speaking about the abortions.

As mentioned in the presentation of the effects on their sense of self, shame led Lerato, Sarah and Naomi to withdraw from friends and family as well as from relationships in their communities. They had hidden shame and guilt that they did not want to disclose, so they dropped many of the social and community-focused activities they previously enjoyed and valued. Thus, there seemed to be an interconnection between the wounding of their sense of self, their shame, and their hiding of the wound, all of which contributed to greater isolation. Sarah spoke of how “I was volunteering with the youth group for like a year before then and I just stopped, so just withdrawing completely from like the friendships or just like isolating myself”. Here, the word “completely” is telling. She did not partially withdraw, perhaps attending some events and maintaining some reduced level of connection or communication; she “completely” cut herself off from her friendships. Sarah’s capacity for social interaction was not simply reduced, it was entirely devastated. Naomi spoke of how this isolation from close friends and family contributed to her pain: “another aspect of the pain is not having anyone to share that with. Not a single soul. I couldn’t even trust my own parents to be there for me”. It was painful to not only be isolated from the people who were important to her, but in addition to feel unable to share with them such a profound and impactful experience.

Lerato, Sarah, and Naomi also spoke of withdrawing, avoiding, or struggling to maintain certain relationships not only because of shame but also because they were experiencing triggers for the trauma and grief of their abortions. Sarah and Naomi spoke of this effect as occurring primarily before the retreat or in the first few years after the retreat. In contrast, for Lerato, learning how to engage in relationships while managing her trigger experiences remained a prominent aspect of her post-abortion journey.

Maybe it's reflected too in my relationships and sort of even that timeline and being open...after the retreat I didn't even tell anyone I went to the retreat. And then I think maybe (pause) no (pause) and I- There was very much lots of isolating and keeping to myself and some of my relationships have been affected because of it. And now I'm in a place that I- (pause) I'm still learning how to share my story in a way that allows me to keep the privacy and intimacy of my experience while also (pause) sharing it so people in my life know. Because a lot of the way that I am now is because of those experiences.. So, for example, I may not be able to engage, and I may need to turn off my phone for the weekend. For people who don't know what I've been through, it's like "why are you just checking out? Like.. you just disappear for days on end. Like what is going on?" It's because I'm not, you know, I'm still learning how to say 'I'm struggling,.. I'm going through an emotional time'. In July [the anniversary month of the abortion], you know, as an example, is- I'm a lot more in- introverted, or I'm a lot more (pause) in my emotions and in what's going on inside of me.. and so it can be difficult to engage in some of my relationships. And some of my friendships are triggering for me because they do have kids, or they just had kids.. And for me to also be able to then say to them 'I don't want to spend time with you because your experience reminds me of my experience' ... not everyone would take kindly to just kind of going up to them and being like 'I had an abortion'.. you know? Some people may not react well to that. But it's finding ways of – and not everyone needs to know details – but finding ways of framing that.. so that Naledi's life can be ack[nowledged]- 'cause she's a big part of me. Like every July I do this celebration of life.. um and eventually I'm hoping to get to a place where other people in my life can also acknowledge that too.

Since her retreat, Lerato has been reengaging in the relationships that were damaged after the abortion. However, she still experienced moments of social withdrawal while she managed triggers for her distress, such as encounters with children or the anniversary month of her abortion. Although she was aware of the confusion others experience when she suddenly withdraws without giving an explanation, she sometimes chose this unexplained isolation rather than expressing the reason for her disappearance. Thus, her ongoing experience of isolation included not only withdrawal due to being triggered, but also the loneliness of not yet feeling able to share such a significant part of her life. Lerato's sense of isolation may have been compounded because she felt that her daughter has shaped her identity, but most of the people in her life do not know about this part of her. Even if she is reconnecting with these people socially, some of the felt sense of isolation may linger until she feels ready and able to share.

In summary, the wound of abortion contributed to many different experiences of isolation. The isolation added to the pain and removed resources that could have helped the participants to cope with the wound. Some of the isolation eased after the participants attended the retreat, but some impacts are ongoing.

A Wound with Effects that Continue Even After Healing. The participants reported ongoing effects from the abortion which they had to manage even after their experiences of healing. Abortion was understood by the participants as the loss of a child; therefore, that loss can remain painful in the same way that the loss of any loved one might. The grief may fade or become less all encompassing but does not necessarily disappear. Rico put his experience this way:

I'll always be sorry um that I did not allow Gabe and Tess to have a life here on this earth and- and- and for them to be m- my children here on earth right? I'll always be sorry about that... but the debilitating pain when I think about it um (pause) is not there.

He had new hope of being reunited with his children in heaven, but that did not eliminate his regret that he did not spend a lifetime with them on earth. In other words, the hole left by that person remained a hole. Naomi and Rico made it clear that the hole left by one child cannot be entirely filled by another child. Sarah described how the hole left by the loss felt like losing a part of herself “forever”: “it’s always a part of you that’s like always gonna be hurt. I guess it’s like when you lose anybody.. It’s never gonna be gone... it’s just something that’s gonna like take a part of you away forever”.

The lingering effects from abortion also went beyond the grief and loss. The participants noted that they still had to manage triggers such as those described by Lerato in the previous section, as well as shame, regret, and discouragement. Sarah emphasized that “there’ll always be a part of me... [that] just can’t believe that happened or can’t believe I did that... I don’t think that’ll ever go away”. Her experience of constant shame and self-hatred had eased to moments of disbelief as in the previous quotation, as well as moments of ongoing shame and fear as was mentioned in the theme ‘a wound that is invalidated’. Sarah’s desire to validate and support others with post-abortion healing was strong, but for the time being her fear of her family’s criticism remained stronger.

Naomi and Rico noted that, even after the healing addressed their internal reality, the external reality remained, in the sense that the abortions still occurred and could not be undone. Rico stated that “even still, you know, [it] takes it’s toll right?.. I think that’s one of the things. I mean we’re, we’re forgiven sin, we’re- we’re healed of the pain, but um the effects of those

sinful acts never go away”. Naomi described having to fight to remain hopeful in the face of a “slap” of discouragement.

All the lies that can come... for example: ‘Ok, it has been a year. What has changed in your life? You’re still alone and you don’t have any kid’... So those are things that the devil can come and challenge you with. Even your health. Ok you still taking a medication. Have you stopped the medication? You know? That kind of thing that can come back and just be like a slap... from the enemy.

For Naomi the ongoing battle against discouragement, was not only psychological but also spiritual/religious. The following superordinate theme continues to explore the multifaceted interplay between abortion and spirituality/religion.

Summary of the First Superordinate: Abortion as a Wound. Speaking of the impacts of abortion as a wound allowed the participants to express the many facets of their experience of that wound. Throughout the various themes of which this superordinate is composed, the participants expressed their sense of shame, as if their wound was “infected” with shame. The experience of shame was not presented as a theme in and of itself and is being noted here instead because shame was such a pervasive feature of the participants’ post-abortion experience.

The participants spoke of the invalidation of the wound of abortion, which came from messaging and responses around abortion at a societal level, from people in their lives, and from their own internalized beliefs. Aspects of the invalidation described by the participants are congruent with items included in an assessment of emotional invalidation developed by Elzy (2013):

It seemed like my emotional reaction was wrong or incorrect because of someone's response... I felt like I should forget about my feelings and move on because of someone's response... It seemed like my feelings were minimized... irrational... my fault... unimportant because of someone's response... I felt weak because of someone's response to my emotional reaction (p. 40)

The participants experienced abortion as a wound that had severe effects, describing how the severity was increased as these effects cascaded, influencing many aspects of their lives, similar to the reports presented by Coleman et al. (2017), Jaramillo (2017), and Layer et al. (2004). Furthermore, the cascading phenomenon aligned with observations from Coleman et al. (2017) of interconnected groupings of negative outcomes among their research participants.

Though the specific symptoms of distress varied for each participant (as was also noted by Burke & Reardon, 2002), all of the participants described many types of pain. That is to say, their post-abortion pain was complex, participants found it difficult to describe, and they were repeatedly discovering new facets to the pain which began with the abortions.

The participants further experienced abortion as a wound impacting their sense of self, a wound that is hidden or covered up, and a wound that is experienced in isolation. These facets of their experience fit with literature on the experience and effects of moral injury. In their article discussing moral injury, Litz et al. (2009) defined moral injury as "perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations may be deleterious in the long-term, emotionally, psychologically, behaviorally, spiritually, and socially" (p. 695). The abortion was an action that was dissonant with the participants' moral beliefs, beliefs which were crucial to their sense of self, and it led to the type of negative attributions about the self described by Litz et al. (2009) in their discussion of moral injury.

These impacts on their sense of self resulted in feedback loops of shame, withdrawal, isolation, self-condemnation, and a profound sense of being guilty and/or unforgivable.

The final theme within this first superordinate, was the participants' experience of abortion as a wound with effects that continued even after healing. This theme coincides with a theme which will be discussed later: ongoing effort related to abortion. However, the participants felt that their regret and grief, as well as their battle against shame and discouragement would remain with them to some extent throughout their lives. The participants spoke of understanding and managing many of these long-term effects in and through their spiritual/religious beliefs, thereby showcasing one of the many points of intersection between abortion and religion/spirituality which will be discussed in the following superordinate theme.

Points of Mutual Influence Between Abortion and Religion/Spirituality

Effect of Spirituality/Religion on the Experience of Abortion. Spirituality/religion seemed to have a great deal of influence on the participants' interpretation and experience of abortion. The varying emphasis in these interpretations ranged from abortion as a sin to be avoided, to an action that is wrong for which one repents and/or feels shame, or a source of internal dissonance due to feeling trapped or pressured into doing something that is against one's own values.

Spirituality/religion shifted Sarah and Rico's perspective on abortion. For Sarah, this occurred when she found out about her pregnancy and for Rico it occurred many years after the abortions, when he and his wife were born again as Christians. Sarah's response to her new views was to personally decide against having an abortion, and then, when she was pressured by her mother to terminate her pregnancy, she was especially "devastated". After Rico's new

engagement with Christianity, he felt the need to repent of the abortions he participated in, and he began engaging in a prayer ministry for those considering abortion.

Lerato and Naomi's views of abortion, anchored in their spirituality/religion, remained consistent, and they both experienced abortion as an action that was inconsistent with their own beliefs. Speaking of the dissonance she felt as she thought of having an abortion, Naomi said

It's kind of funny 'cause I knew I was doing something wrong, but it- for me it was as if you don't have the choice 'cause you screw up big time (laughingly). It was a real mess. [Having the baby] wouldn't have affected just me but it'll have affected other families because it- the father was married... so it was kind of covering for another sin, (laugh) covering for another sin.

She believed abortion was morally wrong, but she felt trapped into engaging in an action that went against her beliefs. Thus, after the abortion, she lived with the effects of this moral injury.

Effect of Abortion on Spiritual/Religious Experience. Lerato, Sarah and Naomi spoke of their abortions as something that led to disconnection from their church community due to their experiences of guilt and shame and their subsequent impulse to withdraw or stay isolated. They eventually confided in one or two members of their faith communities but had periods of being withdrawn from friends at church or even church as a whole.

In addition to keeping her isolated from her church community, the abortion led to an experience of "slacking" in Naomi's relationship with God, what she described as not accessing the fullness of her relationship with God. Rico simply stated that the abortion was a part of himself that he had not let God access, so he also experienced abortion as something that led to him limiting some of his spiritual/religious potential.

Lerato expanded the most upon the post-abortion experience of spiritual/religious disconnection. The severity of the impact of abortion on Lerato's faith appeared to be correlated with the extent to which her early experience emphasized living up to the "good Christian girl" standard of perfection.

I think what [my upbringing] also did is it instilled a level of fear and shame that I had to live up to this good Christian girl image.. and so there was no room for mistakes, there was no room for emotions, there was no room for uh the usual teenage coming of age you know aspects of life um and that is something that I struggled with and even something I noticed in my relationship with God – is there was a very fear-based approach in how I came to God, this fear that God was going to strike me down each time I made a mistake.

She received the message that God's love was conditional, that it would only be received if she was a "good Christian girl". When she failed to meet this impossible standard, her resulting experience was that, "because of the shame, I can't go to God to get His love and to feel loved". The abortion, which occurred after an accumulation of experiences perceived as failures to live up to such an exacting standard, left her feeling completely disconnected from spirituality/religion.

It's been hard because faith was such a core part of my identity and when I hit rock bottom, it's the thing that was shaken the most.. And so... I couldn't access that part of me... for a couple of years after I hit rock bottom, I lived life where I was disconnected and disengaged, and I couldn't access my faith. And living through that, um living from a place of insecurity is a very miserable life.. And not being able to tap into hope, not being able to tap into faith and into that strength that comes from having a relationship with God.

Spirituality/religion was so integrated into her identity, that when she felt disconnected from her faith, she also felt unable to access strength, security, or hope. She was disconnected from God and, in many ways, from herself since her faith had been such a “core part” of her.

Sarah was the only participant who spoke of the abortion itself, as opposed to the post-abortion healing, as having a beneficial impact on her spiritual/religious life.

I feel like because I was grieving and so sad, like I even felt like suicidal at the beginning, I kept turning to God. I feel like my relationship was really strong then with God... ‘cause I feel like I was able to turn to God a lot and because I was isolating myself, maybe I was turning more, like I had more like quiet time, alone time then (laughing) I’m just comparing it to now.

She attributed the strength of her post-abortion relationship with God to her complete reliance on God as a source of support in the midst of her social withdrawal and her state in life at that time, noting that she had more time alone to pray as a single university student than as a young, married mother of multiple children.

Religion/Spirituality as a Primary Post-Abortion Resource. The participants spoke of turning to religion/spirituality as a primary resource when they needed support after their abortion. Sarah put it this way:

[Because] I had some exposure and... was part of a church kind of like right before [the abortion] I feel like that was kinda like my saving grace.. to to receive healing and the help that I needed to to to go through the... stress and the anxiety or depression that followed after having an abortion

The phrase “saving grace” is particularly salient here. Religion/spirituality was experienced as something that saved her from her distress and as a positive or helpful aspect of an otherwise negative experience. She expressed that, without her recent involvement in church, she doubts whether she would have received healing or been able to cope with the psychological post-abortion distress she experienced. Sarah, Naomi, and Rico spoke of turning to God in prayer to ask Him for help in their distress before and after the retreat. Thus, religion/spirituality was both an internal and an external resource for the participants. It was an external network of social and communal connections through which they were encouraged to seek healing and introduced to post-abortion healing ministries. It was also an internal resource as Sarah, Naomi, and Rico spoke of seeking comfort and support, after their abortions, through personal times of prayer and their trusting relationship with God.

Lerato’s voice within this emergent theme was distinct in that, while she would “recommend [faith-based techniques] above all else if a woman came to me and she was in a similar situation”, she emphasized that “a holistic aspect is important too”. So, while the religious/spiritual approach would be her first recommendation, she recognized a need for the integration of some “tools and techniques” that are not always included in faith-based counselling. For example, in her experience within faith-based individual counselling, “I think in all my sessions there was nothing about reconnecting to my body”. It is interesting to note that, even when she was speaking of her spiritual/religious experience of discovering that she could still be loved by God, Lerato spoke of that love as “embodied” by the retreat team, and she emphasized how healing their hugs were. She valued integrative and holistic interventions, and she experienced God as present to her through the physical presence of the people facilitating the retreat.

God as Present & Active & Loving Through the Post-Abortion Journey. The participants all spoke of the ways that God was present to them in their post-abortion healing. They experienced God as a protective guide and companion, He surprised them with His unique love for them, He invited them toward healing, He ministered to them and loved them through other people in their lives, and He orchestrated events for their good.

Lerato described how the retreat team “literally embodied God’s love” and while reflecting on her entire journey she said “the only way that I would describe it is literally like God walking me through the valley of the shadow of death.. And just comforting me through each process um and meeting me where I was at”. Similarly, Sarah noticed God’s presence in small meaningful signs as she was going about her days:

There was like little things like I would be like going to do something – I had to go to the dollar store for who knows what and I would see something that had like my child’s name on it and I was... all like... excited inside like thinking like oh God did that for me... like stuff like that would happen and I always felt that it was like God just like taking care of everything.

While at the retreat, Naomi experienced “[God’s] extended hand through the whole process like I’m here... Just come. I’m here... Just let go and come. I can give you comfort. I can heal you.” Rico spoke of the events in his journey occurring in “God’s timing”, thus the decades that passed before his healing were understood as an expression of God’s care for him. I noted that, before then, “maybe [I] was not ready for the level of healing that I experienced when when I did do the weekend”. He also spoke of God’s presence experienced through the other retreat participants: “God really used her [one of the retreat participants]. When God moves, He moves through His people, right? We’re- we’re His voice. We’re His hands. We’re His feet”.

All of the participants also experienced God's presence in a profound way through the Living Scripture meditations at the retreat. This will be expanded upon in the emergent theme "transformative encounter with God through Scripture".

God/Christianity as Essential to Their Post-Abortion Healing. The participants described elements of psychological/emotional and physical healing, but they clearly stated that their healing as a whole could not be explained without God.

When Sarah and Lerato were reflecting on their understanding of their healing journey, both described as a "miracle". Sarah further described how crucial Christianity was to her healing.

I can't imagine... not receiving God's forgiveness or like to get over the the pain and the shame of having had an abortion without [the spiritual] area of it or knowing that your child's in heaven like entrusted to God like knowing that they're in a... safe place... I can't imagine not having that that aspect of the healing like having spirituality not part of it like for me like it's a huge part of it.. Like being able to surrender the pain, being able to give it to God, trust in God, re- like um receive forgiveness, being able to forgive others with his like grace, like all of that like I can't imagine [healing] without [it].

Sarah and Rico spoke of the healing they received through Christianity as "deeper, richer, and... longer lasting" than what they might have received from a different approach. For example, Sarah acknowledged that a memorial could be done without spirituality/religion, but that without the "faith that my child is living in heaven", she believes she would still be "stuck in the grieving process.. And I wouldn't be able to work through that if it weren't for my faith".

Naomi echoed Sarah's words, and added:

That stone that was the weigh of our sin and the guilt and the shame of- and everything. We were able to let it go because of Christ right? If He- if it were not what He did for us, where will I- will we find the hope to let go... Of that stone, of that guilt? It's because of what He did... So yes, religion is central.

She also clarified that the healing occurred not only through the cognitive belief in Jesus Christ as one who redeemed her, but also involved a heartfelt personal experience of His love which was specifically offered to her and her child. In the excerpt below, Naomi described how the love of God was not just something of which they spoke at the retreat, it was something they experienced through a series of prayerful guided meditations.

And the love of God is central. And it's not just something that [you] tell of- we just say ok j- It's an experience... you can explain but you've- you live- you've experienced it right? You know (word emphasized) that He loves you. You've seen that you- you've seen that. You've heard that voice. You've heard that voice. You've seen how lo- He was... looking at you when you were that lady.. that was accused by all the others... And all through you've seen that Jesus [is] with the kids playing and you've seen them running around him and how they know, they know (emphasized 'they know' even more the second time) that they're loved.. So there's- the- there's just Him that can do that (spoken in a soft voice).

Post-Abortion Healing Retreat Opening New Spiritual/Religious Possibilities. The participants spoke of many different and distinct spiritual/religious opportunities that were made possible after their post-abortion healing.

Lerato experienced a new level of integration in the meaning of spirituality/religion as well as how she lived her faith.

[God was saying:] ‘I can give you a new way of experiencing faith’ that I wouldn’t even have thought possible. My relationship with God now, like I was saying to you in the first interview looks very different than it’s ever done, and to be honest with you I don’t know that I would have gotten to this version.. without going through this.

She developed a new and integrated understanding and experience of her relationship with God, the meaning of her faith, and what it means to be a Christian woman who is wholistically human. Sarah cherished the opportunity for her husband to spiritually adopt the child she lost to abortion. She said that at the retreat he attended with her, he embraced “that he has a child in heaven as well... to like adopt the child... [which was] really special... another way to honour this child”. Naomi noticed that the forgiveness and healing she experienced allowed her to extend forgiveness more readily to others.

Just know[ing] that you’ve been forgiven help you forgive others and being... gracious to others... Just in the way you see people... because grace was extended to you, you can do the same... it might not be someone that is going through abortion but anything. Any kind of pain, you can still relate and (pause) because of what God did for you, you’re able to show love. So, it’s kind of a- for me it’s been transformed, totally transformed.

She developed a firm belief that the forgiveness and healing she received after her abortion is available for any other sin. The new possibility that opened up for Rico was his post-abortion ministry work. His post-abortion healing allowed him to engage in the work of helping others walk toward the same healing.

For... years as a Christian my walk with God was was burdened and I struggled in an area and didn't even know it because of the impact. The retreat has taken that block away and allowed me to- to be used I believe, humbly you know, be used by God to shed light in a dark area.

Their post-abortion healing did not bring them back to where they were before the abortion, it involved a growth and development that led them toward new ways of living out their beliefs.

Summary of the Second Superordinate: Points of Mutual Influence Between Abortion and Religion/Spirituality. The participants spoke of a variety of ways spirituality/religion influenced their experience of abortion. Their reports aligned with findings by Frohwirth et al. (2018) as well as Major et al. (2009) that pre-existing spiritual/religious beliefs can contribute to stress and conflict around the decision to terminate a pregnancy. There were also results which reflected that the sort of *negative reappraisal* described by Goodwin and Ogden (2007) (where an individual comes to regret their abortion at a later time) could be prompted by a shift in spiritual/religious beliefs.

Some of the participants experienced the *religious dilemma* and *psychological burden* described by Rowland et al. (2009) when they chose to “keep the abortion secret and [bear] their guilt alone” (p. 258) for a time until they eventually revealed their secret to members of their faith community, deciding to “risk ostracism in hopes of understanding and forgiveness” (p. 258). The participants did feel supported by the few members of their faith communities to whom they revealed their abortion, but some of the participants still experienced disconnection from their communities as a whole due to the participants' own social withdrawal. Along with this external spiritual/religious disconnection, the participants spoke of internal experiences of disconnection in their relationship with God. The exception was one participant who reported a

strengthening of her relationship with God in the immediate aftermath of the abortion (unlike the others whose relationship with God was strengthened after their healing), because she turned to God for support in her isolation.

Even though they had internal and external experiences of spiritual/religious disconnection due to their experiences of abortion, the participants still turned to spirituality/religion as a primary resource as they sought post-abortion healing. As the participants looked back on their journey, they recognized many ways that God was loving them, caring for them and guiding them through each step of the process. They experienced God as one who accompanied them, whose presence could be perceived in many meaningful moments (individually and through other people), and who was at work in the background in ways they were only able to see retrospectively. They also experienced God/Christianity as a crucial aspect of their healing, saying they did not believe they would have made nearly as much progress in healing without the integration of their spirituality/religion. Researchers have explored how spirituality/religion can support and facilitate healing for those experiencing various types of distress (Luhrmann, 2013; Siedlecki & Watlington, 2013)

The spiritual/religious growth experienced by the participants following their post-abortion healing can be understood as a type of post-traumatic growth. “[A] richer existential and spiritual life” has been described as one of the *domains of post-traumatic growth* (Tedeschi & Calhoun, 2004, p. 1). Throughout their journey toward post-abortion healing, the participants spoke of strengthening, deepening, newness, and reconnection in their relationship with God. The new spiritual/religious possibilities also extended to the participants’ relationships with others in their lives; for instance, being able to share aspects of their own spiritual/religious post-

abortion experience, or being a channel through which God's grace, love, or forgiveness might reach others in new ways.

Moments and Transitions that Made Healing Possible

Overcoming Barriers Prior to Healing. The participants noted that there were some shifts required and some barriers to be overcome before they were able to fully engage in the process of post-abortion healing. These barriers included shame and a lack of awareness.

Lerato spoke of how she delayed seeking any support for as long as possible because she felt so much shame. "I was struggling with carrying this secret, like I didn't tell anybody at all in my life what had happened, I was so ashamed... terrified even". Lerato finally overcame her barrier when the cost of staying silent became too great and put her life at risk due to suicidal thoughts.

Sarah noted that even after she had begun seeing a counsellor, her shame hindered her ability to engage in healing.

For the beginning [of counselling] I didn't even really talk much. It was more just like (small laugh) silence... and getting over the fear of somebody knowing... the shame like like the like thinking like like they can think like I can't believe you did that (halting speech, trails off).

Sarah noted that although she still struggled with shame, she was able to learn to talk about her experience of abortion through her counsellor's compassion, non-judgmental listening, and perspective shifts (i.e., asking Sarah "how would I see somebody who... came to me with a story that was similar... how I would perceive them or love them").

Rico lacked awareness of his need for healing (he had “that male attitude that we don’t get hurt from things like that [like abortion]”). He knew that post-abortion healing existed and that others found it helpful, but he did not think it was something that would apply to him: “I almost didn’t go [to the retreat] (laugh) I almost didn’t go... [I started thinking] It’s a waste of time... I know I’ve been forgiven”. Rico overcame this obstacle through loving and firm encouragement from his wife and from God. His wife told him “I knew that was gonna happen. No you’re going, you’re going [to the retreat]” and then he prayed about it:

Like ‘So God, like is this true?’ And then everything short of a audible voice you know. ‘Yeah you get your butt there buddy’ ... not uh being facetious but that’s kinda how God talks to me sometimes He goes ‘You gotta be there. ...I’ve got things for you’.

Conversely, Naomi knew she needed healing, but was unaware of how that healing could be facilitated. “I just knew from the last years that the healing that I needed was something that I couldn’t even imagine”. She had done everything she could think of, praying on her own and with a pastor and asking for forgiveness, but “it has been more than ten years and it was still there; the whole thing was still there”. Naomi’s barrier was overcome when the one woman at her church who knew about her abortion heard about Rachel’s Vineyard retreats and was able to tell Naomi about the healing offered there.

No Longer in Denial/Dissonance. The preparation and arrival at the retreat marked an end to the denial and dissonance the participants had previously been experiencing with respect to their abortion.

Naomi described how talking about her child and the abortion in preparation for the retreat was an important step in her healing.

It was (pause) a baby that was never ta- uh talked about even with the dad and you have all this- it's as if he never existed.. While I gave- I knew- I gave him a name and I knew his face but I was still in denial, so I knew I needed to go through it. And just answering the [pre-retreat] questions um with uh the person that called me to to- just going through those uh um just facing those questions was already a step to healing... it was just removing the veil and looking into what has happened.. What I have done.. that had been done (whisper).

During the interview she finished this statement in a whisper and switched from an active voice to a passive voice, conveying that it is still difficult to speak of abortion as something she did. At the same time, she knew it was important to do so if she wanted to heal.

Lerato spoke of the congruence she experienced in the retreat environment which contrasted with the dissonance she experienced at the abortion clinic.

The arrival was- it was like ok this is a safe space. Like I can, I can be in this space. Um it was very welcoming and very loving and it's – it's interesting because like I was saying earlier, when you – when I went to the clinic, the nurses too were very welcoming and there was this like um – it's like an eerie cheerfulness um (slow). It's like there's so much death around and yet there's this uppity everyone's just kind of you know smiling at you and 'Oh come on in' and 'Oh that's beautiful' and 'Oh maybe let's not wear this robe because, you know, you don't want to get blood on it' and so this – uh- 'We're trying to make everything ok but it's not'. Whereas the kindness and the cheerfulness of the vineyard was 'This is genuinely a safe space'. Like 'There's nothing more going on underneath'. Like.. 'We're not trying to mask anything. We're not trying to- like we are

genuinely just here to love you back to life'. Um, and so the arrival was definitely um definitely a big moment for me.

Lerato further expanded upon what she meant when she said “this is a safe space... I can be in this space” and how important that was to her.

And for that weekend, there was space to just live in my truth and to live in the loss, and to live in the grief, and to not put on this mask of (pause) faux joy.. and faux everything-is-ok, as I'd been doing even through my pregnancy.

At the retreat, in this space that fostered honesty, authenticity, and congruence, they had space to acknowledge all aspects of their experience and all of their emotions, even those they had not previously recognized.

Safety and Help to Access/Process Emotions. The participants' abortion experiences were accompanied by intense emotions. The retreat provided them with a sense of safety, which then allowed them to access, express, and process their emotions. The retreat provided enough structure and support that the emotions, which had felt overwhelming and/or had been avoided/suppressed, could instead be expressed because it no longer felt too scary to “go there”.

In a few words, Lerato painted a picture of what it looked like for her to fully express and process her emotions.

[The retreat] was a place where I could just completely let the guards down um and they do it so beautifully... at least o- for our cohort, this safety was created right on the first day.. And so it opened up just by Saturday oh my gosh. I think Kleenex made a killing.. (both laugh) by Saturday just from my boxes alone (laughing).

Lerato also took the time to highlight the importance of this theme in her healing journey: “in all my experiences, through all my sessions and through all the help that I’ve gotten it’s the one thing I’ve appreciated, is um the space to be in the emotion that I’m in at that time”.

The participants recognized and valued the fact that feeling their emotions in their full intensity was not only allowed but specifically encouraged and instructed at the retreat. Naomi expressed it this way:

People are not allowed to comfort you ‘cause that’s distraction, ‘cause you need to face your pain. You need to see the level of pain that is in there. You need to let it out. If not, you just brush it (doing brushing motion) and you keep the monster beautiful (laughing)..

But you need that monster to be shown in all his ugliness and it is important to let it out.

Often it was the first time the participants had allowed themselves to acknowledge and express some of their emotions.

Rico had not allowed himself to acknowledge any of his own pain until the retreat. For Sarah, it was one particular emotion: anger. She said she was surprised because “I didn’t know I had so much anger in me... Like I knew I was upset with my mom but I thought I was just- I was just living in grief”. She learned to express her anger and to process the effects it had on her:

My depression, a lot of it was due to so much anger too, well like it was grieving and anger.. but um so being able to express my anger in like a safe place and and that I had never expressed it like that before.

Another important element of expressing and processing their emotions was the validation they received from the group.

Sharing & Expressing with Others. The nuance of safety from the previous theme overlaps into this theme because safety was beneficial with respect to their emotions as well as the process of sharing in a group setting. Sarah noted that it was for this reason that the first Living Scripture meditation was important. In this Scripture Jesus asks if there is anyone condemning the woman caught in adultery and then says, “neither do I condemn you”. Thus, as a group, they established:

That God doesn't condemn us and that we're not gonna- like I'm not gonna condemn the person next to me but then they're also telling me that they're not gonna condemn me so it just kinda opens up to being able to- to share your story.

Having established that safety, the other participants at the retreat became mirrors through which the participants were able to recognize aspects of their own experience. Sarah said “And listening to others too.. like them express kind of makes you think like oh I feel like that too”. The participants found this helpful in continuing to process their experience, but also in terms of the validating and normalizing effects. Sarah said,

When I expressed that, I felt like a weight lifted off of me. And then after I expressed it um people are given the chance to give you- give their feedback and I just remember people being like wow like I can't believe like just being- kind of reiterating what I had said so like giving me validation... So um yeah feeling heard and um yes so that was huge for me.

Lerato spoke of how she came to recognize that “my experience is not the only one and the retreat brought that out and that sort of brought this safe space where we could share our experiences and it's like – ok I'm not alone in this”.

Rico described one particular encounter during which he shared with another participant.

One of the participants... had been extremely objectified by men... and so as she was sharing it just- that flood came on- in on me of how um that was me... these men that had hurt [her] emotionally... so that guilt that I was carrying.. uh just rose up r-rose up incredibly and then I just uh yeah like I how could I possibly be forgiven, you know, of of.. of that?... and then God really used her because after she finished sharing... I um apologized to her. I said, 'I'm sorry', like 'I'm those men. I'm those men that did those things to you'.. and then she looked at me and just the warmest smile and says, 'No. You're a gentle man.' and whooo just lifted a weight.

The process of sharing lightened the weight the participants had been carrying – weight due to intense or unacknowledged emotions, isolation, shame, and guilt. It was a corrective experience of feeling seen, heard, understood, and accepted.

Powerful Experiences Witnessing Others' Healing. Not only did the participants appreciate the opportunity to share their own experience with others, they also valued the opportunity to witness others' healing. As the participants witnessed the healing experienced by the retreat team members and other retreat participants, they found themselves feeling encouraged that similar healing in their own lives could be possible. Lerato put it this way:

The team had an amazing way of... being open with their experiences and then being like 'and this is where God has brought me'... and the other participants, when I had kept in touch with them, it was the same thing. They had been through the same thing, but they are living fulfilled and meaningful lives even after, so it was kind of like there is life after death so as to speak. There is hope in this seemingly hopeless situation.

Witnessing others' healing brought a general type of hope as well as hope in specific circumstances. Lerato noted that the witness of others was particularly impactful on her hope for renewal of her faith and relationship with God.

And it is really their faith, because when you see other women who've been through that experience still show up with such faith.. and such grace and such love like I couldn't even help but look and be like God I want that. If You can do it for her,.. You can do it for me. You gave her back her faith. You gave her back life. You gave her back hope. Like you can give those things to me as well.

Rico recalled seeing the way God was able to bring healing between another couple at the retreat and said it "just was tremendous healing to me witnessing that healing to them". Having seen that "God can minister to" the dynamic of resentment in the other couple, he felt encouraged to have a conversation about forgiveness with his wife.

Sarah's experience of this theme was distinct from the other participants. She found it meaningful for her husband to join her at the second retreat she attended because he was able to witness the healing that occurred.

I know it was really um amazing for [my husband] like he, he definitely could see like the miracles in peoples' lives like people changing over the weekend and receiving like more healing like just experiencing more joy and more freedom, like he could see that... He knows that I want to be involved with it again, and he like fully supports that, and he even would maybe be open to helping out as well in the future. So, I know he- he definitely saw the impact of people's lives.

Much of Sarah's own healing occurred at her first retreat, but she cherished the opportunity her husband had to join her at a second retreat. Witnessing and understanding the healing at the retreat enhanced his ability to understand her. Although Sarah attended the retreat and received healing shortly after having her abortion, she understood that the experience had shaped her and influenced her responses in many ways. It was meaningful to her that her husband would have more insight into the way these experiences fit in the story of her life thus far and in the future.

Understanding the Abortion in the Context of Their Life Journey. The understanding developed by the participants included aspects of their life that contributed to their abortion, as well as how they experienced its effects. Naomi noted that through the retreat, "you could see your whole history and how the drama unfolded... You are kind of the victim and you're n- and you're not". Thus, this step was not about placing all of the blame on others but rather, about understanding how certain life experiences contributed to later choices. Naomi put it this way: "God explained to me how that [little] girl [my younger self] was still hurt and that all that happened in my life was also because of the hurt and the healing that that little girl needed".

Rico's fluctuating mental health was one example of how the effects of abortion can be understood within a larger, systemic, context. After attending the retreat, he came to understand the role abortion had played in the changes in his mental health which, until then had seemed to occur without explanation.

When that [the adoption] happened and I entered into fatherhood, that pain of lost fatherhood [from the abortions] went away... And then as I went through all the things that are involved in- in- in being a parent... it was a band aid. It was like a temporary healing... So um that anxiety went away 'cause I had the children. But then... the children... were... starting into university and college... and sort of no longer required

[me] as the parent. Like I'll always be their dad... But... I no longer had that parenthood part of my life. And so then... the band aid sort of came off and I went 'oh... there's no healing there.... that was just covered over'... and so that um tended to focus subconsciously on... Gabe and Tess, my unborn children that I um did not give the opportunity to live... that started bubbling back up and, like with many things that contribute to uh anxiety and depression, w- we're not aware of them... That's why they're anxiety and depression (laughing).

Rico was not aware of, and had not processed, his post-abortion guilt and grief. Therefore, it affected his mental health and his response to his adoptive children's presence or absence. The unexpected intensity of his "empty nest syndrome" was validated and understood when placed in the context of his unresolved grief for the children he lost to abortion.

In another example, Lerato described the effects of her relationship with her father and her experience within the church, both of which were factors in the relationship in which she became pregnant and had an abortion.

Because I didn't have the relationship I wanted with him growing up, um I ended up looking [for] love in all the wrong places and being very susceptible to certain types of men that um I felt maybe I wouldn't have been if I had sort of had that- the validation of a father. Just feeling very angry and feeling very unloved um and unwanted and sort of these- these things that made it. I think for me, um such a deep need that I kind of searched for it everywhere and ended up susceptible to so many different situations.

Lerato's experience of feeling unlovable and unwanted meant that "how I approached my relationships and my definitions of being loved were very warped". She recognized that "the

different unhealthy relationships- toxic relationships I've been in is because I've- I haven't had a template of love from a man to follow". The negative effects of her "warped" search for "love" were compounded by her early experience in a Christian community where "there was a lot of trying to hide from the world", and "because of that I got even more entangled because I wasn't prepared for the real world".

Having developed and shared her understanding of abortion in this larger context of her story then allowed the healing to address that larger context. This was Lerato's experience:

Two men on the team we did this um – they had me get up and just walk around the room and they just sort of affirmed me as a father would.. um and [they spoke] over me and there was just this room for me where I just remember just sobbing and sobbing and sobbing uncontrollably.. Um which I- I generally don't cry in public because I'm just kind of very um aware of ever- because like I'm so sensitive, so I make- I don't sob in public. Um, but at the retreat like, I don't know, there was just something so intense about that moment and the affirmation, um (pause) and just this room to so- And it was amazing because they- they all waited until I was done. I think I sobbed for a good ten- twenty minutes, just.. letting everything that I'd been carrying come out.

Lerato's experience supported her statement that "oftentimes abortion is just a symptom for a whole host of (pause) very very painful stuff going on underneath". Thus, the emergent theme '*safety and help to access and process emotions*' included processing the emotions from the way the participants had been hurt by others long before they became pregnant. Having told their story, processed those emotions, and seen the healing and freedom experienced by the retreat team, the participants were able to move toward various types of forgiveness.

Layers of Forgiveness and Freedom. The participants spoke of their need to accept God's forgiveness and the way their struggle with forgiving themselves made it more difficult to accept that they were forgiven by God. Naomi described this dynamic in the following excerpt.

You have these moments where... you're trying to get out from it [the self-condemnation] and you could see that you're also trying to say no it can't be so easy. This sin is so the worst- the worst ever. So how can it be so easy to get free of it and to accept... the forgiveness of God... and trying to rationalize thing and you making all your effort and then at the moment you just can't take it anymore and just boooooo (laugh).. crying...

And 'cause you know w- we- most of us there, we have a relationship with God and- and we've been to church and we know the right things to say... and sometime you can feel the pressure. The pressure is not coming from people around you, it's coming from yourself, to say the right things,... to say I know that God coul- forgives me and whatever and whatever, but you not even there yet... I've repented many times right? But the level of buried things that God brought up through that um through the retreat (deep breath in) was so p- so profound that I couldn't just go there in the first se – session and say f- from the get go 'Oh I know I'm forgiven and all is good'... 'cause that's the- the proper things to say...

And I think all of us at some point we- we will do that. We'll say the verse or say something to- to show, because accepting how (laughing) hard it is for us to accept God's forgiveness- deeply accepting God forgiveness is not easy. And I remember that even after...the retreat when we gather a few times you could still see the – the – the fight to accept freely and say 'Ok yes. This is done.. and I'm free'.

Sarah described her multi-step process of forgiveness and freedom this way: “truly accepting that God has forgiven me and then trying- and then being able to forgive myself and then from there I felt like I was able to forgive others”.

Sarah also noted that forgiveness was not a one-time occurrence, but rather an ongoing process which provided an increasing freedom, which she found meaningful in that it allowed her to be the person she felt God calling her to be.

So doing more of the work to continue to grow in all those areas and build on like continue to forgive and work on that forgiveness through like counselling. And so the- from the retreat to now, I would say it was just continual growth and healing and growing more into who I'm (pause) called to be, and just like accepting the- the graces I've received, like and like trying to (pause) to live them out like by accepting that I am lo- that I am loved, that the- that I've received forgiveness from God, like trying to live that out.

That ongoing forgiveness and increasing freedom applied just as much to the forgiveness from God and herself as it did to the forgiveness of others (i.e., she spoke of forgiving her mother over and over again and that these layers of forgiveness allowed her the freedom to be around her mother). She found it healing to approach her mother to extend forgiveness, and she noted that this was healing even though it was not well received.

After the retreat too, I like wrote a different letter and went and spoke to her. It didn't go well... She just was kind of in denial like sort of just like it wasn't a- a response that you would have expected. Just kinda like a- a complete denial like dissociation- dissociation response from her, which is sad but.. but it was still important for me.

Later, Sarah and her husband (at the time, her fiancé) approached her abusive ex-boyfriend to extend forgiveness to him as well, a process which “was like a huge step like when we were engaged like to receive more freedom and growth”.

Rico described a unique experience of forgiveness involving his concern that his wife was resentful toward him for his role in the abortions and her post-abortion pain. She assured him that “she never had held [any resentment] so that was good to hear... that was also a- a release”. He also felt that, even though the abortion had never been an “obvious... block” in their relationship, it “quite likely was to some degree”. Thus, taking the time to explicitly “walk through that forgiveness” allowed “deeper healing” and involved “God’s coming into our relationship in in an increased way.. That caused our relationship to be even stronger”.

One additional area of forgiveness mentioned by Naomi and Rico was asking their children for forgiveness; doing so opened the floodgates of grief for their children.

Grieving & Honouring the Aborted Children. Due to Naomi’s subconscious self-condemnation, she had not allowed herself to acknowledge her grief for her child: “just being able to say I love you is a big victory. ‘cause for years, you cannot go there. You have not asked for forgiveness to that kid”. Once she had done so, she spoke of the freedom she felt to grieve.

I cried because I never cried for my baby. I never acknowledged- it was the first time that I was talking, and so many people were there, and I could freely talk about him and acknowledge him as a person. And a person... from whom I robbed his life and his experience.

Rico’s experience was similar in the outpouring of grief, but distinct in that his apology was more along the lines of expressing his regret and what he wished he could say to them. “I know

this is internal and I don't want to be misunderstood that I um was actually speaking to th- the children, but I was, and I just um- just [said] 'I'm so sorry Gabe and Tess'".

Sarah and Lerato found that memorials and actions (e.g., poems, love-letters, songs, time in prayer at meaningful locations) to honour their children were important for expressing and processing their grief, especially on anniversary dates related to their pregnancy.

Lerato began with a small, "private" memorial of "very very close people", and then at the retreat it was meaningful to have more people with whom she could speak about her daughter and who could also acknowledge her in a larger memorial. In addition, Lerato stated:

I think, for me after her loss, there was so many questions and there was so much anger and there was guilt and shame, but also this deep sense of, and I was able to articulate it recently, this deep sense of wonder.. Like I wonder what her laugh would have been like.. I wonder what her fingers would have been like. I wonder what her little giggle-. Would she have my personality? Would she have her father's personality? Would she drive me crazy like I drove my parents crazy?.. Like these questions that outside of Rachel's Vineyard, I, or after that, I didn't let myself go there anymore. Um and I think just for the sake of my own healing it was necessary for me to kind of re-lay that to rest um, but the retreat gave me that space. Especially in that last day of the vision um that I got of her and just being able to have this place to fully express her life and the loss you know.

Sarah stated that "anything I could do for the first- like even longer- the first two years- that I could do to recognize my child to me was like extremely important". Sarah also found the retreat to be particularly important in her grieving. She had felt overwhelmed by, and stuck in, her grief, but found that the retreat "took off like a lot of layers of grief".

The grief was still there but that stuff was really important like to- to help with like healing and feeling like close to my child... and then making like it made me feel like I was telling this child they were important not like – for me that was yeah like they weren't forgotten sort of thing.

Sarah felt that it was “a joy” to be able to honour her child. In particular she highlighted how offering her child a name was a meaningful sign of the value and identity of the individual. She also appreciated candle-lighting as a comforting and hopeful community ritual. She found it meaningful to see all the candles placed together, honouring their children.

Everyone lit [the candles] with the names and put them together, so it was like all the little ones are together. And the little like the lights um that signify like the light of your child, like they're like saying that they're alive, that they're not- that they exist, that they're alive, that they're still alive and heaven.

Honouring their children as alive in heaven was key element to the redemptive perspective discovered by the participants.

Discovering a Redemptive Perspective (Focus on Their Children). In the following quotation, Lerato described what it meant for her to have a redemptive perspective.

On my mirror I have this- I had this little post-it that said see your story through the lens of God's redeeming, restoring and resurrecting love.. and just that reminder of 'His love can take even broken things and make them new. His love can take dead things and bring them to life'. No, she [Naledi, her daughter] will never come back to life, but there is a legacy of her life that can come to life through me.. And just letting myself be reminded like there is hope.

The shift in perspective and internal experience that accompanied the discovery of a redemptive perspective was expressed poignantly in the poem Rico wrote to honour his children.

Eternity's Shore

Gabe

Tess

My son,

My daughter.

Two lives cut short

Four lives destroyed.

Eternal remorse.

But It wasn't my fault.

She should have prepared.

A pill or something.

What responsibility is this of mine.

It's her body,

There's things that she should have done

And this would not be.

Why should I have to care!

Lies from hell sent to curse

Me looking only at me.

To blind to see.

So I did the "noble" thing.

I stood in support.

I said "I'll be there , I'm with you all the way,

Whatever you decide;

As long as the problem goes away.

I washed my hands

And left her alone

To make it all - go away.

Gabe

Tess

My Son

My Daughter

Two lives erased;

Led to the slaughter.

Four lives engulfed by death's evil lie.

Turn to the world to block out the shame.

Forget what had happened.

Don't give them a chance

Not even a name.

Friends say it's the right thing,

It's what you should do.

You can't provide for a child

So don't even try.

So I didn't.

I numbed out the pain however I could.
Alcohol, drugs, life's lust all for me.
I buried guilt deep where no one could see.
So deep in my soul
That not even I gave thought anymore.
But there it lay at satan's whim,
To fester and rot and destroy me within;
Till my heart so scarred unable to care
Became but tool of want and despair.
Embracing evil, knocking at death's door.
But then Christ's hand reached down to me
Touched my heart and set me free.

Gabe

Tess

My son.

My daughter.

Two lives eternal,

Four lives set free

By Christ's precious blood

Poured out for us upon that tree.

"Forgive them for they know not what they do."

And He did.

Even though what I had I done
Deserved none.
Still so great is His love,
He did not wash His hands of the blood that I had
shed
But bore it with Him on the cross.
And poured out His grace
That washed me clean
Of hell's evil lies
Of death's cruel sting.
My heart once torn by torment and shame,
My soul once crippled by guilt and pain
Now healed and embracing
Forgiveness and truth
Of how He gave life
To the lives that I had taken.

Gabe

Tess

My son

My daughter

Two lives in bliss

Four lives entwined

God's grace revealed
Of how Christ's love did restore
For I now know that they live forevermore
And wait for me with a their with hearts filled with
love
To embrace their dad, mother, sister and brother
And on that day prepared by our Lord
We'll all play together on eternity's shore.

Rico described how he went from thinking of “two tiny little fetuses that I snuffed the life out of” to envisioning “my sweet little children playing” in heaven. He imagines heaven as “beautiful sea, ‘cause I love the seaside”, and so he is “filled with joy” to think of them playing there waiting to be reunited with him.

The participants described holding on to this redemptive vision of their children (by the seaside or in a meadow of flowers) in times when the waves of grief surged and they needed to remind themselves of “the restoration that was done through Christ” (Naomi).

Discovering a Redemptive Perspective (Focus on Their Pain/Their Story). The restoration and redemption also extended to the participants’ understanding of their own pain and their narrative of the experiences of their lives. The participants recognized that, because God had redeemed them (had made amends for their actions and could even bring goodness and new life out of an experience of pain and death), they could release the hopelessness, pain, self-condemnation, or guilt they had been holding onto. Sarah said, “I never thought that I would...

not be in constant pain... and.. understanding that uh God can (pause) help- help me through that and can help others through it". Naomi said:

The reality will tell you 'Ok you still don't have any baby. Your baby still gone... You've done those nasty things'. And yeah all that is true, but there is a higher truth which is that Christ died for me, and He has forgiven me, and I've made the decision to trust Him and let go of all that.

Rico put it this way:

I very much see it as a um (pause) like (pause) um when we're born again, as the Scripture says, the old man has- has died and the new man is born again. Like so that old- that person that made the decision to abort those two children died on the cross with Jesus. So that was me but it's not me now ... Before Rachel's Vineyard.. there was just lingering guilt... I did not have the revelation that- that that act that I committed wa- Christ took that away.

Lerato spoke of the gradual process that allowed her to approach her own story with a new perspective. First, she was given "the space to be in the emotion that I'm in at the time" and given the space to tell her story "even if the narrative is not making sense and it's emotionally charged,... and to have that story validated". Only then did the retreat team propose a new perspective "where it's kind of like: Ok you've told your story. Now let's redeem that story. Let's let God redeem that story.. Like how do we look at it from His perspective? How do we see what happened?". God's redemptive power, combined with her exposure to other women who had been through post-abortion healing, as well as her own growing sense of agency, allowed her to shift out of the narrative of hopelessness.

Lerato was clear that she was not redefining her decision as a good decision, but that she could be accompanied by God in looking at why her decision was “not ok”. She could, with God, come to understand her decision and the painful life experiences leading up to it. Then she discovered how God could bring “beauty” from the “ashes” of all the pain, trauma, and hopelessness. The quotation below is shared in full because it demonstrates Lerato’s progression through these steps toward a redemptive perspective.

Taking that hopelessness and fear and that sort of my life is over-ness and looking at it from God’s perspective. Like ‘Ok this wasn’t great’, because as far as God’s concerned, abortion is wrong. And I think a lot of people are kind of like abortion is wrong because, you know, God is judging you and God is angry. [But] I think for God, at least the way I experienced Him, it’s not because it’s just the taking of lives, it’s the immense hurt it causes everyone connected to that life, you know? And it has a ripple effect. So, I think for me, seeing it from His perspective is, (pause) the way I saw it was, for Him, He wasn’t justifying it, He wasn’t saying ‘Ok this is great’ like, you know ‘Go on like nothing’s happened’. I think there was very much a ‘Do you understand why this is not ok?’ and ‘Let’s take a look at what led up to this’ and ‘I can take all of those things and I can give you beauty for ashes, I can give you a story that will inspire other women who’ve been through it. I can give you a new way of experiencing faith that I wouldn’t even have thought possible’ ...God will still bless me with kids. God will still bless me with a (pause) loving relationship, God will restore my relationships that have been broken...

So, I think just you know to sum it, coming from this place of hopelessness I’ve made this fatal mistake and my life is completely over and there is nothing more to live

for. To transitioning- um, starting at the retreat, transitioning to this place of there is hope...

And you know, like God says 'I know the plans I have for you. Plans to give you a hope and a future' and that doesn't change regardless of what I've been through. And I think sometimes in fact it's not in spite of but because of [the abortion].. that God is like 'Ok now I can use you', right? 'Cause I have a- a different level of compassion and understanding for people, who may not have walked through what I have walked through, but I can touch people in a certain way because of what I've been through.

Experiencing God Loving and Caring for Them in the Midst of Their Suffering.

Reaching that new redemptive view of their pain and suffering involved some loving encounters with God. Though all the participants were Christian they each had experiences where they seemed to be surprised by God's love for them in the midst of their suffering. They may have had previous experience with God's love, but their experience was deepened and particularly meaningful when they encountered God's love meeting them in the internal places where they were wounded.

Sarah and Lerato expanded upon their experience of God's love for them through the people who facilitated the retreat and prayed for the participants. For Lerato, this experience of love was at once a shock to her system and especially meaningful as it countered her core beliefs of being unloved and unlovable (core beliefs that were compounded by the abortion).

When you are coming from a place of being unloved and then you go through an experience that makes you feel even more unlovable, coming into a place where you are infused with so much love, as amazing as it sounds, is actually pretty terrifying. Because

for me I was like ‘This is so weird. Like why are they being so nice to me?’... Even just their hugs were so genuine (emphasized)... I’ve never been in like this much satura-[ted love]... And then emotionally and spiritually and just physically just having that- those hugs you know. That was like ‘Oh my gosh. This is so healing for my body, but why are you being so nice?’

Lerato emphasized how meaningful it was that God’s love was embodied by the team since it was holistic and the love reached her physically, emotionally, and spiritually. In the following quotation she underlined how being loved was the most essential element contributing to the post-abortion healing she experienced.

The team literally embodied God’s love.. Literally. (emphasized) Like they just – And I think I said it in my testimonial at the end, that they’re God’s heart in physical form. And as a woman who’s been through an abortion, um and even just going forward from other women’s experiences, I think that’s the greatest gift... Just- embodying that love and that compassion and (pause) pouring life into them.

Rico and Naomi focused on their experience of God in the prayerful meditations at the retreat. Rico laughed as he said, “I did not have an expectation of I’ve got this pain and suffering that I’ve gotta you know God’s gonna take care of- that was never- never at all... ‘Till about two hours after I got there”. It did not take long for him to change his mind: “after the first, second... session he began thinking, ‘wow. This is phenomenal’ ... [and] from that point on it was just kind of swept into the um just the pure presence, right?, of- of God and- and His love.” The experience of God’s love which Naomi chose to highlight will be presented in the next theme, because it was a transformative encounter with God’s love which occurred during one of the Living Scripture meditations.

Transformative Encounter With God Through Scripture. Naomi admitted to an initial skepticism about the Scripture meditations.

When I first heard ok we'll do readings I was like readings?... And what will that do (laugh).. I was just wondering. Reading? Is that what we here for? (laughing and spoken in a skeptical tone of voice).. Ok anyway we'll see.

Later she was able to reflect on how the meditations were such effective interventions to allow people to have transformative personal encounters with God.

I think more than the reading is how the spirit of God pierce through our own story and make it- make those reading alive for us... it's kind of as if we're in a play. And when you are in that play (pause) yes, you're given a context, but the rest is filled up- the rest comes from your own experience.... Things that you didn't want to see, God will bring them to the surface, right? To come to that place and experience it and let all the- that sensorial experience bring um bring to the surface all these thing that you have been thinking for years.. was really uh important.

One Living Scripture meditation in particular stood out to her.

The exercise of the guilt um where you see yourself [in the role of the woman caught in adultery] and everybody's cur- uh cursing at you, and they are all mad, and they want to throw that rock and (pause) and (pause) then that- that exercise for example, for me reminded me that yes they... wanted to kill [me] and (pause) [I] jus- [I] just agree with them that 'Yes I'm worthy of being killed.. Just kill me. Yes do whatever.' And then at some point you realize that oh there's something that is changing. There's someone here. There's someone. My eyes are down, but I could see that there's someone that is looking

at me. And that just grabs all your attention and you're like ok what is it? And then you see Him [Jesus] and He just [says]– 'oh I just love you'.

Receiving Jesus' love in that moment was so impactful because it was offered while she was becoming aware of the extent of her self-condemnation. She was condemning herself, and Jesus was standing there expressing that He did not condemn her, He just wanted to love her. Naomi also noted that it was valuable to have the sensory experience of imaginative prayer, not only to bring up the subconscious and emotional aspects of her experience, but also to have a new lived experience of God's love which she could remember later. The knowledge of God's love for her after the abortion was not only a cognitive belief, but an experience accompanied by vividly memorable details such as His facial expression and tone of voice.

The other participants described similarly powerful experiences during the Living Scripture meditations. Lerato spoke of the reason the experiential elements of the meditation were well suited to what she needed in the midst of her felt sense of disconnection from her faith and from God.

For me, I think it was (pause) seeing the Word from a different perspective.. So, by this point I was already so disconnected um and really struggling in my faith – like oh my gosh I don't think I was even struggling I think I was attempting to stay afloat – but prayer was hard, reading my Bible was hard. Like those things were just very difficult. And the Living Scriptures (deep breath in while finding the right words) fed me with the Word in a way that I could digest...

And I think, for me, that was- (pause) that was powerful because the conventional, traditional open your Bible and read your devotion or g- I wasn't even in

church anymore at the time, so um [the Living Scripture format] was really powerful because (shift to slow deliberate speech for emphasis) it took the word of God and it put me right in the middle of it. Like me, this girl at the time who had had an abortion who had walked away from God, who was in so much pain and so lost, (gradual speeding up again) it took me and it put me right in the middle of His love in a way that I could understand it.

The Living Scripture style of intervention was able to meet her where she was spiritually at the time without prompting her to shut down because she felt unable to connect. The experiential meditations provided her with a way to form connections between her current internal experience, and the Scripture passages. In the process, the familiar Scripture passages became a place of transformative encounter with God.

In addition to the Living Scriptures, the participants spoke of another impactful intervention which was specific to the retreat.

Spiritual/Religious Ritual Release of Burdens. The participants described a symbolic ritual during the retreat through which they were invited to select a rock to represent the burdens they had been carrying. They carried the rock with them during the retreat until they felt ready to release the burdens it represented.

Lerato came to recognize the burden of lies she was carrying about being unloved and, through the retreat, decided it was time to stop holding on to the lies and begin living in truth, i.e., that she is lovable and she is loved.

You- write down what you are letting go of and you put it-.. I think it was at the altar um or the little thing where you go drop it off and when you drop that off you go and pick up

the rock... with the word on it.. and my word was truth. And so that was also a big moment for me because it was kind of like these lies of you're not loved and you're not wanted. And I guess, you know, I felt like an unwanted daughter. My daughter was unwanted too.. So, it's kind of like this ongoing um this ongoing cycle... But that's not true though. So, for me, [truth] was my word and it's been my word... living in truth. Um and it takes a lot to shed the lies and the layers of the lies.

Lerato noted that it was an ongoing process to shed the burdensome layers of lies by which she had been living for so long, but this ritual marked the distinct moment when she decided it was time to learn to live differently.

Naomi described her moment of decision when she released her burden of shame and self-punishment. It was meaningful to use the word burden because it provided a certain perspective on the dynamics of her internal experience. She was trying to carry the burden of her shame and self-punishment and the ongoing effort of doing so was weighing her down.

The moment where you realize ok yes, I have this burden. I'm keeping this burden. And this burden is my shame. This burden is everything that I would like to punish myself for. But it's not even worth it that I do that because I will never be able to do it. There's no way. I can try to every morning to crucify myself. I can punish myself in many ways. I can decide- you know there's so many things that you could do- I can... not talk to people and cut myself from people. I can decide to do whatever I want to punish myself, but that won't do it. (laugh)... That won't do it. And why would I do it when somebody already pay the price for it and well is just saying come. Give me that pain. ...So, the- the decision to say 'ok I'm... bringing back this stone to Your feet'... is a surrender and saying 'God, I cannot save myself'.

The use of a stone in the ritual was fitting as it was a weight she was carrying that hindered her in her daily life. Furthermore, the stone was apt in its link to the myth of Sisyphus whose effort to push his boulder up the mountain was a painful and exhausting exercise in futility. Naomi subconsciously tasked herself with carrying a Sisyphean burden. Through this ritual at the retreat, she recognized her burden and the futility of her effort to carry it: firstly, because she would never successfully feel she had punished herself enough, and secondly, because Jesus had already taken on the punishment she felt she deserved. After this shift in her perspective, she decided it was time to surrender the burden to God.

Spiritual Perspective Shifts. While at the retreat, the participants experienced many meaningful perspective shifts. Rico and Naomi's spiritual perspective shifts primarily involved developing a redemptive perspective when thinking of their children and their own pain (see emergent themes on developing a redemptive perspective – focus on their children & focus on their pain/their story).

Lerato and Sarah further expanded upon their shift from hopelessness toward hope. Lerato described how small seeds of hope were planted and gradually began to grow and shape her spiritual/religious experience. The faith-filled part of her had felt dead, completely inaccessible because her image of God was a God who only loved those who lived up to a standard of perfection. Through the retreat she received seeds of hope that “God still loves you and God still cares”.

To have this seed planted in me that no matter how far I've gone, no matter how dark it is, I am still in the center of God's love ...I think for me um that was the impact of the Living Scriptures. Now, mind you, if you asked me at the time did I believe it? Um I think it was very challenging. Um (pause) but it was done so beautifully. like I said. that

it didn't feel intrusive, um that I couldn't take it in, but it was powerful enough that it sort of kept me hanging on just enough for my faith. So, I feel like that definitely [was] um sort of life support for my faith at the time, if I can put it as that.

Even though she was not yet fully convinced that God loved her and that her future could still include a thriving spiritual life, Lerato began to consider the possibility that her faith could be revived.

Throughout her interviews Sarah described a litany of new hopes that she received while at the retreat.

- “Going from like I hate myself to... maybe there is hope for me... I don't have to hate myself”;
- “Hope that like (pause) that I'm not um (pause) like a c- like a lost cause”;
- “[Hope] Like that I'm not just the worst person in the world”;
- “[Hope that] I still have good in me”;
- “[Hope that I could] learn how to live with myself or forgive myself”;
- “[Hope] that I could forgive others”;
- “[Hope that] I could receive forgiveness from God”;
- “[Hope that] God can still work through me and be in me and still use me and still love me”;
- “[Hope] that Jesus could heal those areas [of herself that had died or been wounded by the abortion] like um giving them over like surrendering them to Jesus and like believing that He could give me like new life”/ “'cause I felt like there was no way that could ever

come back to life... so being able to just ask for God to renew that and bring it back to life was (pause) big, like having that hope that it could even happen”;

- “All those Scriptures or that time at Rachel’s Vineyard and being able to express and release like anger and sadness just always gave me hope even though I was still grieving it always gave me hope that uh things would get better that you know? it wasn’t always going to be this painful” (“I thought I would probably be sad for the rest of my life”);
- “Hope that like I could be lovable again.. like that somebody could still accept me or love me or I could be in a relationship again or have friends that can know (‘know’ said with emphasis) like truly know me and still love me sort of thing”;
- “[Hope that someone could] want to be my friend”;
- “[Hope] to meet my husband be able to have kids again”;
- “[Hope that I could be] in community with the church”;
- “[Hope that] I can still love others and (pause) um that I can still be a good mom today”;
- “Hope that (pause) yeah that [God] can also do the same thing for others”;
- “[Hope that] God can work good through this” / “[Hope] That He can work through me to help others (pause) as well”;
- “Hope in that my child is not just gone, that like that my child is still living and is ok”;
- “Hope that my child’s being taken care of”;
- “Hope that um [I’m] not alone... other people are going through this”;
- “Hope that... just like helping (pause) decrease like shame and loneliness”;
- “Hope from like depression”; and

- “Hope, feeling like I can be a new person.. that I don’t have to be stuck into who I was before, but that I can be a new person a new creation, like even given a new last name in marriage like to me was like really big... so like given hope um new beginnings”.

Many of Sarah’s hopes were interconnected and drawn from several of the emergent themes presented so far. These hopes often hinged upon elements of her spiritual beliefs and they all combined to create a profound shift in Sarah’s experience. She went from hopelessness to hope, and from despair to joy.

Certain spiritual perspective shifts seemed to be crucial to the participants’ healing. However, there were also moments when they had to shift their perspective regarding what the healing process itself would look like.

Developing the Willingness to Engage in the Full Course of Healing. The participants described how they had to come to terms with the extent of the healing they needed and the time it would take. This coming to terms occurred at different points in the process.

Naomi stated that “right after it happened- the abortion... I prayed and asked for forgiveness and asked God to help me heal... with... those first prayers things were ok, and I thought I was fine... I thought it was done”. She later realized that “I guess I rushed the forgiveness- asking for forgiveness part, ‘cause I didn’t want to really go deeper at that time. It was maybe too soon or whatever”.

Lerato came to recognize her unconscious hope or expectation that the retreat would be an all-at-once kind of healing.

I think what I did expect, um again this is just who I am by nature, is kind of go to a retreat, solve all your problems,.. move on and life is done. Um and because for me

they're multiple traumas.. so, it wasn't just that experience. There was like these other experiences connected to it.. And so, because of that, it's different layers that are connected, and then just make this one big sort of trauma-ball I guess you could call it.. Um and so I think yeah the retreat definitely laid the seeds, gave me the tools, um and it's still ongoing.

As she developed her understanding of the multiple traumas connected to her abortion, she came to accept that her healing would be a longer process.

Similarly, Rico became aware that the retreat was only the beginning of an ongoing healing process which he likened to taking a full course of antibiotics.

Antibiotics [is] kind of an interesting um um metaphor I guess um. (pause) You know you- you have an infection. (pause) You don't know about it until it's brought to your attention, and you- and then you're given the antibiotics and you start taking them. And so within three, four days you start feeling better. And the tendency is well, 'I'll just stop', you know, but the doctor says 'No there's thirty pills to take, you need to take all thirty' and even though you think you're all better.. you're not, right? You- so it's kinda it's- You feel in your mind that you're- you're healed, but the depths spiritually, you know, God is still- it takes time to (pause) to really go through the full healing.

Afterwards it was more of a um just a- a continuation of- of um (pause) just allowing God more and more access,... seeing, looking back over the years and seeing um places and things and things that I did, things that I felt, things that I thought, that were impacted or a result of the abortion that I didn't realize at the time.. but that I can identify now.

He highlighted the need to curb his impulse to jump immediately into ministry after the first moments of healing, and instead described how he learned to give himself time to engage in the rest of the process.

Sarah described a different type of coming to terms with her healing. She had already experienced a great deal of healing after attending the retreat and she had to come to terms with the next step: letting go of the constancy of her grief. Her healing meant she was no longer stuck in an all-encompassing state of grief but embracing this aspect of her healing felt like letting go of her child.

At first I felt like guilty about it because.. I had noticed that I wasn't always like feeling sad about it. Like I wasn't thinking about him all the time. And.. I started to feel like te-like 'Oh my gosh I'm such a terrible person. I'm not thinking about it all the time' or 'I'm not doing as much as I used to' or like 'cause I would want to like (long pause) make sure like I wrote a le- or like you know felt like I could talk to my child all the time I felt like it was just getting more spaced out... It just got more and more spaced. And then not feeling bad about- about it anymore, you know, just like.. knowing that he's ok.

Sarah was eventually able to accept the decreased dominance of her the loss-oriented aspect of her grieving. There were still moments focused on grieving the loss, but she was able to spend more of her time in a restoration-orientation.

Equipped to Deal with Future Challenges. For the participants, the retreat was a place where they experienced healing, where they realized their healing would be an ongoing process, and where they became equipped to deal with the challenges they had yet to face in that journey of healing. Lerato stated that “what makes or breaks, I think, the uh retreat experience, the

counselling experience, is how brilliant they are at equipping a woman.. to face life post-abortion”.

Naomi described the healing which occurred at the retreat as winning a battle and then needing to be equipped to stand her ground, to maintain the progress she made.

[The retreat was] a point of decision... Where you make the decision. You accepted that you're forgiven. And you (pause) if you make- if you at some point you hear the lies from the enemy, you can still re- refer to that time... and what you've learned there, what you've experienced there, to say no to the enemy and to stand your ground... After the retreat you will have to fight to stand your ground and make the decision to continue accepting the victory that you rec- you receive at that retreat.

Naomi, Sarah, and Lerato all spoke of the need to fight to avoid falling back into the lies they used to believe about themselves after the abortion (e.g. being unlovable, the worst person, deserving of punishment). Recognizing the negative beliefs about themselves as lies was the victory. Standing their ground meant remembering and living from the new beliefs about themselves established at the retreat. For example, Lerato would remind herself that:

You are no less than any of the other women who were in the room or any of the other women who have been through this. You are still amazing. You were in a situation. You did the best that you could, and God is still using you, and God will use you and your life and your testimony.

Sarah spoke of the importance of living out what she experienced at the retreat.

Remembering and living out God's forgiveness um like God (long pause) like can make me new that God- yeah, that God still loves me,... that I'm not like (pause) hopeless, that

like, there's like, I still have good in me, and that God is still in me.. So just like going back to that if you feel like sad or triggered um or just like really missing your child, like um remembering...like my child's in heaven.

Sarah and Lerato also highlighted the importance of being equipped to adaptively cope with future moments of grief. Lerato noted,

I loved this one quote that I read that was saying oh, 'Grief is like the ocean. Sometimes it crashes against the rocks, and you have to let it'. And sometimes it does feel like that. Sometimes it does feel like this fierce storm that's crashing against the rocks. And sometimes it feels like this calm stream.. that's kind of moving along, um but it's not as intense. But definitely in all of that, whether it's the calm stream, whether it's the storm, um there's been this aspect of knowing how to move through in my faith.. because there was that foundation laid at the retreat, um that I could stand on and that I'm now standing on.

Instead of feeling like she was barely keeping her head above the water, and that she was at risk of drowning in her "emotional storm", Lerato had firm ground she could stand on in moments when the waves of grief began "crashing". The retreat allowed Lerato to once again access the resource and firm foundation that was her faith.

Rico's experience was both similar and distinct. He felt that the retreat equipped him to engage with ongoing revelations of the "extent of the (pause) effect that the abortion had had onto me", and he understood being equipped to continue his own healing as meaningful because it further equipped him to help others with their healing.

After [the retreat was]... just more of a revelation of- of um how much I had been carrying. The- the actual impact... I think it was just the Holy Spirit bringing to mind um the different aspects that- and then that will be used as- as building blocks within um you know, ministering to others.. to understand and to be able to walk through with them.

Even before seeking his own healing Rico had known that he was doing so in order to minister to others suffering after abortion.

Ongoing Effort Related to Abortion (Working Toward Ongoing Healing). Whether by helping others seek post-abortion healing, or by using the tools and experiences with which they have been equipped to continue to cope with effects from their own abortions, the participants all engaged in some form of ongoing effort related to abortion.

Lerato addressed the ongoing effort to cope with the effects of her abortion using the following metaphor.

When you fracture your leg and you end up in the hospital, your bones are gonna heal.. And for the most part you actually don't even feel it for the rest of your life.. Most people get that. Um. It's a very different experience with abortion.. Is it.. it heals, but it stays with you. Um. And I think having- because it's not just a go in go out, you know: you're in the hospital and in that cast for twelve weeks you get out.. and you're free to go and play rugby or hiking or whatever it is you love. Um I think having those tools and experiences [from the retreat] put into part of who you are and your emotional makeup as a woman afterwards.. um that's what then helps you sustain – what it's three years later and I'm still going back to that experience.

Lerato wanted to distinguish between a once and for all type of healing of an injury that can be completely forgotten, and the type of injury that can heal, but requires ongoing care and caution. She experienced a great deal of healing since her abortion, but there were still moments when the wound of abortion influenced what she could or could not do (e.g., she still had to manage triggers for her trauma and grief such as spending time with friends who have children, or the anniversary dates related to her pregnancy). It seems congruent that, since the abortion impacted the core of her being in many ways, the healing would involve “tools and experiences” that became integrated into who she is and remained in her “emotional makeup as a woman”.

This theme overlaps with the emergent theme of abortion as a wound with effects that continue even after healing. Yet the ongoing efforts related to abortion and post-abortion healing were broader than those discussed in the aforementioned emergent theme. Sarah described how helping other mothers in need was a next step in her own grief and healing.

Yeah so I think I did that pretty soon after. So, I think it was part of my grief as well. It was like something I felt I needed. Not to like so that I could be for- not like to receive forgiveness but just- It was just that was like all that was on my heart, so being able to do stuff like a couple fundraisers... it was on my heart and mind so much it was good to do something positive that.. you know, like for uh like a pregnancy help center for like moms that are um like single moms, or moms in need, or stuff like that.. [It was] another like thing that you could do in honour of your child kind of thing. That's how maybe I saw it.

She found it meaningful to help others, not in an effort to atone for her abortion, but as a way to continue honouring the child she lost. Along these lines, when her children are old enough she plans to return as a team member, helping to facilitate future retreats for others seeking healing.

Rico spent a significant portion of the interviews passionately describing the new ministry he was in the process of establishing.

[I'm] hearing God and following in a direction to form this safe haven uh in the church for those that are suffering uh from uh effects, impacts of abortion... A place for anyone impacted in any way by abortion... [and] allowing men that have been involved in abortion [to become] aware tha- that that they need (emphasized) healing.

Rico understood his ongoing efforts both as a mission he has been entrusted by God and a continuation of his own healing.

Hearing God and responding uh to what He wants to do, and that that's the next level of healing... When we can do things to help others in areas where uh we ha- may have done wrong in, um it- it provides the healing.

Every aspect of Rico's healing, including this ongoing effort to help others, he understood as a cooperation with God.

One final aspect of ongoing effort for the participants was their participation in this research. They spoke of how it was meaningful and healing for them to be able to share their stories in a context that may help others find healing as well. Sarah was aware of pushing herself outside of her comfort zone to grow in her ability to share her story for the purposes of this study.

Being able to talk about it like right now.. (laughs) without – obviously I do feel like a bit of anxiety as we're talking about it [and] I feel like knots in my stomach but.. the fact that I can even do it is pretty huge.

Moreover, as Lerato stated, the interview process was not easy because it meant going back to “the dark places”, but doing so in a safe, welcoming space provided another layer of healing.

It’s also a space where there’s healing.. and more layers and more insights because these are questions that I don’t think about on my day to day... You’re not just collecting research, but you – and as I can feel in the past hour or however long we’ve been talking – is you are helping create a space for even deeper healing, um, and even deeper insight and wisdom and reflection.

It was wonderful, as a researcher, to have participants expressing that their participation in the research was a healing experience.

Summary of the Third Superordinate: Moments and Transitions that Made Healing Possible. The participants spoke of overcoming barriers as a crucial first step in their healing process. They overcame the belief that they were unaffected by abortion, and the lack of awareness regarding how the more profound impacts of abortion could be addressed (i.e., the lack of awareness of supports for post-abortion healing). Even if the participants acknowledged their distress and knew where to find the support they needed, they had to overcome shame in order to access those resources. This feature, experienced by some of the participants, is another point of intersection between their post-abortion distress and moral injury: “care-providers may also not hear about moral injury because service members' or veterans' shame and concern about adverse impact or repercussions (e.g., being shunned, rejected, misunderstood) prevent disclosure” (Litz, et al., 2009, p. 696).

The participants spoke of how the honesty, authenticity, and congruence built into their experience at the retreat was important because it meant that they were no longer caught in

experiences of denial and dissonance around their abortion. Addressing denial in post-abortion healing makes sense given the fact that coping via denial and repression it is listed as a risk-factor for post-abortion distress (Baker & Beresford, 2009).

Each of the participants had aspects of their emotional experience they had previously been unable to acknowledge or process (e.g., an inability to acknowledge that they felt angry due to having been hurt by others or not allowing themselves to feel the pain of grief and regret at losing their child). Since the healing process involved opening themselves to feeling all aspects of their emotional pain, it was vital that they were provided with the safety and support needed to process those emotions. The group at the retreat, and the safety the participants felt within that group, played an important role in this processing of emotions. The group members became mirrors in which the participants recognized facets of their own experience. The group also provided validation and an experience of community that countered the participants' prior experience of shame and isolation. As noted in the literature about moral injury, withdrawal and secrecy due to shame and guilt would have prevented corrective experiences of empathy and acceptance; thus, sharing with others able to provide such corrective experiences is considered an important step in recovery from moral injury (Litz et al., 2009).

In addition to the healing interactions in which they participated, simply witnessing the healing of others at the retreat contributed to the participants' own healing. Seeing post-abortion healing manifested in various ways was a meaningful experience and it gave the participants hope that they too could experience such healing.

As the participants came to understand their abortion experience within the broader context of their life experience, they came to a fuller understanding of the factors influencing their choice to abort as well as their post-abortion response. This additional context enhanced their

understanding of the healing they needed. For some, previously confusing symptoms of psychological distress were understood as linked to abortion. For others, abortion came to be understood as “a symptom for a whole host of (pause) very, very painful stuff going on underneath”.

Receiving support to fully understand and express their story and the accompanying emotions allowed the participants to approach the layers of forgiveness which would provide healing and freedom. The participants experienced forgiveness from God, forgiveness of themselves, and forgiveness of others. The challenging steps taken toward forgiveness included the “fight” to fully accept that they themselves could be forgiven (i.e., going from a cognitive belief about forgiveness to living as one who is forgiven and free and is able to release shame and guilt), taking the time to “walk through that forgiveness” explicitly with others who were involved in their experience, and engaging in an ongoing process of forgiveness when new layers of anger or hurt or shame emerged. The literature around moral injury also supports the importance of forgiveness in the healing process (Litz, et al., 2009).

The sharing and forgiveness processes were intertwined with the process of grieving and honouring their aborted children. It was important to the participants that they acknowledge the children lost to abortion “as a person”, and that they do so openly with a group of people. They appreciated having a space to freely talk about, connect with, and grieve their children, as well as to imagine what their children would have been like. The value the participants placed on communal expressions of grief that was previously unacknowledged or kept private make sense given the understanding that their grief was influenced by high levels of disenfranchisement as described by Neimeyer and Jordan, (2002) i.e., “features of the person’s reaction are

unarticulated or invalidated” and there is a need for “empathic connection with the self, others, or even a higher power” (p. 114).

The development of redemptive beliefs about their children (i.e., that their children are alive, in heaven, being loved and cared for by God, and waiting until they can one day be reunited) was another step in the participants’ healing process. It was an experience of “existential reorientation” and “empathic joining” between the bereaved and “a transcendent power”: a part of the treatment for disenfranchised grief described by Neimeyer and Jordan (2002, p. 109).

The participants also developed a redemptive perspective of their own suffering. They came to see that the pain, distress, and trauma did not have to be the end of the story, so to speak. They recognized that they could move forward into new growth and development that might not have been possible if they had not lived through their difficult experiences. They were by no means saying that everything was good, but they came to believe in the possibility (and eventually to experience the possibility for themselves) that good could come from the bad. For the participants, doing so was intricately connected to their belief in a redeeming God, and was thus spiritual/religious. Within the realm of psychology, their redemptive perspective also seems linked with the literature about post-traumatic growth. Tedeschi & Calhoun (2004) described post-traumatic growth this way:

Traumatic events are not to be viewed simply as precursors to growth. They are profoundly disturbing. Second, it is important to recognize that the psychological processes involved in managing the disturbances are the same general types of processes that also can produce positive changes. (p. 2)

Posttraumatic growth describes the experience of individuals whose development, at least in some areas, has surpassed what was present before the struggle with crises occurred. The individual has not only survived, but has experienced changes that are viewed as important, and that go beyond what was the previous status quo. Posttraumatic growth is not simply a return to baseline-it is an experience of improvement that for some persons is deeply profound. (p. 4)

The participants spoke of how their experiences of God's love for them while they suffered was a cornerstone for their healing. They experienced this love through the retreat team who "embodied God's love" and through the Living Scripture guided meditations during which they felt "just the pure presence... of God and- and His love". Their words evoke the case made by Cornwall (2019) in his article entitled "Merciful Love Can Help Relieve the Emotional Suffering of Extreme States" (p. 665).

The Living Scripture format was valuable in that it allowed the participants to emotionally connect the part of their own experience where they felt the most impacted by the abortion to the experience of the person whose role they imagined themselves to take in the Scripture passage. Then, as the Scripture continued, Jesus was no longer simply encountering and loving someone thousands of years ago but was encountering and loving the participants in that moment at the retreat. Due to the immersive format of the guided meditation, the participants then had a powerful and healing lived experience of Jesus who met their pain, their guilt, their shame, their self-condemnation, and their sense of unworthiness with unconditional love.

Another retreat intervention which played a role in addressing the participants' experiences such as guilt, shame, self-condemnation, and feeling unlovable was a spiritual/religious ritual which facilitated the release of burdens. The ritual, which involved the carrying and laying down

of a stone, provided the concreteness and structure to mark the abstract point of transition when the participants decided to release the burdens they had been carrying and give them to God (e.g. the burden of “lies of you’re not loved”, or of “my shame”, or “everything that I would like to punish myself for”).

The participants’ journey of healing involved various spiritual/religious perspective shifts. In addition to the redemptive perspective they developed, some of the participants marked a shift from hopelessness toward hope: hope about their relationship with themselves, others, and God, as well as hope about their past, present, and future. This shift out of hopelessness could also be understood as a shift out of helplessness. According to Breggin and Stolzer (2020), progress in addressing psychological distress of all types will only be possible in so far as the individual has developed a sense of their capacity to make progress. As their spiritual/religious hope grew (e.g. that God still loved them, could forgive them, and would work in their lives) the participants’ psychological agency was also enhanced. They were no longer stuck in a state of hopelessness/helplessness. They could take steps toward healing and believe that healing was possible.

Part of the participants’ healing journey involved recognizing that said healing would not occur as quickly as they might have wanted it to. They developed a willingness to enter into the fullness of the healing process as opposed to a superficial or rushed processing of the wound of abortion. They came to accept that their healing would be an ongoing process. Thus, they valued the role the retreat played in equipping them for future challenges as they pursued that healing and continued to work to address the effects abortion had (in their own lives and in the lives of others).

*Recommendations for Mental Health Professionals***Recommendations Concerning Abortion.**

Understanding the Complexity of Lived Experiences of Abortion. As mentioned at the beginning of part 1 of the results, the participants emphasized the importance of understanding the complex lived experience of abortion. They recommended that mental health professionals in particular look “beyond the political debates” to see the “complex” and “powerfully painful” “lived experiences” (Lerato); “be aware just like how complicated it is” and how there are “so many different things that contribute to that decision” (Sarah); “get in touch with more people like me” to learn from those who “have been through it” (Rico); and establish awareness-focused events “to talk about abortion and the traumas”, “where people can come and share their experience” (Naomi).

Sarah stressed how important it is to intentionally develop awareness of the complexity of lived experiences like those of the participants in this research because of the profound effect one’s own beliefs about abortion can have on one’s ability to understand someone’s experience of abortion/post-abortion distress. She admitted that, given her strong beliefs about abortion in the present, she even found it difficult to understand the experience she herself lived in the past.

I think (pause) um that it’s (long pause) important to know like obvi- like how complex it is.. ‘Cause I think it’s easy once you know the truth about abortion that it’s just like black and white um ‘cause I even feel like I’m like that now like.. after receiving so much healing like to me it’s just so clear that it’s- that it would hurt people and that it’s wrong, like it’s crazy that even having gone through it, to me it’s just like how could yo- like I just don’t get-... but I’ve been there you know?

Her statement about how she can “see it so clearly now, but you can’t before”, leads into what Sarah has to say about the factors that complicate the choice to abort.

So, to like be aware just like how complicated it is (pause) just like a huge part like our society just confuses people so much on it right? So it’s just so confusing and depends on how you’re brought up and and just how (pause) confused you are when you are in a- like an unplanned pregnancy like how it’s just so confusing and there’s so much um you’re just in a state of fear like in a state of um (pause) like shock, so your mind just can’t think clearly.

Lerato added that understanding this complexity means avoiding the assumption “that she wanted to have the abortion.. That it’s- she did it purely out of choice”. Lerato had a great deal to say about the complexity and nuance of “choice”, all of which she recommended mental health professionals take into account.

Usually, by the time a woman is seeking (pause) [post-abortive] help, it’s because it wasn’t entirely her choice Um.. So, I think there’s definitely that aspect because for the women who are affected by abortion, most women who (pause) do it because they genuinely want the choice, they’re pretty ok um (pause) and they’re able to reconcile their experience and move on because they’ve genuinely made that experience.

Oftentimes, at least in my experience, it’s where that choice was complicated by a host of other factors to one degree or another [that women seek post-abortion support] so I think definitely that assumption of you know (pause) every woman who’s had an abortion is pro-choice, I think that could definitely be sticky.

Next, Lerato added to Sarah's list of factors influencing choice. Whereas Sarah focused on the immediate factors influencing the decision-making process such as shock, anxiety, confusion, and coercion, Lerato discussed the influence of the full span of an individual's history.

I think it would also be helpful to know that (pause) uh (pause) choice is a very very slippery slope and (pause) to (long pause)... take the time to understand (pause) the (pause) history around what led up to that choice (air-quotes hand gesture). Um and I've put it in inverted commas because oftentimes it's choice out of (pause) coercion, oftentimes it's choice out of desperation, oftentimes it's choice (pause) um, out of pressure, you know, so it's not (pause) real (word emphasized) choice um. (pause) Did I choose to have an abortion? Um not necessarily, (pause) but there were other factors that were playing into that..

And so I think to have (pause) that understanding of how (pause) your client specifically has gotten to where they have gotten to, (pause) that's helpful.. Because then you can begin to understand, oftentimes abortion is just a symptom for a whole host of (pause)very very painful stuff going on underneath...

Whether it's the result of getting into an unhealthy relationship, or whether it's the result of not having a mother figure growing up and not feeling like one can be a mother, whether it's the result of previous sexual trauma, like (pause) there's a whole host of reasons why women end up having an abortion, and (pause) a lot of times I think those are overlooked because abortion is this untouchable, unforgivable sin, um or it's so politicized that no one's really (pause) taking the time to look at the deeper emotional aspects connected to it.. So I- I mean at least in my life, I look at it as a symptom of a whole host of other things that were going on um (pause) and sort of as the collateral

damage in that process. And so I think it is definitely important because (pause) while the abortion is the focus, oftentimes it's coming from other things that have been going on there.

While discussing their recommendations, the participants first focused on the complexity of the choice to abort and the factors contributing to that choice and its authenticity (this area of complexity involved a broad range of psychological and interpersonal dynamics, as evidenced by the excerpts above). Yet, the participants' recommendation to understand the complex lived experience of those who have terminated a pregnancy (or multiple pregnancies) extends also to the complexity of the experience after the abortion, and the complexity of the healing process. Elaboration of these additional aspects of the complexity was not included here because they were covered within the other three superordinate themes. Their omission here is in no way meant to indicate that they should be excluded from the effort a mental health professional might make to learn about the complexity of the experience of abortion.

Understanding Abortion-Related Denial. Among the many factors complicating their experience of abortion, the participants brought a particular focus to denial. The participants would like mental health professionals to understand the effects and implications of this defence as they engage in post-abortion support.

Sarah was aware that, with regards to beliefs about abortion, many people "just honestly do not think it is life", and that this understanding is dominant in present society, that it is "what our society tells us". However, she recommended that mental health professionals be aware of the possibility that someone expressing this view externally, might be experiencing denial and dissonance internally.

I think that people that don't think they're impacted, like the mechanism of defence, like they're in denial or they're just- they can't accept it 'cause I think like it's really something hard to accept like that (pause) that you killed your child or that your ka- child was killed like it's- it's- it's like we're designed like we can- (laughing) we just can't accept certain things 'cause how would- like it's be really hard to live like knowing that um if you don't have (pause) um especially if you don't have belief in God being able to help you through it and forgive you,.. like how could you? Like it would be just so hard to accept. Or you'd accept it but then live in (pause) constant (pause) like shame or grief or like hating- self hatred.

Note that even though it is her belief that abortion ended the life of her child, Sarah still found it hard to say the words, her speech became more stilted, and she switched from an active to a passive voice (“you killed your child” vs “your child was killed”). Thus, her speech during the interview demonstrated a more subtle example of the phenomenon she was describing. If someone, like Sarah, had an abortion in spite of their belief that the unborn fetus is a human child, they may have resorted to denial as a defence against the distress associated with accepting that the abortion resulted in the death of their child. Thus, mental health professionals should be aware of the psychological dynamics which could be influencing the way a client speaks of their beliefs about, and experience of, abortion. If a client's statement (that they do not view abortion as ending a life) is accepted at face value, the mental health professional may be at risk of missing the dissonance hidden by a denial defence mechanism.

Naomi added to Sarah's warning by recommending that mental health professionals maintain an awareness of the possibility that well-meaning validation of the choice to abort could worsen a client's internal dissonance.

In the past you've been saying "Ok I've done something wrong"... and you know deep inside you that you've done something wrong. Right? and then all of the sudden you go to a therapy and they show you "No it was your right to do that so you did what you had to do, you did what was best for you. And that's what it is. You have to accept that." So (laughing) now, your conscience and all your subconscious knows that you've done something wrong and you need forgiveness for that, but your mind is telling your conscience (said in different voice – whisper yell) "Just shut up. We did nothing wrong. Just shut up. We did nothing wrong". (switch back to normal voice) So that like that conflict is even stronger than the one you've been through...

And we know that that kind of- being in that position can make someone... even sicker.. And even bring to suicide.. 'cause you get to a place where you're trying to tell yourself that I did nothing wrong and it's- abortion is accepted today. It's legal, the systems allows me to do it, I can go and do it as many times as I want, I don't even have to pay for it. But we've known that for years, right? That's why we were able to do it. But that does not change the fact that it ruins you because it is a life

And you can say whatever you want. You can say it's a- just a tiny cell or whatever you want. You know deep deep deep inside that that tiny little thing is still a human being because you've been that at some point (laughing) so you can you can just bring in all the science that you want, it's still a human being that you killed.. 'cause it doesn't change the fact that it is one day or two days or one week, if you had let that baby live, it would have been a person today.. And you know that that. Right? So (pause) it's just playing with word. Using words does not change the fact that deep deep deep inside, you know.

Naomi wanted mental health professionals to understand how to approach clients who may be trying to deny the part of themselves that believes the aborted fetus was human. Naomi spoke of how validations and affirmations supporting the decision to abort or arguing against the humanity of the fetus could provide a temporary experience of relief (e.g. relief that someone holds the same view as the part of them that is in denial), but this approach would not support healing in the long term (“maybe helpful for one’s pride, but not helpful for the soul.. and the emotions”). According to Naomi, and in her own experience, resolution of internal dissonance is reached through accepting responsibility for abortion and its consequences, and then accepting forgiveness because Christ has already atoned for her actions.

Rico shared that, although he does not have a recommended solution, he would like mental health professionals to consider men when they develop their understanding of the effects of post-abortion denial. The question of how to breach the denial or the lack of awareness of the need for healing among men affected by abortion remains a question that Rico himself is actively trying to answer.

And I’m not answering your question, I’m just, I’m dealing with it as well – how to communicate to these men: there is a place of healing.. There is there is – er- let me rephrase that there is healing for you, you know?.. You- you don’t- like you’re Lazarus in the grave (laugh) you you’ve gotta hear the voice of God calling you. Um how do you communicate that to them other than the way I just did but how do you get that message across?

Rico is aware of this particular challenge because of his own experience and its parallel to the Scripture of Lazarus in the tomb.

It's kind of like like like Lazarus, like he didn't know he was dead until Jesus called him and he heard and he answered. Oh yeah ok. Right? (interviewer laughs) I mean he wasn't lying there "I'm dead", right? (laugh).. So that's why the Scripture was so appropriate. It was- so much of my life I had not realized that that part of me was dead until.. I came to life...

Things of that deep spiritual nature are very difficult to.. put into words um (pause) uh (pause) um I don't know uh if uh you know I had always had my thumb on a on a tac, and it had always been there and I but the pain is just, it's part of my life, I'm not recognizing until I lift my thumb away and the pain stops – 'oh I was in pain all that time', right? So.. you don't realize something's wrong until you stop.. and so I didn't realize (pause) that part of me was dead until (pause) um you know, it was brought to life through the scriptural revelation.

One step toward reaching those who are in denial of spiritual/religious /psychological post-abortion effects may be an increase in available information that describes the type of effects they could be experiencing.

Contributing to Awareness About the Effects of Abortion. The participants spoke of their concerns regarding the information about abortion that is available in online resources.

Lerato spoke of her search for resources that would help her understand the profound spiritual/religious, psychological, and physical effects she experienced after her abortion. Though she eventually discovered some resources through Rachel's Vineyard, her initial search left her feeling invalidated.

All other material that I was finding was... (sigh) I don't want to say secular or worldly, it was, and it was more geared towards it as a cavalier – yes it's to be- emotional distress is to be expected.. at least that's how it felt for me... And I think probably, I mean you know, probably um it's not meant like that, but because of the distress I was in, it kind of felt like my experience was being invalidated.. and kind of like while you've had this, if you're having emotional distress, there's something wrong with you.. because this experience is a cure-all for all your problems and all your crises... all the other information I was getting it was great, you know self care and hotlines, but there was nothing that was speaking to the distress I was having not just emotionally but spiritually.

Rico added his concern about the discrepancy between resources addressing the potential trauma associated with different pregnancy options. He recognized that women who are considering adoption are quickly presented with information about the “PTSD of adoption”, whereas there is “very limited information on the emotional psychological impact that an abortion is going to have and next to no post-abortive care”. Rico also noted that if the information about post-abortion distress among women is limited, it is next to non-existent for men: “I haven't found anything with regards to the impact on on the man, on the father. Nothing”. So, he said “I think what needs to be done is um the information out there... the impacts of abortion, you know, that being communicated on a broader scope”.

To this end, Naomi proposed that mental health professionals consider what role they could play in awareness and advocacy.

I think (pause) not (pause) many people will go to counselling, (pause) maybe that it could be good to find a way to reach to those people... I don't know how that will work, but find a way to reach to (pause) ‘cause it's not just abortion, there's so many things that

people are suffered- suffering from and they're keeping for themselves. Especially in the society where (pause) [there is so much] isolation and everybody's running his ra- rat race. So I think the counsellor maybe need to reach out more and make it (pause) more accessible...

Maybe just hearing they organize event where- yeah open to the public where people can come and share their experience or whatever... 'cause you could- even if you have people who have been through it... Yeah (long pause) could be you guys are on a campus, so maybe visit classes and say it a- advertise an event where pe- people- someone is invited to talk about abortion and the traumas and that kind of thing .. Information. Yeah.. Get it out there so that.. people can participate and come.

Increased awareness about post-abortion distress, the complexity of the experience and the influence of denial on those needing support then leads to the question: what can be done within therapy sessions to address that distress?

Recommendations Concerning Psychotherapy Session Content.

Offering Perspective. Following his recommendation about information that should be made available, Rico recommended offering perspective in pregnancy counselling to increase the awareness of the risk of post-abortion distress. Although Rico admitted that he has no personal experience of counselling, (so he may not be aware of the ethical standards regarding the avoidance of imposing values on clients), he expressed a desire that there could be a transparent conversation about the potential experiences someone could have after an abortion.

People coming for counselling and they're saying well we're you know if they're looking for advice about abortion, then- then the encouragement to not, right? That- that it's not

just (pause) um like you're you're ending a life, but you'll also be causing yourself permanent damage... number one, the you- you know, you're destroying a life um so you will carry the guilt, [and] you're not only destroying a life, you'll you'll carry the guilt of of murder uh with you um you will carry the the burden of a child that you could've had, that you never had, and you know it may seem like just a problem now, but uh later in your life, you'll recognize that it wasn't a problem, it was a child that you never had, that you could have had. Um you know that- that awareness that isn't talked about anywhere...

They don't talk about the post-traumatic stress of having the abortion. So again, for counselling to be um you know making sure that [there is an awareness of] the full extent of the impact of abortion um both at the time, and the two-three weeks, month afterwards, but [also] the years afterwards, of- of the impact that that abortion is going to have.. both for the men and the women.

Again, Rico stressed that when discussing the impacts of abortion, it should be with regards to women and men.

The other participants recommended offering hopeful perspective within post-abortion support but doing so in a way that balances listening with attentiveness and compassion and meeting the individuals as they are. Naomi's recommendation focused on those who are experiencing some level of dissonance and/or distress after the abortion but are primarily in denial or trying to convince themselves that they "did the right thing". She recommended that mental health professionals patiently listen while the individual is in a state of rationalizing or defending, whereas in a moment when they admit that their choice may have had negative consequences, new perspective and hope for healing can be offered.

At first, to listen to the person and (pause) all the (pause) all the rationalization that people still try to do even when they go to counselling they will try to prove that they did the- the right thing for a while until here and there they crack and they will say things like 'I messed up' ... So... wait for the right moment to tell the person 'Yes you've messed up but what is the solution?'. Right? 'You've messed up but there's a solution. You've messed up but God's love is there'.

Naomi's recommendation underscored the importance of offering perspective at just the right moment when it can be more impactfully received.

For Lerato and Sarah, the primary area in which they recommended mental health professionals in post-abortion therapy offer perspective was with regards to hope. Lerato explained how offering a perspective of hope for the future is crucial and how it should be done while maintaining compassion for, and awareness of, how challenging it may be for the individual to accept that hope is possible.

Balancing that [genuine compassion] with the ability to bring insight and perspective because that's another thing that often happens is being in that experience- and at least for myself- I couldn't see the hope. I couldn't see that four- five years from now you'll be able to be dating. You'll be able to talking- to be talking to men again. You'll be able to be you know celebrating your friend's first child's birth. You'll be able to be doing all these things. Um and so being able I think to balance that present moment compassion with also future hope - that you're here now, I understand your story, I am hearing your story, I'm seeing you um and at the same time, I can be your eyes for the future where you can't quite see yet, but I'm going to help you get there and at least get to a place where you (word emphasized) can start to see that... The ability to keep filling with hope.

Hope in Post-Abortion Support. Lerato had a lot to say about hope and how invaluable it was in her experience of post-abortion support.

There's so much that can be said, right, you can preach until your face is blue, you can quote Scriptures, but ultimately, I think what a woman needs after an abortion experience is hope. (pause) Is just th- (half-laugh) there's more after this.

She recommended that mental health professionals become "a dealer in hope". The practical suggestions she offered for doing so included sharing stories of women who have gone through post-abortion distress and are now thriving.

Gathering stories of women who've walked through the journey who are flourishing and thriving... So, for example you're doing interviews like this um, based on the permission of your participants, if everybody said yes... put together a feature- and it doesn't have to be their name or their faces or whatever, but just put together a brief snippet of their stories and where they are at now and give that to your client each week, right?.. And share their stories like, you know, she went through this, but she's thriving in her career, she's finishing off school, she just had her second baby, she's getting married um. I think that's definitely one way to foster hope, to show women who've (shift from speaking quickly to slowly) walked through it um who are not living perfect lives necessarily, but who are living fulfilled lives (back to speaking quickly) even with the challenges, you know? Like that realistic picture. Like no everything is not all rosy, I still get triggered, I still have hard days, I still have hard seasons around anniversaries, but, you know, I'm finishing off school, I'm working, I'm getting ready to travel, like those types of things.. I think that- at least for me I think that's something that would have been helpful, to (pause) see (pause) other (pause) examples of women who've gone through that.

Lerato also suggested creating a vision board.

In one of maybe the last sessions just before the memorial or leading up [to the memorial at the end] um having a vision board session. And just allowing (pause) that space to dream (pause) and to have hope. Um yeah that's something that definitely helped me.. and that's something I did on myself personally um. (pause) And it was really helpful to sort of see that every single day because even though I was in that dark place, like I could still see the- the light and the hope. So, I think incorporating that into a session.. would definitely be (pause) um amazing... I think it helps to have that (pause) visual reminder before you every day...and that did help get me to a place where I then felt like... now I can feel like I can actually aspire to that.

Sarah was another participant for whom hope was particularly important. In the theme *spiritual/religious perspective shifts* there was a whole litany of hopes that Sarah valued, but in her recommendations she focuses on two areas in which mental health professionals can foster hope: hope for healing and restoration from God and hope that someone could know about her abortion and still love her.

I think that [building hope is] really important- 'cause you feel kinda like, like you've like failed so much, so I think it's really important to – like that hope that you receive from God that (pause) that you can be made new... that's important to plant in there.

The hope for healing and being “made new” will be further discussed with the presentation of *spirituality/religion as a source of hope*. For now, it is enough to note that Sarah recommended planting seeds of hope that healing is possible, and that this can be done by drawing on a belief in a God who has the power to heal even to the point of bringing new life to the dead. Sewing

seeds of this type of hope was crucial because, in Sarah's experience, the many aspects of her healing began with the hope that they were possible in the first place.

Sarah also spoke of a specific intervention that promoted hope and self-compassion during her time in counselling.

I remember it really helped me in counselling when [my counsellor] said a couple times um she said something like how- like 'cause I felt like like the shame was like I felt like nobody could ever accept me or love me because of what I had done so she explored a couple times with me like what would you say to someone who told you this like your story, what would you say to them?... knowing that (pause) I would be gentle with them so what- what would I say? So- And then thinking like well can someone else then be the same way with you?... So it gave like a glimmer of hope like kind of exploring like the shame and like the feeling like no one could ever love you again and all that.... I remember that was helpful... it gave a lot of hope.

She spoke of the way her hope was reinforced each time she was repeatedly reminded by her counsellor that if she could love someone who had an abortion, someone could love her.

Love in Post-Abortion Support. The participants spoke of the importance of helping someone in post-abortion support to recognize that they can be loved by other people and by God. Rico recommended providing "assurance of God's love, of you know, the assurance that the forgiveness is there, assurance that healing is available". This was a phrase he repeated as he emphasized and embodied the importance of "continued encouragement of God's love". His recommendation is relevant to mental health professionals in two ways: there could be the explicit discussion around the client's experience of the availability of God's love for them and

mental health professionals could themselves become a conduit through which the client experiences God's love.

My feeling is if you're focused on pouring out love into this person that you're counselling um that opens um, my own belief, that opens the floodgates, right? That- that God uses us to love others with His love.

Feeling loved and cherished in the context of therapy sessions could promote a spiritual/religious and psychological shift in clients as the participants experienced at the retreat. They may come to discover that even though they felt (entirely or partially) unable to receive love (from God or from others), that love was still being offered and their role was to open themselves up to begin receiving once again – to “open the floodgates” and allow the love they had been keeping at bay to flood into the internal places of shame and guilt that they thought could not be touched by love.

Lerato recommended collaboratively creating opportunities for the client to feel loved within the context of therapy.

Having sort of some questions in place... ‘How do you feel loved? How can you feel loved in this space in the context of this room?.. What would make you feel loved? And then you know, list things that are professionally acceptable, and that you're personally comfortable with.. Um and then finding out what, you know what works for them from there.

She described the value of providing a “menu” of options that the mental health professional considers realistic and possible. For example, is it possible to “meet every week and walk outside” or to have “tea and scones and cream and jam”? She also noted that having a “menu”

would be helpful in that it provides the language when the client may still be learning how to speak about love and identify their own love language.

Another example Lerato provided was the use of affirmations in conjunction with Living Scripture meditations to counter insecurities and negative core beliefs such as being unloved or unlovable.

It can be like a little process of, you know, do an affirmation and then do the meditation and just sort of solidify that you know and- and reinforce (pause) some of those truths...whatever those truths- 'cause they're different for every woman, right? We all struggle with different insecurities,.. so again, not a one-size-fits-all, but it would be you know there's some that are pretty universal. You are lovable, you are an amazing woman, you are um the apple of God's eye, you know sort of reinforcing those things.

Sarah recommended using Scripture as was done in the retreat to provide a lived experience of God's love and forgiveness (see the emergent theme transformative encounter with God through Scripture).

Recommendations Concerning Spirituality/Religion.

Spirituality/Religion as a Source of Hope in Post-Abortion Support. The core of the many types of hope described by Sarah (see emergent theme *spiritual/religious perspective shifts*) revolved around one core hope founded in her Christian belief system: "that hope that you receive from God that (pause) that you can be made new". The possibility of renewal meant that all the other areas of hopelessness and despair could be re-evaluated and were not necessarily as impossible as she had previously believed.

The participants also spoke of another important hope, grounded in their spiritual/religious beliefs that helped them through their grief: the hope that their children who were lost to abortion are alive in heaven.

The assurance that that y- while your fatherhood [or motherhood] in this world has been lost, it will be restored uh in- in heaven, right? And tha- that those children that um did not have a life on this earth, do have a life in heaven. They're there and they're waiting, so it's it's yes it's lost in this life, but it's not lost forever.

Rico recommended that mental health professionals explore and affirm this hope when providing post-abortion support.

Lerato understood one of the primary roles played by spirituality/religion in the healing process to be the fostering of hope. Therefore, she stated that mental health professionals who are not working with clients within a Christian worldview could still focus on fostering hope in other ways.

Whether or not, you know, these professionals are practicing Christians or not, I think just that ability to be a dealer in hope and sort of give that.. I think that (deep breath in) any practice in any healing journey that is rooted in (pause) doing that and giving that um I think would have succeeded...

And whatever that hope looks like. It doesn't have to be- you don't have to be quoting Bible verses you don't- but just there's a bigger plan for you, there's a purpose, your story is a message that is going to help another woman get through her journey and your strength and your resilience.

However, Lerato also cautioned that there are cases where leaving spirituality/religion (in particular the redemptive perspective of the Christian understanding of God) out of the therapeutic process would result in a lack of hope.

Sometimes if [spirituality/religion is] completely left out, there's no source of hope..

Because what are you basing your hope for the future on if not a God who can redeem and restore and heal you completely so you can move forward? And I think that is one of the most powerful elements of the retreat.

Understandably, given the integration of spirituality/religion in their own hope and healing, the participants had recommendations regarding how to integrate spirituality/religion into post-abortion support at a broader level.

Integrating Spirituality/Religion in Post-Abortion Support. The participants spoke at length on their views regarding the integration of spirituality/religion into post-abortion support.

Naomi was adamant about the integration of Christianity as essential to post-abortion healing.

I know it will be a big one for them [mental health professionals] to swallow.. But (pause) I don't think that they can help apart from God (laugh).. There's no way. They can be empathic- empathetic?.. They can like be firm, talk to people to shock them and make them realize that 'It's nothing, you can just move on in your- with your life', (said harshly) they can help them bring the pain to the surface, but they don't have the cure (laugh) there's nothing they can do.. If they don't bring God and what Christ did on the cross to the (pause) to the discussion, it's just like (pause) playing with someone pain (pause) and not putting the um what can c- i- ok how should I say it it's like you have a-

um a wound that is infected. You stick your hand in it, it's not sanitized, you make the person suffer more, (pause) and then you remove your hand, and the infection will continue. Christ is the only penicillin (laugh).. And if you do not apply Christ, (pause) yeah. Or maybe the person has a wound and is infected and then you put your hand around and then you're patting it. What will that do? Nothing.. The person might feel the comfort of your hand, but the infection is still there, and the infection will still continue to grow, and the right antibiotic is for the person to know that someone died so that they can be forgiven...

And I know that I've been through um um prayer before about this, but we never went in depth, so it is good to go in depth. It is good to stick a hand in the wound. It's good to expose the wound and look at it and see it w- w- the cause- the cause of the infection, but after that, if we... do not use Christ and Christ's word, then there's still no cure. You leave the place more conscious of the horror of what you did, more conscious of (pause) uh how should I say it, people maybe being like kind to you, but that kind[ness] doesn't really help, it's just help you be more guilty, or you left the place knowing that you have an issue, but you don't have a solution for it.. Or you try harder to say 'Yes everything is fine, yes everything is fine'. That makes you delusional, 'cause you're internally- that's what you've been doing for years and now you go through through a therapy and you end up doing even m- it more strongly.

(interviewer) And what about if spirituality were incorporated into the counselling sessions?

(Deep breath) Oh there's so many (pause) there's so many kind of spirituality.. Has to be the good one (laugh) Um 'cause spirituality could be to tell the person to do yoga all day

long. Right? So do yoga, do yoga, do yoga, do yoga. Or do hmmm. Hmmm. Hmmm. Just to quiet (laughing) the the the guilt.. Spirituality could be 'I'm ma- I'm master of my own life. I can do whatever and if I can accept that and get to that place and I'm god over my life'- you have that kind of spirituality and even Christian spirituality when it is like 'Ok God, understand whatever the- whatever it is that you did, He understands you, all is fine, He loves you', but He loves you but He hates sin. And what you did was wrong. And you have to admit that what you did is wrong and that is freeing.. So you admit that what you did is wrong and that you need forgiveness... You need to ask fo- for forgiveness from God, ask forgiveness from the child. So that has to be clear. If it's not that, then any kind of spirituality won't do... people will say I'm closed-minded, but that's what I think.

Rico echoed Naomi's views, adding some nuance regarding the integration of Christian Scripture.

Counsellors that are working in Christian counselling um things that uh definitely would want them to know is the spiritual aspect needs to be continually focused on the Word. Um you know the the the Bible, um every bit of the counselling needs to be backed scripturally. Um and that's where I think the big power of uh Rachel's Vineyard is is the Living Scriptures...

Now, of course, I'm not talking about Bible thumping everybody that needs- it has to be, you know I I could use a quick comparison of another area of ministry and healing that I'm involved in and that's within human trafficking. So uh when women um that are involved in the sex trade industry... we start off with treating them with love and kindness and respect and establish a relationship, and then that leads to the abili- to the opportunity of showing them there's a a different life they can live. And then they end up

then wanting to know more. And it's kind of the same I guess in in treating um (pause) counselling people that have been impacted by abortion. Um if somebody comes to a counsellor um I'm feeling really bad, I had an abortion six months ago or ten years ago um I'm not saying ok we pull out the Bible and start- no you would want to establish [rapport]- but all of your approach uh needs to be based you know in a Biblical sense.

Sarah also spoke of the importance of using Scripture to help deepen a client's understanding of "God's forgiveness and God's love and God's like (pause) power to redeem them" as was done at the retreat through the Living Scripture meditations. She could not think of a better way to promote spiritual/religious healing than doing so; however, she was aware of the fine balance that would be required.

Yeah it's tough. I feel like- like you couldn't just like- if s- if someone's in like a place of despair in that moment or like you couldn't just be like oh well.. God's gonna bring good about this- well it's good to- I feel like it's good to plant seeds of hope because a person often feels a lot of like hopelessness in themselves like until they can see- receive healing and then like kinda get to that place of seeing that God can work good through this and you- you can even help others through it.. Um so like planting seeds of hope but I guess you can't just say that to someone who's there so more just like walking them- with them in the process of (pause) of pain.

She recommended patient accompaniment of clients in order to strike a balance between continuing to plant seeds of hope for spiritual healing, while avoiding statements that could be dismissed, or perceived as dismissive, due to the client's despair.

Lerato further emphasized the importance of a gentle, individually tailored approach to integrating Christian spirituality/religion.

The second thing about spirituality and post-abortion care I would say is not applying a one-size fits all. So, because of what the abortion experience does to a woman's spirituality, sometimes if that's misapplied, it can come across as very judgmental. And sometimes if that's completely left out, there's no source of hope.. Because what are you basing your hope for the future on if not a God who can redeem and restore and heal you completely so you can move forward. And I think that is one of the most powerful elements of the retreat.. Is it's able to combine um spirituality in such a gentle and yet powerful way where there is no judgment but there is also um (pause) you know there's a truth and no one tries and hides the truth [by saying] oh yeah yeah what you did was absolutely right you didn't need to have that kid- No it is- it's wrong it's not right um so there is that, but I think the way that it's done is in a very (pause) gentle and powerful way.. You know? So, I think that combination um of grace and truth.. and being able to apply those two things. Because it will look different for every woman. For example, by the time I reached out, my sense of (pause) connection to God was so gone that (pause) if I had just been stuffed with Bible verses, I would have been discouraged (pause) because I would have felt like (pause) I can't even access God like that. This doesn't apply to me.. But because it was applied in (pause) very um (pause) in very gentle ways that met me at the place that I was at at the time, and so it's kind of like- we're not gonna stuff this down your throat, but it's here and this is the truth uh and this is how you're going to move forward. So, I would say a combination of- of grace and truth and not applying a one-size-fits all.. You know, sitting with your Bible and sort of going through Bible verses.

And ‘cause everyone is at different places in their faith before the abortion,.. and then after that I think it shakes (pause) that (pause) considerably. Um and so I think maybe getting to know- as you have done in your first interview- ‘What’s your history? Tell me a little bit about your history with your faith.’ and ‘How did you get there?’ and ‘What does that look like for you?’ So you can understand where your, you know, client is coming from and then sort of tailor (pause) that (pause) experience and that healing process for them to that.

The participants’ recommendations in this section were focused on how spirituality/religion could be integrated into individual counselling. However, the participants repeatedly referred to, and based their recommendations on, the retreat and the beneficial aspects of the retreat format.

Recommendations Concerning Treatment Format (Structure, Timing, & Type).

Counselling & Retreat Combination. Lerato spoke of her experience with individual counselling and the Rachel’s Vineyard retreat as “the most dynamic combo of healing”. She found it especially helpful to be able to process her emotions privately before sharing in a group setting.

Rico recommended using individual counselling as a preparation for the retreat. He drew parallels with counselling sessions prior to the rehabilitation from an addiction. “So, some initial counselling, identify a problem, identify the reasons for the addiction, but um the healing from the addiction is only gonna come from an extended rehabilitation period right?”. Rico emphasized the value of those initial sessions as a transition and preparation for the healing at the retreat.

Like you can't just go 'Oh yeah I feel really bad. Twenty years ago I was involved in an abortion. Ok this Saturday I'm gonna go to the retreat'.. You know th- th- you need to be prepped right? So I think.. I see the counsellors in this aspect cou- one on one counselling sessions you know like this to lead towards- you know to prep- prep an individual for that that deeper healing...

Kinda triaging. Um (pause) have the individual talk about the abortion, so (pause) when did it happen, why did it happen? Um what are your feelings about it? These are- these are things that we talked about and before I went [to the retreat]. Um and uh the encouragement that um again, the continued encouragement of God's love...

And then that- that will serve two purposes it will- it'll get the person ok dealing with it rather than keeping it buried um (clears throat) and- and it also- my feeling is if you're focused on pouring out love into this person that you're counselling um that opens um, my own belief, that opens the floodgates right? That that God uses us to love others with His love.

Rico recommends that the preparation prior to the retreat allow the individual to become more comfortable talking about their experience with abortion and to begin allowing them to be loved in that internal space that they had kept closed (a spiritual/religious and psychological experience of healing that would be continued at the retreat).

Rico was clear that, although he would recommend preparation through individual counselling, he would not recommend attempting to transfer the entire process of healing from the retreat into individual sessions.

I don't think one on one counselling sessions can accomplish uh the the depth of s-number one, the depth of spiritual healing that comes as a result of the extended retreat, as well as um (pause) the- in order to get the – the depth of healing that is required, you have to be removed from your daily routine. You know you have to- actually that's w- the purpose of any retreat.

He explored the value of purposefully spending a few days in a specific location with the intention of focusing on healing. On a practical level, doing so provides “the time to be able to focus completely, right?... it's a little hard to receive you know um what God wants to do when you've got, you know, half your mind in problems at work”. On a deeper psychological level, Rico spoke of attending a retreat as something that fosters an intentional type of vulnerability.

Psychologically when you (cough) physically move yourself from your environment and move into another environment um it op- it increases your vulnerabi- vulnerability I think... therefore you're actually more able to receive.. Which seems somewhat counter-intuitive, you'd think you'd have more barriers up, but... you're making yourself vulnerable, therefore you know... 'ok I'm doing this because I'm expecting something to happen'... [and] the aspect of putting yourself apart... to focus on um what you're recognizing as a need, right? The fact that you're doing it, you're telling yourself 'Yes, I need this'.

Thus, physically going somewhere for a dedicated time can be a valuable step toward preparing to enter a deeper process of healing.

Lerato and Naomi both spoke of the value of follow-up mental health support after the retreat. Lerato recommended that mental health professionals create space in the structure of

their practice so that they would be able to have “check-ins” with clients as needed to have a more gradual termination process.

I think professionals in- -in structuring their process, I think that’s something that would be great to have room for. And again, it doesn’t have to be a one-size-fits all. Some women, once they’re done they’re done. They don’t need any more check-ins or follow ups, they don’t want it. They’ve dealt with that area of their life.. it’s put in a box, moving on. Um for other women, you know, it’s great to have that check in and see ‘Ok how are you doing now?’ And maybe we do it as a period of six months after (pause) and then after that you know, you minimize them so initially maybe once every two months and then after the two months, once every four months and then once every eight months, and then when it gets to nine months, (pause) they then have the ability to call you open-door policy right?.. So yeah I think that’s something that I look at and I’m like ok yeah I got all the tools and the resources um, (pause) but also that follow-up as you’re saying, ‘What are you still dealing with?.. What are you- what do you still need help with? Can I direct you to any resources? Can I direct you to anything?’ I think that would be helpful.

Lerato was particularly aware of the ongoing process required to learn how to cope with new triggers as they emerge.

I give myself as an example I- you know I’ll get triggered, but because I have the tools and the resources, I know how to (pause) contain that trigger and attend to it.. Um but there’s still things where you know, sometimes I do need help like ok I don’t know how to move past this particular thing, I need someone to come alongside me.

Naomi's vision of follow up care involved a mental health professional who can help develop awareness and insight after the retreat. In this sense she did not believe the post-abortion, post-retreat mental health care would require anything particularly different from most therapy sessions. It would involve mental health professionals doing "just what you guys usually do".

Just being asked some question, just open the- your- your- h- (pause) your es- your um (pause) just helps like understand better seeing- seeing ok where am I holding my ground and doing the proper thing and keeping the benefits of that retreat and where am I lacking and where can I- could I do better what have- that kind of thing.

The processing would increase the individual's understanding of what occurred at the retreat and would support their ability to maintain the healing and the changes they drew from the retreat.

Checking the Pace. A few of the participants' recommendations addressed the pace of sessions for post-abortion support.

Rico recommended that mental health professionals address the client's potential expectations about rapid healing: "make sure there's no false expectations of uh um 'a few counselling sessions and I'm gonna be alright again', that it's, you know, an extended thing". He was aware that the client may want to rush their own healing process.

Conversely, Lerato, Naomi, and Sarah recommended that mental health professionals avoid rushing their clients' healing process. Lerato put it this way:

Sometimes it's coming from a good place, you know (pause) for example if you have a limited time that you have to do your sessions in, sometimes it can feel like we need to get through the modules.. This week module one, week one, module two week two, module three – and sometimes between week two and week three (pause) something

comes up and it's a little bit harder to get past and (pause) week two needs a little more time or needs two more weeks so it extends out the modules.. Being patient with that – going with the flow of (pause) how it's working. You may have to combine two modules, you have to maybe get rid of one module or sort of give them to do at home, but um not pushing and feeling like boxes have to be checked in terms of what needs to be accomplished in that healing session or that (pause) healing season um (pause) but just sort of going with the flow and not pushing. That would not be helpful.

In order to avoid conveying any type of pressure for the client to move forward before they are ready to do so, Lerato recommended explicitly processing the client's experience of the pace.

I think just sensitivity... checking in after each session ok how was this for you? Do you want to take some time to process it and let me know where you're at next week and how you want to (pause) move forward?

In addition, Sarah recommended the avoidance of any assumptions regarding the duration of post-abortion grief compared to grief for a loved one with whom one has spent more time.

I think people would think that- that with stuff like maybe abortion or miscarriage that it should be like a shorter grief because the person wasn't around as long, but I don't think that's true. Um so like to kn- obviously not have a timeline for the grief or think that it should be shorter... because like losing someone is losing someone and everybody is different also with that.

Though the participants were wary of a structured pace, standard timelines, or modules clients might feel pressured to complete, the participants still acknowledged the value of establishing elements that contribute to the regular structure of a given mental health professional's practice.

Considerations for Standard Structures of Care. Some of the participants' recommendations touched on considerations for a standard structure of care as it relates to post-abortion support.

Rico recommended that information about a history of abortion be integrated into the standard intake process for all clients, and that mental health professionals consider the possibility that abortion is affecting their clients' mental health.

To say, you know, have you- do you smoke, do you drink, have you had- been involved- has abortion been a part of your life? You know that needs to be a fact.. that that's- so the opportunity and if they s- yeah yeah you know the response would be yeah but that was a long time ago .. ok then take then notes down I'll follow up on this part.. and don't let it get away, so yeah I think that it should be a part of a standard interview process.

Lerato also had some recommendations for a standard structure that could be used in individual post-abortion support. She recommended beginning each session with a meditative experience of God's presence.

I think it would be interesting to see a version of the Living Scriptures.. I think that would, you know, starting off the session with a Living Scripture meditation and then sort of once, you know, God has been allowed into the space um, sort of then digging in.. I found that was helpful in my experience too (breath in) just centering um centering on God and His presence and so not feeling like I was doing it by myself and would be completely overwhelmed with it,.. so based on the retreat I think, you know, starting off with a Living Scripture meditation and you know can be an abridged version so you

know ten minutes instead of the twenty or whatever it is, uh I think that would be pretty neat.

Even a brief time spent inviting God to be present could support the client's sense of safety if it allows them to feel that they are supported and that they are not alone.

In addition, Lerato took a moment to underline the value of incorporating a memorial for the lost child in individual post-abortion support. She acknowledged that it may be seen as a pre-existing standard practice but recommended that the practice be maintained.

Recommendations Concerning the Therapist.

Therapist Qualities (Traits & Awareness to Foster Within Themselves). Lerato recommended that mental health professionals foster a sense of compassion and an intentional willingness to understand the story from their post-abortive client's perspective. She stressed that some of the foundational counselling skills are especially important when working in post-abortion support.

I think the first thing that I would say is genuine compassion. Um when (pause) a client (pause) comes to you with their story, especially- and all traumas are relevant, I'm not saying traumas are not I'm just speaking about in the post-abortion context – is (pause) for your client to have reached this point of reaching out um (pause) it means they're in a really difficult place because a lot of women just bury it and go on with life. And we all cope differently so that's not to minimize those experiences, we do the best we can with the resources that we have in front of us at the time,) but by the time s- a client does come forward with that, it's because they're in a place where they really need it I would say. And whether that's grappling with the shame and the fears and the insecurities, whether

it's a strong desire to really heal and move forward so they can fully enjoy life (pause) um and that needs to be met with compassion and- and genuine compassion and- and understanding the story from their perspective. Um and a genuine interest you know in- in what has happened and what has transpired, in a non-judgmental way... so yeah I think that- questions and compassion and curiosity and validating, I think those are pretty helpful.

Though non-judgmental curiosity, compassion, and validation could be understood as prerequisites for all counsellors, Lerato felt that they would need to be exercised with particular skill in post-abortion support.

Naomi noted that if she were to seek follow up counselling after the retreat, she would find it helpful to work with a mental health professional who had attended a Rachel's Vineyard retreat. Just as Sarah recognized that her husband was better able to understand and support her after attending a retreat with her, Naomi felt that a mental health professional would be able to better support her ongoing healing if they had an experiential understanding of the retreat process.

Rico stressed the need for mental health professionals who are willing and able to provide spiritually integrated services. Since he understands the human person as not only a physical and cognitive being but also a spiritual being, Rico stated that counselling without spirituality/religion would be less effective. Rico recommended that mental health professionals, particularly those engaging in post-abortion support, increase their own spiritual/religious practices (i.e., recommending that they be "prayed up" in order to better work within the "heavy realm" of post-abortion support). He believed that the spiritual/religious focus of the therapist can facilitate that of the client. Understood from the perspective of the retreat, the depth of

spiritual/religious engagement of the retreat team members (whose spirituality/religion was a match for the spirituality/religion of the participants) allowed the participants to engage more deeply in their spirituality/religion.

Acknowledging the Limitations of the Professional Role. The participants acknowledged that they are not mental health professionals, and that mental health professionals might have professional constraints that could limit their ability to follow the participants' recommendations. After describing her recommendation in the theme *offering perspective*, Naomi stated "I don't know if- that's me thinking right? So.. I'm maybe not thinking in the- as a um counselling pro- professional, right?".

Lerato recognized that, as important as her experience of love from the retreat team was in her healing, mental health professionals may have to keep different boundaries than those at the retreat.

Being able to give that hope and being able to give that love and the reason I say hope instead of love is because as a professional there are boundaries that have to be adhered to right? So, with the retreat I think what makes it unique is it's just the weekend.. and so there is that ability to infuse that sort of love in that place because it is essentially like a lifeline. Like let's pack you up with love.. and send you out into the world. Whereas in an experience I think where it's more of a counselling, for example or if it's an 8-10 week course or series, um it is difficult to really throw yourself in while still being professional. Whereas with hope, there is a way to do that that, you know your professionalism isn't compromised.

Thus, one of the ways mental health professionals might love and care for their post-abortive clients while maintaining professional boundaries is by fostering their clients' sense of hope.

Sarah was aware that the role of a mental health professional is different from the role of a spiritual/religious teacher or formator.

As like a counsellor you can't really- or I don't know, I guess there's Christian counselling right? I don't know if you can really be like (pause) teaching [about spirituality/ God's forgiveness, love, and power to redeem]... but I guess in counselling- 'cause you can do things like, like on the retreat um like meditation on Scripture and then explore that one-on-one.

Thus, although spiritual/religious interventions could be included, Sarah understood that there would have to be an agreement between the mental health professional and the client, such as when the counselling is understood to be based on a Christian foundation from the start of the therapeutic process.

Participants' Unique Recommendations. As mentioned in part 1 of the results, each participant's unique experiences informed their recommendations in unique ways. Some of these recommendations still converged, as in the themes presented above; however, this section will summarize the recommendations that each participant focused on with a particular emphasis.

Holistic Post-Abortion Support. Lerato emphasized the need for a holistic approach to post-abortion support that addresses the spiritual/religious, psychological, and physical impacts of abortion.

I would say it needs to be holistic.. And (pause) for me- and holistic will look different for every professional, it will look different for every client- but for me holistic (pause)

means (pause) spirit body and soul.. And incorporating all those different aspects, so we're not just trying to pray away the pain, we're also looking at the lies behind the behaviour. Why did you get into this type of relationship? Why did you feel that you couldn't reach out to anybody during your experience? Why did you feel like, (pause) you know, now you won't get married because of that? And ok, your body, have you tried these activities? These are the range of activities that could be helpful for your body. What speaks to you? For some people it's dance. For some people it's sports. For other people, it's you know rock climbing or hiking. Finding what works for your client um and for the woman in her experience, and then deepening that into the spiritual aspect, I think just (pause) focusing on hope.

Support for Complex Post-Abortion Grief. Sarah emphasized the importance of understanding abortion as a loss and creating space to process the complexity of the grief. She also noted that mental health professionals should understand the challenges that could prevent a client from expressing their grief.

Maybe being asked um more questions that maybe you'd ask somebody who's grieving.. Does it- does that make sense? Like um like not being afraid to ask like I don't know what those questions would be, but I think like just like um like somebody who's grieving um I think it would be helpful for them to be able to talk about the person, you know? Um as a way to remember them so not being afraid to ask those questions, because it's hard to express them. Or depending on where the person's at 'cause I was a lot younger then too or- and in a different headspace, so being able to (pause) maybe given the opportunity more 'cause like it's hard to maybe express or like um questions revolving more around grief?... Or like things that people really want to talk about if

they're grieving, like ways to remember or honour the person um or be able to explore that more.

Understanding the Dynamics of Post-Abortion Pain. Naomi emphasized the need to understand the dynamics of post-abortion pain: the continuum of readiness to acknowledge the pain and how that continuum is related to the different types of pain.

We are [at] different level in the healing or being- being even in the continuum of being ready to acknowledge [the abortion and the pain].. For some people it's so deep deep deep um buried that they- they- they don't even re- remember that they[ve] done that.

Even if the individual has some awareness of the pain of guilt and shame and self-punishment, they may not yet be ready to accept the pain of grief.

There's this pain that you allow, punishing yourself, and then, you have the pain of regret (pause) uh the pain of love (pause) um (pause) the pain of shame (pause) there's so many l- t- can- yeah.. Yeah. but I think the pain of love and regret is the one that you cannot accept because you ch- so- you're focalizing on punishing yourself that you cannot even see the other uh side of the truth which is but I do love that kid, I do regret not to having known him, hold him, take him- taking care of him.

Thus, Naomi stated that she would take a gentle, patient approach with someone who has not yet acknowledged their pain.

But to someone who [hasn't acknowledged the pain] you can just share your experience and from there, hope that God will work through their hurt and bring the- (pause) to where they need to be.. 'Cause in all that, there's also that defence mechanism that God gi- give us right? So, you don't want to do something before they're ready (laugh)...

Yeah. So, you don't want to talk to- to someone and make the person realize something when he's not in emotionally ready to handle it

The Need for People Working to Address the Impacts of Abortion. Rico emphasized the need to have many more researchers and mental health professionals engaged in addressing the vast impacts of abortion.

We need like a thousand more of you (laugh) Um you know, doing this. Um I don't think um (pause) and and from what I've talked to people that are involved in Silent No More or Rachel's Vineyard or Campaign for Life um we haven't even scratched the uh- we haven't even touched the tip of the iceberg as to the depth of damage that that abortion has done to our society and not just the millions of babies that have died, but the families, the marriages that have been destroyed, the um siblings that have been- been- been shattered um the depth of the damage uh is- is- beyond concept. And and counselling is absolutely critical and for people taking time in their careers and in their lives and in their a- academic endeavours to focus on abortion is is uh greatly needed. I mean uh we will know the truth and the truth will set us free, so the- that information that needs to get out there will only come from people uh like yourself and others that uh are gonna take the time and look into the facts and figures, look into all the aspects and then and then put it out there, so so people can know um you know, there is (pause) there is an answer right? And you know the answer is God and you don't have to suffer in pain any longer.

Summary of the Fourth Superordinate: Recommendations for Mental Health

Professionals. The participants' recommendations were focused on what they wanted mental health professionals to know about abortion, as well as the content and format of mental health

support related to abortion. They also spoke about the integration of spirituality/religion, as well as the traits, qualities, and limitations of the therapist.

Within their recommendations concerning abortion, the participants strongly emphasized their desire that mental health professionals understand the complexity around the decision to abort, as well as post-abortion experiences. The participants' appeal harmonized with a recent movement in the literature calling researchers to engage in efforts to understand the complexity of mental health: "If we are to make genuine progress in explaining, predicting, and treating mental illness, it is critical that we embrace the complexity inherent in these disorders in our theories, methods, and empirical research" (Fried & Robinaugh, 2020, p.1).

The participants repeatedly spoke of denial and recommended that mental health professionals who provide post-abortion support should be particularly aware of this defense mechanism as they are determining how to support a given client. The participants wanted to share their awareness of the profound dissonance or pain arising from an experience abortion, which may be hidden under layers of denial. The denial may be due to an inability to face their pain and dissonance, or it may be a lack of awareness in the sense that the pain has been there for so long that they did not recognize it as pain. Denial, as it relates to post-abortion mental health and distress, was also raised as an issue by Reardon (2018a) and Layer et al. (2004).

The participants also voiced their concern about the lack of available information around post-abortion distress. They found the lack of acknowledgment of their distress invalidating, and they would like mental health professionals to play a role in increasing awareness of the potential physical, psychological, interpersonal, and spiritual/religious effects of abortion for both women and men.

Along with increased availability of information in general, the participants would like mental health professionals to offer their clients additional perspective regarding the risk of post-abortion distress (in pregnancy counselling) and hope for healing (in post-abortion counselling). They noted that such perspective-focused interventions would need to be balanced with patience and compassion for the client's current experience.

The effects of abortion/post-abortion distress led some of the participants to a potent sense of despair and hopelessness, so they were particularly emphatic in their recommendations for fostering hope. The participants offered specific interventions which would "plant seeds of hope" that healing is possible, reconnect clients to the ability to dream, and develop self-compassion, accompanied by the hope that they can be loved. Their emphasis on hope aligned with existing literature on working with hope in therapy (Larsen, et al., 2007).

Addressing a client's need for love could include processing the client's experience of the availability of God's love as well as creating opportunities for the client to feel loved in the context of therapy. As noted in the summary of the previous superordinate, experiences of unconditional love can be understood as important in countering the feeling of being unloved/unworthy of love and can contribute to renewing hope (Cornwall, 2019).

The participants wanted to share with mental health professionals that spirituality/religion intersects with post-abortive individuals' need for hope and love. They also spoke of the integration of Christianity in particular into post-abortion support. To this end, they spoke of the freedom accompanying forgiveness from God, establishing a rapport that allows for the integration of Scripture, using Scripture to promote experiential encounters with God, and an individually tailored approach that is relevant to the client's current spiritual/religious experience and accompanies them as they move forward.

The participants recommended combining the retreat with pre- and post-retreat individual counselling. The combination would prepare clients to begin speaking about their abortion experience, allow them to enter the environment of intentional vulnerability and community involved in a group retreat, and provide them with support to continue processing, coping, and healing.

According to the participants, mental health professionals should exercise caution around the pace in post-abortion support, addressing the clients' potential expectations for rapid healing, and avoiding any explicit or implicit pressure for the client to progress before they are ready to do so. They also recommended taking a history of abortion as part of standard intake procedures. In terms of standard integration of spiritual/religious practices, the participants recommended beginning sessions by inviting God "into the space" through a Living Scripture meditation, as well as incorporating a memorial for the lost child.

While reflecting on the qualities they would appreciate if they were working with a mental health professional, the participants highlighted the importance of "genuine compassion", a willingness to understand the story from the client's perspective. They also noted that it would be valuable if a mental health professional had attended a Rachel's Vineyard retreat and is increasing their own spiritual/religious practices in order to support their work with clients.

The participants were aware that mental health professionals have limitations, and thus, may not be able to directly implement all of the recommendations provided by people who are more or less familiar with the profession.

Each participant also had their own unique area of focus in their recommendations: Lerato highlighted the importance of a holistic approach to post-abortion support; Sarah

articulated suggestions for addressing the complexity and challenges specific to post-abortion grief; Naomi provided insight regarding the continuum of readiness to acknowledge different types of post-abortion pain; and Rico stressed the importance of having more researchers and mental health professionals focused on addressing the effects of abortion.

Chapter 5: Discussion

The aim of this study was to provide a fuller understanding of the experience of individuals who have sought spiritual/religious help for post-abortion distress, including what has been helpful to them and what they would like mental health professionals to know. The three-interview design provided the researcher with the breadth and depth of view necessary to begin mapping the connections between the context, details, and meaning embedded in the lived experiences of the participants. The participants' rich accounts of their post-abortion distress and subsequent healing allowed the researcher to describe the nuances contributing to the complexity of their distress and the moments of transition contributing to their healing. The participants also had the opportunity to voice their recommendations for post-abortion support. These results provide valuable information for mental health professionals working toward understanding post-abortion distress and establishing best practices for biopsychosocialspiritual post-abortion support.

Jaramillo (2017) and Layer et al. (2004) demonstrated that faith-based post-abortion healing retreats effectively reduced post-abortion distress. These two mixed methods studies were the only studies identified in the literature that assessed the efficacy of established faith-based post-abortion interventions. Their results (drawn from responses to the Internalized Shame Scale and the Impact of Event Scale-Revised) indicated a post-intervention decrease in shame as well as a reduction in avoidance and hypervigilance symptoms related to post-traumatic stress

(Jaramillo, 2017; Layer et al., 2004). They also found that spirituality/religion was considered, by the vast majority of participants, to be an important factor in the positive effects of the retreat: 86% of Layer et al.'s (2004) participants indicated that their own faith and the integration of spirituality/religion in the intervention played a strong to very strong role in the reduction of their distress, and in Jaramillo's (2017) study, all but one of the participants said prayer played a role in the intervention and considered the integration of scripture to have been beneficial.

In the current study, the participants did not speak of hypervigilance but they did describe how the Rachel's Vineyard Retreat decreased their post-abortion avoidance and shame. They also affirmed how important the integration of spirituality/religion was in the retreat's efficacy. Moreover, the participants in the current study echoed many of the key words highlighted in the responses to Jaramillo's (2007) open-ended questions about the retreat experience (see Table 2).

As noted in the literature review, Jaramillo's (2017) mixed methods results indicated that, when asked which aspects of the intervention were the most helpful, participants' responses varied. However, Jaramillo could only speculate about the mechanism of change and the reasons certain facets of the retreat were helpful for certain participants. The current study was inspired by Jaramillo (2017) and Layer et al.'s (2004) work and contributes to the literature by providing an in-depth analysis of the experiences of four individuals who sought spiritual/religious help for post-abortion distress.

Although debates continue regarding whether to classify post-abortion distress as a syndrome (e.g. Edwards, 2009; Robinson et al., 2009), dismissing post-abortion distress as a myth created by those who are morally opposed to abortion (a perspective argued by researchers such as Kelly & Gochanour, 2019 and Robinson et al., 2009) would only contribute to the emotional invalidation experienced by the participants in the current study. Therefore, the current

study has taken steps to advance the academic study of post-abortion distress and healing. The importance of understanding the complexity of post-abortion distress and healing was emphasized throughout this study's design, analysis, and results (it was even specifically highlighted by the participants on several occasions).

This study contributes to the complexity-focused mental health and psychotherapy literature called for by Fried and Robinaugh (2020). They encouraged researchers and clinicians to take a complex-systems approach (e.g. understanding the interactions between systems of biological, psychological, and social factors) in order to more fully understand mental health and mental illness, and to subsequently “leverage that understanding to improve treatment” (Fried & Robinaugh, 2020, p. 2). The IPA methodology was well suited to exploring how the participants themselves understood the complex impacts of abortion as well as how they understood which aspects of post-abortion interventions helped in their healing (thereby going further toward informing future treatment practices and decisions than was possible from Layer et al. (2004) and Jaramillo's (2007) results). In order to better support others who experience post-abortion distress it is crucial to better understand the complexity of the distress as well as how and why certain interventions effectively address this distress for certain individuals. Using an IPA approach allowed the researcher to home in on each participant's core phenomenological experience of abortion, of healing, and how they made sense of their journey. The connections formed between these core experiences for a given participant may help mental health professionals identify the interventions that are best suited to addressing the needs of a given individual.

As recognized by The American Psychological Association (APA) Task Force on Abortion and Mental Health (2008) and Reardon (2018a), post-abortion experiences can be

understood through a variety of models of interpretation (see the list referenced on page 24). Four models of interpretation (each of which will be discussed in later sections) are presented in this discussion as spotlights that can illuminate certain groupings of the participants' experiences of abortion and the interventions addressing their distress.

- Disenfranchised Grief and Distress
- Moral Injury
- Trauma and Post-Traumatic Growth
- Feeling Hopeless and Unlovable

The APA's Task Force on Abortion and Mental Health (2008) had identified abortion as a traumatic experience and Reardon (2018a) proposed interpreting abortion as bereavement and abortion resulting in complicated, prolonged or impacted grief. The results of the current study suggest moral injury and feeling hopeless and unlovable as additional models useful in understanding and interpreting post-abortion experiences.

The results of the current study also suggest that certain models of interpretation may be more relevant than others in understanding the distress and supporting the healing of a given individual. For each participant, one or two of these four types of distress seemed to be prominent. For example, Lerato's predominant experience of abortion was both as a trauma and as an experience that left her feeling hopeless and unlovable. Sarah immediately experienced abortion as a profound and disenfranchised grief. Naomi and Rico primarily experienced abortion as a moral injury. However, the participants seemed to have secondary and tertiary layers to their experience. For example, Naomi's central experience was of abortion as a moral injury (leading to self-condemnation, dissonance, and avoidance). However, throughout her

journey of processing and healing from her moral injury, she also spent time expressing disenfranchised grief and processing related trauma. Table 5 displays the participants’ primary, secondary, and tertiary experiences of abortion.

Table 5: *Participants’ primary, secondary and tertiary experiences of abortion*

	Disenfranchised Grief & Distress	Moral Injury	Trauma & Post- Traumatic Growth	Feeling Hopeless & Unlovable
Lerato	Secondary	Secondary	Primary	Primary
Sarah	Primary	Secondary	Tertiary	Secondary
Naomi	Secondary	Primary	Tertiary	
Rico	Secondary	Primary		

While distinguishing the participants’ primary, secondary, and tertiary experiences may be a helpful step in the interpretation and application of this study’s results, it is important to note that the participants’ experiences of distress, and the interventions they found beneficial, could not be separated into mutually exclusive categories. For example, the experience of shame was a common facet of all four types of distress and sharing and receiving validation in a group setting was experienced as a valuable intervention across the board. Nouwen (1996/2012), who has penned many profound reflections on the importance of community, provided the following description capturing the participants’ experience:

Community is a fellowship of people who do not hide their joys and sorrows but make them visible to each other as a gesture of hope. In community we say: ‘Life is full of gains and losses, joys and sorrows, ups and downs—but we do not have to live it alone.

We want to drink our cup together and thus celebrate the truth that the wounds of our individual lives, which seem intolerable when lived alone, become sources of healing when we live them as part of a fellowship of mutual care.’ (p. 63)

The time spent in community (sharing their wounds in fellowship instead of hiding them in isolation), was a potent antidote to the shame accompanying the participants’ disenfranchised grief /distress, moral injury, trauma, and feelings of hopelessness/unlovableness.

Below, I have listed each participant’s core phenomenological experience of post-abortion distress and of healing. The bullet points are then followed by a brief explanation linking the participant’s core experience to the models of interpretation that were most closely linked with their experience.

Lerato’s experience of abortion:

- an internal spiral of physical, psychological, and spiritual death and disconnection

Core components of Lerato’s healing:

- truth/love/hope intertwined,
- holistic reconnection,
- being equipped

One of the primary facets of Lerato’s experience of abortion was as a trauma. The abortion, and its aftermath was a life-threatening experience that shook the foundations of her experience of God, other people, and herself (spiritually, physically, and psychologically). Due to the trauma, she experienced disconnection, dissociation, and triggers. Her healing required holistic (spiritual, physical, and psychological) reconnection and the development of tools to

manage future triggers. The other primary facet of Lerato's distress was due to the way the trauma of her abortion compounded pre-existing trauma and left her feeling hopeless and unlovable. Therefore, she needed to receive love, develop new hope, and learn to counter the lies that she was unlovable. Although moral injury and disenfranchised grief were less prominent facets of her distress, they were still part of Lerato's post-abortion distress and healing as well.

Sarah's experience of abortion:

- immediate grief, shame, and self-hatred that hindered her ability to function and led to hopelessness, isolation, and depression

Core components of Sarah's healing:

- receiving support from people who understood the complexity of her experience,
- receiving help to process her emotions,
- developing hope,
- forgiveness leading to freedom.

Sarah's primary post-abortion experience was disenfranchised grief, and she needed support to process this grief and the other emotions accompanying her distress. Sarah profoundly appreciated the way the group at the retreat supported her and validated the complexity of her grief and distress. Sarah also experienced abortion as a moral injury which left her feeling hopeless and unlovable. She needed experiences of forgiveness and the hope that she could love and be loved.

Naomi's experience of abortion:

- being infected with buried pain and self-condemnation

Core components of Naomi's healing:

- removing the veil of denial,
- being ready to be free from the monster [i.e. the pain] she kept locked inside,
- the importance of Christian redemption.

Naomi primarily experienced her abortion as a moral injury. She attempted to avoid and bury the resulting dissonance, but her pain and self-condemnation remained just below her conscious awareness, occasionally bubbling up to disrupt her daily life. Naomi needed to end her denial and face the pain she had kept inside. She had disenfranchised her own grief and distress. Through her trust in Christian redemption, she was able to express all of the layers of emotions she had buried and, eventually, accept a forgiveness that was profound, not superficial. She was also able to engage in a similar process of acknowledging, expressing, and healing from previous trauma that had been a factor contributing to her abortion.

Rico's experience of abortion:

- Festering guilt deep within and pain from lost fatherhood temporarily covered

Core components of Rico's healing:

- overcoming barriers prior to healing;
- time and space for awareness, openness, and allowing healing in;
- a Christian approach of relationship and hope;
- allowing others to acknowledge the effects of abortion

Rico primarily experienced abortion as a moral injury. He experienced, and tried to cover and numb, the pain of lost fatherhood as well as the moral dissonance he experienced after being

born again as a Christian. His belief that men are not affected by abortion meant that he disenfranchised his own grief and distress, not even allowing himself to acknowledge it. His healing involved allowing himself to feel the pain and guilt related to the abortions and to encounter God as he did so. He also found that his healing could continue through efforts to help others who might be disenfranchising their post-abortion grief and distress.

The results of the current study are based on four individuals and are therefore not to be understood as results from a representative sample that would be generalizable. The results may, however, have clinical implications as they demonstrate the way post-abortion distress and healing can be better understood and illuminated through certain models of interpretation and existing concepts in the literature.

Post-Abortion Disenfranchised Grief and Distress

In their book, *Forbidden Grief: The unspoken pain of abortion*, Burke & Reardon (2002) identified the grief following abortion as a grief that is disenfranchised. Doka (2002a) explained the concept of disenfranchised grief as follows:

Every society has norms that frame grieving. These norms include not only expected behaviors but also norms for feeling, thinking, and spiritual expression. In other words, when a loss occurs, these grieving rules include not only how one is to behave but also how one is to feel and think. They govern what losses one grieves, how one grieves them, who legitimately can grieve the loss, and how and to whom others respond with sympathy and support... Individuals may experience, express, and adapt to loss in many ways, some outside of the grieving rules. In such situations, the personal experience of grief is discordant with the society's grieving rules. The person experiences a loss, but the

resulting grief is unrecognized by others. The person has no socially accorded right to grieve that loss or to mourn it in that particular way. The grief is disenfranchised. (pp. 6-7)

With respect to post-abortion distress, it is not only the element of grief that can be invalidated but any and all distress following abortion. The same framework for understanding and addressing disenfranchised grief can be extended to understand and address the disenfranchisement of other types of post-abortion distress as well.

Neimeyer and Jordan (2002) presented disenfranchised grief as a continuum whereby any given grief experience may be more or less invalidated. They summarized their understanding of disenfranchisement as follows:

We have expanded the concept of disenfranchisement from one of a particular type of grief to a more encompassing notion of disenfranchisement as a characteristic process that is found to some extent in nearly all grief experiences. This process involves empathic failure among elements of the system of self and between self and others at various levels of social organization. (p. 114)

Naomi and Rico experienced empathic failure at the interface between parts of the self. Rico had not allowed himself to feel any post-abortion grief or acknowledge any distress as emanating from the abortions. Initially this was due to his understanding of abortion as a solution to the problem of an unexpected pregnancy. Later, after he came to believe that terminating a pregnancy involved ending the life of a baby, he denied his grief and distress due to the belief that men are not affected by abortion. Naomi initially acknowledged some emotional pain after her abortion, but over time she denied and suppressed the part of herself that grieved for her

child. She felt that since she had decided to terminate her pregnancy, she did not deserve to grieve. In addition, the part of her that was committed to living in accordance with her Christian values was actively working to deny anything and everything related to the abortion, including its occurrence. Thus, the part of her that was experiencing post-abortion distress was not accepted by the part of her that was trying to move forward in denial and avoidance.

Sarah and Naomi experienced empathic failure at the interface between themselves and their families. Sarah had to move out from her parents' home to be able to grieve her child and Naomi felt she could not tell her family about her abortion because they would not acknowledge the pain it caused her, "they would have seen just the sin aspect of it".

The disenfranchisement of the participants' grief continued at the larger community level (i.e. the interface between the self and a larger community). They likely did not feel safe enough to speak about their abortion within their Church communities, due to a fear of rejection, and they did not believe their grief and distress would be well received by secular communities that promoted the benefits of abortion. Thus, instead of having a funeral with their community, the participants were either entirely lacking communal grieving rituals or they had a very small, private memorial. Instead of receiving support from their community while they were in a time of distress, they were mainly isolated, telling very few people about their experience.

Lerato had a type of disenfranchising experience at the interface between the self and transcendent reality. Following the abortion, she thought God would no longer love her. She felt disconnected from God and unable to bring her suffering to Him and turn to Him as a source of support as she had done during previous moments of confusion or difficulty.

It should be noted that in some of the above examples, the disenfranchisement was due more to the participant's perception or expectation than to actual experiences of invalidation and rejection (for instance when they kept the abortion and their grief/distress secret for fear of condemnation, rather than due to an actual experience of rejection, or when they thought God could not love them after the abortion, only to later learn that He was offering them love and mercy).

Neimeyer and Jordan (2002) expanded upon the clinical applicability of understanding disenfranchised grief as empathic failure at various intra and inter-personal interfaces.

Treatment of Disenfranchised Grief and Distress

Neimeyer and Jordan (2002) recommended the following areas of focus when addressing disenfranchised grief:

By considering the multiple interfaces of self with self, self with family, self with community, and self with transcendent reality, therapists can consider who participates in the disenfranchisement of the client's grief, what features of the person's reaction are unarticulated or invalidated, where in the self-and-social system difficulties occur, and when in the grief process empathic failure is most acute. Using this assessment as a guide, therapists are then in a position to foster appropriate empathic connection with the self, others, or even a higher power. (p. 114)

Mental health professionals who are working with clients experiencing post-abortion grief and distress might use this approach to assess disenfranchisement and direct their treatment.

The goal of treatment interventions addressing disenfranchised grief, according to Neimeyer and Jordan (2002) is “empathic bridging... [i.e.] to promote dialogue across the interface at which empathic failure occurs” (p. 102)

By facilitating respectful recognition of the aspect of the mourner’s experience that was originally denied or disallowed, each intervention makes possible the pursuit of various subsidiary goals, such as healing relational fractures, encouraging greater self-acceptance, prompting instrumental changes in one’s life to address newly recognized needs, and so on. (p. 102)

Many of the healing transition moments described in the results of the current study can be understood as examples of the “empathic bridging” recommended by Neimeyer and Jordan (2002, p. 102).

The bridging occurred between parts of the self when participants received support to express emotions they had not previously allowed themselves to feel or acknowledge. Healing occurred in relationships with family members through new openness and forgiveness (even if, in Sarah’s case, her family remained unable to accept her grief and distress, her own ability to express her grief, receive validation in another context, and work toward forgiving her mother allowed her to spend time around her). Having a space at the retreat that was dedicated to expressing everything they felt, and honouring their children involved “the promotion of an empathic recognition of the unspoken nuances of one’s own grief” (Neimeyer & Jordan, 2002, p. 104) and allowed all of them to be validated in a communal setting. For example, some of the participants said that, through the retreat, they allowed themselves to wonder (and grieve for) what their child would have been like and all the moments they could have lived. They felt it was

important to have done so, even though they also decided to move forward and limit their tendency to return to those types of wondering thoughts.

Sarah, who primarily experienced abortion as disenfranchised grief and distress, placed a great deal of emphasis on the memorial (which she experienced as “the funeral you never had”), and other rituals such as the lighting of candles, at the retreat. “*Ritual* is defined as highly symbolic acts that confer transcendental significance and meaning on certain life events or experiences” (Doka, 2002b, p. 135). Engaging in the rituals that had been limited through the various empathic failures (experienced and perceived by the participants) was another valuable step toward healing.³

They were also able to personalize their contribution to these rituals (e.g. writing a poem or signing a song at the memorial), which provided the symbolic mastery (Doka, 2002b) that, in turn, supported the participants’ agency. The participants who felt trapped into having an abortion due to pressure from others or a sense of having no other option, were thus able to regain a sense of agency and mastery (a valuable effect if their sense of agency had already been thin or was eroded in their experiences surrounding the abortion).

At the retreat, the participants also re-examined the context leading up to their abortion and the beliefs (about themselves, others, and the transcendent) involved in their post-abortion distress. They then learned to see their story through God’s redemptive perspective (with the awareness that God could forgive, love, and heal them, and that He could bring “beauty from

³ For additional information on the creation and use of various types of rituals for disenfranchised grief in a therapeutic context, see Doka (2002b).

ashes”). This was another grouping of retreat experiences that paralleled the interventions recommended by Neimeyer and Jordan (2002): to “revisit sustaining systems of beliefs and practices that have been challenged by the loss and reorient themselves to a transformed self and world”, and to do so in a way that allows “the co-construction of a narrative of the loss that not only renders it more coherent for the mourner but also secures a more understanding audience for the revisited story of the mourner’s life” (p. 102).

The participants clearly spoke to the importance of the group format. Thus, although some empathic bridging could be facilitated from within individual psychotherapy, the value of group validation and support cannot be understated. Pesek (2002) explored the way a supportive group can provide a potent antidote to disenfranchisement, thereby allowing the individuals to move through their grief in a way that might not otherwise have been possible.⁴

The definition of *disenfranchised grief* includes the idea that such grief lacks recognition, at least from society at large. The implication is that emotion contained within the individual, unexplored and unexpressed, increases the risk of complicated grief. Support groups can be an especially effective intervention because they provide the opportunity for the griever to make public what he or she feels must remain private elsewhere. An antidote to disenfranchisement, they can be a safe haven, a place to obtain recognition, understanding, and support... [Although the group format may differ in many ways,] The

⁴ For additional information on “The Role of Support Groups in Disenfranchised Grief” see Pesek (2002).

key is that group members develop relationships with one another to explore the impact of loss in their lives. (Pesek, 2002, p. 127, emphasis in original)

The participants recognized the retreat as a safe haven where they could express the post-abortion grief and distress they, for various reasons, felt unable to express elsewhere.

Overall, this approach to addressing disenfranchised grief and distress would align with Sarah's recommendation to incorporate grief-work in post-abortion therapy. It would also align with Lerato's entreaty that the therapy room become a "safe space" where she can be supported and validated in her grief and distress. She stressed the importance of having that "safe space" because she does not expect "society" to change enough to avoid sending the disenfranchising message that "because you chose go through this, you don't get to heal". The sentiment of being undeserving of healing is also relevant to the participants' experience of moral injury

Post-Abortion Distress as Moral Injury

In their review of the literature on moral injury, Griffin et al. (2019) recommended the pursuit of future moral injury research specifically as it is experienced by "women who are conflicted about terminating pregnancies" (p. 356). In the paper that marked the debut of the scientific study of moral injury, Litz et al. (2009) presented a causal framework for moral injury.⁵ Their model begins with an action that leads to internal dissonance:

Moral injury requires an act of transgression that severely and abruptly contradicts an individual's personal or shared expectation about the rules or the code of conduct, either during the event or at some point afterwards... The event can be an act of wrongdoing, failing to prevent serious unethical behavior, or witnessing or learning about such an

⁵ See Litz et al. (2009) for a visual representation of their causal framework of moral injury.

event. The individual also must be (or become) aware of the discrepancy between his or her morals and the experience (i.e., moral violation), causing dissonance and inner conflict. (Litz et al., 2009, p. 700)

Whether they recognized it at the time of the abortion or later on, the participants all noted that having an abortion (or failing to prevent an abortion) was an action that transgressed their spiritual/religious beliefs and moral code. They understood abortion as ending the life of their child. Having recognized the dissonance, according to Litz et al. (2009), the individual then begins to interpret their actions and the causes of their actions. Litz et al. (2009) described the implications of these interpretations (though they based their model on war veterans, Litz et al. (2009) could have been summarizing the experience of the participants in the current study):

We posit that the type of attributions made about moral violation greatly affects outcome (cf. Weiner, 1985). If the attribution about the cause of a transgression is *global* (i.e., not context dependent), *internal* (i.e., seen as a disposition or character flaw), and stable (i.e., enduring; the experience of being tainted), these beliefs will cause enduring moral emotions such as shame and anxiety due to uncertainty and the expectation of being judged *eventually*. If these aversive emotional and psychological experiences lead to withdrawal (and concealment) then the service member is thwarted from corrective and repairing experience (that otherwise would temper and counter attributions and foster self-forgiveness) with peers, leaders, significant others, faith communities (if applicable), and the culture at large (see Fig. 1). The more time passes, the more service members will be convinced and confident that not only their actions, but they are unforgiveable. In other words, service members and veterans with moral injury will fail to see a path

toward renewal and reconciliation; they will fail to forgive themselves and experience self-condemnation. (p. 700, figure reference included in original)

Based on the experiences described in the results of the current study, Litz et al.'s (2009) framework seems to effectively capture many of the interconnected facets of the participants' distress and its maintenance.

Litz et al. (2009) argued for the importance of understanding moral injury as its own type of distress, because:

empirically validated treatments for other syndromes, such as PTSD and depression, may not sufficiently redress moral injury. For example, traditional exposure treatment, which is commonly used to address fear and anxiety-based PTSD symptoms, may not be the optimal treatment because moral injury arguably does not stem from conditioned processes that respond to exposure and response prevention. Repeated exposure to a morally conflictual experience, without additional components, could lead to iatrogenic effects (Foa & Meadows, 1997), especially for those experiencing shame. In other words, we argue that repeated raw exposure to a memory of an act of transgression without a strategic therapeutic frame for corrective and countervailing attributions, appraisals, and without fostering corrective and forgiveness-promoting experiences outside therapy would be counterproductive at best and potentially harmful. (p. 702)

Naomi echoed their caution. She noted that without the forgiveness accompanying the Christian approach to the retreat, re-opening the painful experiences she had avoided for years would be “just like (pause) playing with someone’s pain”: “You stick your hand in it, it’s not sanitized, you make the person suffer more, (pause) and then you remove your hand, and the infection will

continue”. The wound was infected by guilt and shame and self-condemnation and the antibiotic that allowed her to heal was God’s forgiveness. Through the retreat, Naomi and the other participants received the support they needed to experience the depths of forgiveness involved in healing from her morally injurious experience of abortion. The steps in the treatment approach proposed by Litz et al. (2009) align in many ways with the facets of the retreat described by the participants as transformative and healing.

Treatment Promoting Moral Repair

In an effort to establish treatment options adapted specifically to moral injury, Litz et al. (2009) proposed a modified Cognitive Behavioural Therapy designed to address moral injury. The steps from their approach mirror many of the transformative and healing moments described by the participants.

First, Litz et al. (2009) stressed the importance of developing the connection, trust, and acceptance that will allow the client to be open about their morally injurious experience.

Because of the sensitive and personally devastating and disorienting nature of moral injury, a strong and genuinely caring and respectful therapeutic relationship is critical. It is likely that the patient has not disclosed the event(s) to anyone else because of shame and the expectation of censure, disgust, and disdain, a dynamic which is at the core of moral injury. Without trust, details, responses, and meaning elements will remain hidden, and in order to promote healing, concealment needs to be avoided at all costs. (p. 702)

The participants experienced the welcome and initial portion of the retreat as an important time to build the safety that allowed them to share in spite of their shame. Lerato described how “the arrival was- it was like ok this is a safe space. Like I can, I can be in this space. Um it was very

welcoming and very loving”. Sarah stated that “being able to um start off with telling each other that we’re not going to condemn each other or, you know, judge each other and... that God doesn’t condemn us... it just kinda opens up to being able to- to share your story”.

The second step recommended by Litz et al. (2009) involved offering clients a “model” or a “plan of action” because they “need to hear that approaching psychologically painful content is both possible and crucial to promoting a healthier life” and that “concealment and avoidance, although understandable, is maladaptive” (p. 703). Likewise, the participants described how they had to overcome their denial, avoidance, and the impulse toward secrecy due to shame. Naomi also mentioned that she valued the instruction they received at the retreat not to distract the other attendees by trying to comfort them, but instead to allow them to face the full depths of their pain.

The participants did not speak of any psychoeducation prior to the retreat, but they did emphasize the importance of being prepared for the retreat (i.e. prepared to speak about their abortion experience) through an initial conversation with the organizers. Based on the participants’ experience and recommendations, some of this preparation could be done in the context of psychotherapy prior to attending the retreat.

Education about the effects of moral injury arose in three ways in the results. First, the participants valued the opportunity to better understand their own experience as they heard others speaking at the retreat. Second, they valued resources such as the book *Forbidden Grief* (Burke & Reardon, 2002), co-authored by the psychotherapist Dr. Theresa Burke, who developed the Rachel’s Vineyard Retreat format. This type of resource could put words to the participants’ experience. Finally, they recommended an increase in information and efforts to spread awareness about post-abortion experiences such as theirs.

The third step recommended by Litz et al. (2009) was a “modified exposure component” (p.703) to treatment of moral injury, i.e. real-time sustained consideration of particularly upsetting deployment experiences that will unearth or reveal harmful and unforgiving beliefs so that they can be processed (reconsidered and changed)”. Litz et al. (2009) provided an important distinction regarding the mechanism of change targeted through this step of the approach. The goal was not to create change via extinction of emotional intensity; the exposure was required so that the individuals could “‘stay with the event’ long enough for their [harmful] beliefs to become articulated and explicitly discussed” (p. 703).

As the participants shared their stories, they uncovered and articulated a variety of beliefs (i.e. negative global attributions) about themselves. They came to acknowledge that they believed themselves to be unworthy of good things in life, utterly disqualified from any hoped-for future, unlovable (by other people and by God), and deserving of punishment. By exposing themselves to their memories instead of avoiding them, they encountered “waves” of guilt about past offences for which they thought they had accepted forgiveness (thereby uncovering the beliefs about their own guilt that they had been carrying).

The fourth step recommended by Litz et al. (2009) was a process of more fully exploring the schemas the clients had uncovered in relation to the morally injurious experience.

The therapist asks about what the event means... in terms of their view of themselves and their future (identification and exploration of schema changes). The therapist explicitly inquires about [the client’s] attributions about what caused the transgression and explores themes of globality/specificity, stability/instability, and internality/externality.

Maladaptive interpretations about stability (e.g., “this event will forever define me”), a lack of appreciation of the unique context and contingencies (surrounding the morally

injurious experience) and severe self-condemnation (“I am evil,” “I am worthless,” “I can never forgive myself,” “I don't deserve to live or to have a decent life”) are explored. (p. 703)

Before moving toward the accommodation and integration process, Litz et al. (2009) encouraged mental health professionals working with moral injury to recall Singer’s (2004) findings that psychotherapists tend to rush toward alleviating a client’s guilt, shame, and self-hatred, and in doing so, they prevent the client from expressing the remorse that they have not yet articulated.

It is important for therapists to recognize that expressions of self-hatred may serve as primitive expressions of guilt and remorse. When the therapist accepts and shows a willingness to understand the patient's self-hatred, a path toward remorse can be set forth. (Singer, 2004, p. 383)

Singer (2004) understood the expression of remorse as a process that may change and decrease over time but may be lifelong, and an important step toward working through guilt and self-hatred.

For a time after her abortion, Sarah was stuck in a state of self-hatred. It is possible that part of the reason she placed so much importance on grieving and honouring her child at the retreat was that it also allowed her to express the remorse she felt for not protecting her child. After the retreat Sarah retained some sadness when speaking about her child, but she was no longer stuck in self-hatred. Rico also seemed to benefit from finally expressing remorse when, after years of avoiding the thought of his aborted children, he broke down and cried, saying “I’m so sorry Gabe and Tess”. However, expressing remorse was not a one-time occurrence. Rico

stated that he would always regret the abortions. The difference was that he was no longer experiencing the inner wound of guilt, “festering” under his regret. Naomi’s self-condemnation was preventing her from acknowledging other aspects of her post-abortion pain. She felt she needed to be punished and felt she did not deserve to acknowledge the pain of missing her son. Only after she took the first step toward expressing her remorse, when she asked her son for forgiveness, was she able to begin moving from self-condemnation toward grieving, acknowledging the pain of loving and missing her child, and, eventually, healing.

After exploring the schemas (and allowing space for regret), Litz et al. (2009) then recommended a process of accommodation and integration:

Rather than coping with a morally injurious event by denying it or excessively accommodating it, what is needed is a new synthesis—a new way to view the world and the self in it that takes into account the reality of the event and its significance without giving up too much of what was known to be good and just about the world and the self prior to the event (and what can be revealed in the future). (p. 703)

The participants experienced one of the methods of integration described by Litz et al. (2009) when they came to understand the abortion in the context of their life journey. They did not (and they stated that they would not have wanted to) move forward by re-assessing their abortion as a good decision. However, they could develop understanding and self-compassion by looking at factors such as loneliness/isolation, previous trauma, or attachment wounds that contributed to the abortion.

It is important to appreciate that holding onto the idea of a moral self or a moral code may require that a bad act be judged as such. In other words, maintaining a sense of

morality is likely to preclude an easy forgiveness of a bad act and this is not something to be contested. Rather, the goal is to help the [individual] to move toward an appreciation of context and the acceptance of an imperfect self. (Litz et al., 2009 p. 703)

There was a balance to be struck in the participant's experience: they could still maintain their belief that abortion is wrong, but they needed to take into account the context and "separate [their] overall worth from a particular act" (Litz et al., 2009, p. 703).

The fifth step recommended by Litz et al. (2009) was a "dialogue with a benevolent moral authority" (p. 703).

The goal is to have patients verbalize what they did or saw, how it has affected them, and what they think should happen to them (or others) over their life course as a result [their plans and goals in light of their moral injury], to someone who does not want them to suffer excessively and who feels that forgiveness and reparation is possible... someone who has always had his or her back and who has been and will be in his or her corner no matter what... To enhance engagement and the intensity of the exchange, patients are also encouraged to share their remorse and sorrow and what they would like to do to make amends if they could. After the patient sits with the emotions arising from this exercise, the therapist asks him or her to verbalize what the moral authority figure would say to him/her after hearing all of this. If necessary, the therapist is instructed to introduce content that is forgiveness-related, tailored to the specifics of the case. (pp. 703-704)

The participants experienced this type of dialogue with God in their Living Scripture meditations and with the other people at the retreat (facilitators and attendees). For instance, Rico approached one of the participants to apologize to her and express his remorse for having objectified women

in the same way that she was objectified, saying “I’m those men that did those things to you” (i.e. he was still, at least partially, identifying himself as a bad man who did bad things). She looked at him with “just the warmest smile” and told him “no, you’re a gentle man”. This woman had a type of moral authority from having experienced the actions for which he felt ongoing guilt and shame and she was able to re-affirm to him that she did not define him by his past actions. Rico received her response as a weight that was lifted and a spiritually significant moment in which God was working through the other retreat participant to release Rico from the burden he had been carrying.

The sixth step recommended by Litz et al. (2009) was “Reparation and forgiveness”. Litz et al. (2009) discussed the pros and cons to encouraging clients to make amends. On the one hand, some see “doing good deeds as a vehicle to self-forgiveness and repair” and making amends as “drawing a line between past and present and in some way changing one’s approach to how he or she behaves and acts so that one moves towards the positive, towards better living” (Litz et al., 2009, p. 704). However, making amends can be taken too far and become an all-consuming (yet, often impossible) endeavor to try to “right their wrong” (Litz et al., 2009, p. 704).

Both eventualities described by Litz et al. (2009) were relevant to the participants to a certain extent. Sarah described working to support other mothers in need, but she clearly stated that she was not doing so to make amends or earn forgiveness. Her focus was on doing “something positive” in honour of her child. Naomi had felt that she deserved to be punished for her actions and a transformative moment in her healing was when she released the burden of trying to punish herself to make up for what she had done. She was able to release the burden of making reparation a) because she realized it would be impossible for her to ever feel she had

punished herself enough, and b) because she came to accept that Jesus, in sacrificing Himself as an innocent who was put to death in her place, had already made perfect reparation for her sin so that she could freely accept forgiveness. Rico's focus was on making a distinction between his past self and his present self. His spiritual/religious beliefs helped him to do so: "I very much see it as... when we're born again, as the scripture says the old man has- has died and the new man is born again like so that old, that person that made the decision to abort those two children died on the cross with Jesus. So that was me but it's not me now". Doing so allowed him to move forward into his new way of life without feeling burdened by his past. He now feels completely free to speak about his past with anyone due to his confidence that it no longer defines who he is today. Regardless of the complexities around reparation and making amends, the participants' experience certainly supported Litz et al's (2009) statement that "forgiveness within religious and spiritual frameworks is potentially instrumental in alleviating guilt, shame, and demoralization" (p. 704).

The seventh step recommended by Litz et al. (2009) was "Fostering reconnection" (p. 703). Litz et al. (2009) argued for the importance of this step by noting that:

By the end of successful therapy, the patient has had a positive experience of accessing painful material in the presence of a caring other, demonstrating that it is possible, and perhaps healing, to disclose thoughts and feelings, no matter how disturbing. However, if patients fail to use their therapy experience to connect or reconnect with important people in their lives and become less dominated by beliefs that they are not worthy of caring and loving relationships, gains will not last. (p. 703)

Litz et al. (2009) recommended careful preparation and processing before clients disclose their morally injurious experiences. They acknowledged that conversations about moral injury

can be difficult and that clients may have to “tell people exactly what they need from them, so that family and friends do not end up feeling like they have no idea what to do or say” (p. 704). Mental health professionals should be aware that, due to polarized and passionate views on abortion, as well as the highly disenfranchised nature of post-abortion distress, it may be at once especially important and especially difficult for clients to approach this step.

Sarah, for instance, had mixed experiences with reconnection. The relationship that was damaged the most through Sarah’s abortion was her relationship with her mother. Seeing her mother became a trigger for Sarah’s emotional distress. As Sarah worked toward being able to attend family gatherings, she engaged in an internal, ongoing process of forgiving her mother. Unfortunately, her mother was not able to acknowledge the pain caused by the abortion she had pressured Sarah to have. Sarah also remained uncomfortable speaking about her abortion with her family members who were “all for abortion”. However, Sarah did learn to “build friendships again” after the retreat when she no longer had an intense self-hatred or the belief that no one would want to be friends with her. She was able to re-engage in her Church community, get married, and have children. These were all outcomes that she previously felt unworthy of, so living them out likely helped to maintain her healing.

The eighth step recommended by Litz et al. (2009) was “Planning for the long haul” (p. 704), their equivalent to what the participants of the current study described as being equipped for the future.

The therapy should end with an extensive conversation about what patients will take with them from the work they have done and their plans for the future. The therapist should specifically assess values and goals moving forward. In other words, what would patients like to see for themselves and the people they care about over the long haul, in light of

their values? If therapy has been helpful, these values should be thematically useful, positive, hopeful, and relational

Naomi noted that it could have been helpful to have some post-retreat therapy sessions to process and deepen all that was experienced during the intense weekend. Lerato described how it was important that she learn how to dream for the future. It took her years after the retreat before she felt able to re-engage her “dreaming muscle” and feel “worthy of dreaming again”.

Litz et al. (2009) also noted that:

there should be the expectation that there will be challenging times ahead—periods where the moral injury becomes more the figure than the ground. As a result, it is important to plan for times when the person is at risk for being defined by the moral injury. (p. 704)

The participants all spoke of moments when they had to return to what they experienced and learned at the retreat in order to avoid falling back into the lies (i.e. negative, global attributions such as being unlovable, unworthy, a bad person) they had previously believed about themselves. Naomi understood the retreat as winning the battle, and felt she needed to be equipped to stand her ground, to maintain the progress she made.

Griffin et al. (2019) requested further research to “better understand the unique mechanisms and magnitude of change for interventions proposed to address moral injury” (p. 357). Although there was no quantitative assessment of the magnitude of change, the results of the current study contribute to the understanding of mechanisms of change incorporated in the Rachel’s Vineyard retreats, which effectively addressed the moral injury experienced by the study participants. However, some elements of the participants’ experience and the interventions

they found beneficial could be better understood through the lens of trauma and post-traumatic growth.

Abortion as a Trauma

Sarah, Naomi, and Lerato all spoke of abortion as a trauma. Facets of their experience such as the importance of safety, agency, reconnecting with one's body, and managing triggers, were closely linked to the trauma literature.

Safety and empowerment (or promoting agency) are understood as principles of trauma-informed care (Portman-Thompson, 2020). Portman-Thompson (2020) summarized these two principles, and their application within mental health care, as follows:

Safety. Trauma engenders feelings of danger. Give priority to ensuring that everyone within a service feels, and is, emotionally and physically safe. This includes the feelings of safety engendered through choice and control, and cultural and gender awareness.

Environments must be physically, psychologically, socially, morally and culturally safe (p. 37)

Empowerment, choice, and control. Adopt strengths-based approaches, with service users supported to take control of their lives and develop self-advocacy. This is essential because trauma experiences are often characterised by a lack of control, with long-term feelings of disempowerment (p. 37)

The sense of safety that was important for processing and expressing their experiences of disenfranchised grief/distress and moral injury was also important in the healing from abortion when it was experienced as a trauma. In addition to the interpersonal experience of safety and community established at the retreat, spirituality/religion was a resource that promoted a sense of

safety. Lerato appreciated and recommended “centering on God and His presence” before approaching the trauma of abortion. The result: “not feeling like I was doing it by myself and would be completely overwhelmed with it”. Thus, approaching the trauma with God supported her sense of safety and stability and would, in turn, decrease the risk of being flooded, overwhelmed, or re-traumatized.

Lerato was conscious of the ongoing importance of safety and empowerment in her ongoing healing as well. Thus, she was cautious about approaching the research project. She wanted to ensure that it would be a safe place to tell her story, not one that would be re-traumatizing. Lerato also found it especially meaningful to have this platform to tell her story in a way that she experienced as empowering. Lerato’s increasing sense of agency was demonstrated in her intentionality around telling her story. However, throughout her recommendations she urged mental health professionals to support their client’s agency in many other ways (e.g. taking extra care around informed consent, avoiding subtle pressuring of clients, asking clients what they would find helpful in a given portion of their therapy).⁶

A third element of trauma-therapy highlighted by Lerato was the importance of somatic/embodied interventions to address her disconnection from her body. The importance of reconnecting with her body in her post-abortion trauma recovery aligned with the clinical approach to trauma treatment outlined by Van der Kolk (2006). He explained the link between trauma and disconnection from the body as follows:

Clinical experience shows that traumatized individuals, as a rule, have great difficulty attending to their inner sensations and perceptions – when asked to focus on internal

⁶ See Williams & Levitt (2007) for additional information on promoting agency in psychotherapy.

sensations they tend to feel overwhelmed, or deny having an inner sense of themselves... [T]hey report feeling disgusted with themselves, helpless, panicked, or experiencing trauma-related images and physical sensations. Trauma victims tend to have a negative body image— as far as they are concerned, the less attention they pay to their bodies, and thereby, their internal sensations, the better. Yet, one cannot learn to take care of oneself without being in touch with the demands and requirements of one's physical self. (Van der Kolk, 2006, p. 287)

Lerato had to gradually overcome her hatred toward, and disconnection from, her body (as it was the location of her trauma). She re-established her relationship with her body by learning to listen to her body and take gentle care of her physical self (e.g. through swimming, yoga, and rest). Her account was nearly identical to that of the yoga-practicing participant in Van der Kolk's (2006) research who stated "I have always hated my body and I learned how to take care of it," (p. 287). Van der Kolk (2006) described how learning to care for one's body includes learning to regulate the body's response to stress (i.e. physiological arousal), and how "[i]t seems that, in order to come to terms with the past it may be essential to learn to regulate one's physiological arousal" (p. 285).

Both Lerato and Sarah emphasized the impact of elements of the retreat that addressed a combination of their physical, psychological, and spiritual experience (e.g. receiving welcoming hugs from the retreat team and participating in the Living Scripture meditations that focused their attention on their physical sensations, their emotions, and their spiritual/religious encounter with God). These interventions supported trauma integration as it is described by Van der Kolk's (2006):

In the field of trauma treatment a consensus is emerging that, in order to keep old trauma from intruding into current experience, patients need to deal with the internal residues of the past... [They need to learn] to tolerate orienting and focusing their attention on their internal experience, while interweaving and conjoining cognitive, emotional, and sensorimotor elements of their traumatic experience. (p. 288).

Thus, mental health professionals working with clients who experienced abortion as a trauma may want to incorporate interventions aimed at restoring their client's relationship with their body and engaging in a holistic integration of their clients' abortion experiences.

A final link between the participants' experience and trauma treatment approaches was the importance of being equipped to deal with triggers. Those who have experienced trauma may also have experiences after the trauma that trigger distress and learning to manage these triggers is an important element of their treatment (Substance Abuse and Mental Health Services Administration, 2014).

A trigger is a stimulus that sets off a memory of a trauma or a specific portion of a traumatic experience... Some triggers can be identified and anticipated easily, but many are subtle and inconspicuous, often surprising the individual or catching him or her off guard. In treatment, it is important to help clients identify potential triggers, draw a connection between strong emotional reactions and triggers, and develop coping strategies to manage those moments when a trigger occurs. A trigger is any sensory reminder of the traumatic event... [and] can generalize to any characteristic, no matter how remote, that resembles or represents a previous trauma... Triggers are often associated with the time of day, season, holiday, or anniversary of the event. (Substance

Abuse and Mental Health Services Administration, 2014, “Triggers and flashbacks”, para. 1)

The participants spoke of learning to manage a variety of triggers, including the anniversary of the abortion, the sight of children or a baby, friends or family who have children, the sight of a woman who is pregnant, holidays such as Christmas, and, specific to Sarah, her mother (who pressured her to have the abortion). Lerato stated that even years after the retreat she still experiences triggers, but that she has the tools she needs to navigate the experience. Sometimes she is able to do so in the moment (e.g. when her friend is having a baby she can “show up as a good friend without neglecting and ignoring your own experience and your own needs and feelings at the time”). At other moments she recognizes and addresses the trigger in retrospect (e.g. while asking herself “what do you need right now?” she will realize “oh my gosh I just really want to sleep. I really want to sleep because I haven’t been sleeping for the past couple of nights. I haven’t been sleeping because my mind is going- I’m overthinking this and it started when this happened [and I was triggered]”).

Lerato recommended that mental health professionals focus on supporting the client in the process of learning how to recognize and address their own triggers. As demonstrated in the above example, Lerato needed to have the safety and willingness to check in with her body and the physiological awareness to recognize that she feels tired. Her awareness of her ability to manage her triggers independently also contributed to an increased sense of agency. Thus, these trauma-treatment skills and principles can be understood as complementary and foundational in her ability to navigate her post-abortion experience.

Post-Traumatic Growth After Abortion

The participants experience of abortion as a trauma can be understood not only through the links to the trauma treatment literature, but also through their experience of post-traumatic growth.

Tedeschi and Calhoun (2004) described the concept of post-traumatic growth as involving: a) “major crises rather than lower level stress” (p.4) because “significant life disruption” (p. 4) is a prerequisite to the type of change observed in post-traumatic growth; b) “an outcome or an ongoing process, rather than a coping mechanism” (p. 4); c) an outcome that is not the inevitable result of trauma but rather the observed coexistence of “continuing personal distress and growth” (p. 2); and d) growth that “at least in some areas has surpassed what was present before the struggle with crises occurred... [it] is not simply a return to baseline – it is an experience of improvement that for some persons is deeply profound” (p. 4). The experiences of the participants fit these criteria. For example, Lerato certainly described her post-abortion experience as a major crisis that significantly disrupted her life, the growth she experienced occurred alongside her efforts toward coping and healing, and she reached various types of development that went beyond her pre-crisis baseline.

The participants experience of abortion as a trauma that shook their life to its various foundations. Tedeschi and Calhoun (2004) described this process as follows:

Growth, however, does not occur as a direct result of trauma. It is the individual's struggle with the new reality in the aftermath of trauma that is crucial in determining the extent to which posttraumatic growth occurs. We have used the metaphor of an earthquake to describe this process (Calhoun & Tedeschi, 1998). A psychologically

seismic event can severely shake, threaten, or reduce to rubble many of the schematic structures that have guided understanding, decision making, and meaningfulness.

Psychological crisis can be defined in relation to the extent to which the fundamental components of the assumptive world are challenged, including assumptions about the benevolence, predictability, and controllability of the world; one's safety is challenged, and one's identity and future are challenged (Janoff-Bulman, 1992)... Such threats to the assumptive world are accompanied by significant levels of psychological distress. (p. 5)

The above description is reminiscent of the way the foundations of Lerato's faith (and her identity as a Christian woman) had been built on the belief in a God who left no room for imperfection. As she went through her post-abortion healing and learned that God could still love her in her imperfections, she simultaneously had to rebuild the foundations of her understanding of God and what it meant to be a Christian woman. It was this rebuilding that facilitated her growth and the new spiritual/religious possibilities and growth she later experienced. Likewise, Tedeschi and Calhoun (2004) extended their "seismic metaphor" (p.5) and stated that:

Cognitive processing and restructuring may be comparable to the physical rebuilding that occurs after an earthquake. The physical structures can be designed to be more resistant to shocks in the future, as the community learns from the earthquake what has withstood the shaking and what has not. Cognitive rebuilding that takes into account the changed reality of one's life after trauma produces schemas that incorporate the trauma and possible events in the future, and that are more resistant to being shattered. These results are experienced as growth.

The result of Lerato's post-traumatic growth, as she developed an integrated and authentic spirituality/religion, was described on pages 79-80. Lerato's experience of post-traumatic

spiritual/religious growth also aligns with Pargament's (2007) description of "transformational methods of spiritual coping" (p. 98), and more specifically, his account of "Revisioning the Sacred" (p. 119):

Images of the sacred rooted in the earliest of childhood experiences may not stand up well to the full range of challenges and demands people face over the course of their lifespan. These images must be recreated in response to the crises and transitions of life if they are to remain relevant and sensitive to human needs. (p. 119)

The other participants experienced shifts in their relationship with God to a lesser extent, but Lerato's experience was a prime example of the spiritual transformation that may occur alongside trials and suffering.

In addition to aligning with Tedeschi and Calhoun's (2004) spiritual domain of post-traumatic growth, the participants experienced growth in other domains as well. They experienced "[c]loser, more intimate, and more meaningful relationships with other people" (Tedeschi & Calhoun, 2004, p. 6), such as Naomi's deepened relationship with her family members. They spoke of "an increased sense of compassion, particularly for others who now share the same difficult fate... [and] towards anybody in pain and anybody in any kind of grief" (Tedeschi & Calhoun, 2004, p. 6). They identified "new possibilities for one's life" (Tedeschi & Calhoun, 2004, p. 6), for instance, Sarah's desire to help mothers in need and to participate as a member of the team hosting future Rachel's Vineyard Retreats. They also described "[a] general sense of increased personal strength, or the recognition of possessing personal strength... 'if I handled this then I can handle just about anything'." (p. 6). However, their experience was a combined recognition of their own strength and God's strength and care for them. The summary

of their growth in this domain would be closer to the following statement: if God helped me handle this, together we can handle just about anything.

The current study contributes to the array of studies mentioned by Tedeschi and Calhoun (2004) that present reports of post-traumatic growth prompted by varying types of traumatic experiences. It may also be valuable for mental health professionals to explore the growth that may occur as an individual struggles with the experience of abortion as a trauma. Doing so may further empower the client, contributing to additional healing from the traumatic experience.

Feeling Hopeless and Unlovable as a Facet of Post-Abortion Distress

The final model of interpretation to be presented involves a focus on the way Lerato and Sarah felt hopeless and unlovable. In their article about the experience of psychological helplessness, Breggin and Stolzer (2020) explored two concepts related to Sarah and Lerato's experience: "First, that most psychological suffering... is rooted in underlying feelings of helplessness (psychological helplessness); and second, that this suffering is often fueled by experiences and feelings of being unlovable and especially unworthy or undeserving of love" (p.113).

While exploring the connection between the two topics of their article, the authors warned of the phenomenon experienced by Sarah and Lerato, namely a sense of helplessness and hopelessness about being unlovable. They theorized that because love is "so central" to human wellbeing, "loss of it will eventually induce psychological helplessness or overwhelm" (Breggin and Stolzer, 2020, p. 118). Their focus was on the way this can occur in childhood, but moments that lead someone to feel that they are not loved or lovable are arguably distressing at any age. Furthermore, as noted in the theme about a wound with cascading effects, earlier experiences

that have led someone to feel unlovable may be built upon or amplified by later experiences such as an abortion. Thus, Breggin and Stolzer's (2020) insights seem relevant to the sense of hopelessness and unlovability experienced after an abortion. Although Breggin and Stolzer (2020) speak of helplessness and Lerato and Sarah speak of hopelessness, the two experiences seem to be analogous. Lerato and Sarah connected their sense of hopelessness to the irrevocability of the act of abortion. If the abortion, that seemed to cement their unworthiness of love, could not be undone, they concluded that they could never be loved. Lerato and Sarah felt that nothing could be done, there was no hope for their future, their life was over and they felt entirely unable to cope with the overwhelming emotions accompanying their hopelessness. Likewise, the psychological helplessness described by Breggin and Stolzer (2020) involves "being overwhelmed", "unable to escape from emotional suffering", and "unable to take effective or meaningful changes" (p. 114).

Breggin and Stolzer (2020) argued that when psychological helplessness is present, it will need to be addressed before any therapeutic progress can be made.

Across the spectrum of emotional problems, from conflicts between loved ones to lapses into psychosis, it is critical to overcome feelings of helplessness in order to make progress. The individual mired down and overwhelmed with psychological helplessness will not make substantial recovery without regaining confidence or faith in their ability to replace their feelings of helplessness with feelings of mastery and self-determination. (p. 123)

Thus, mental health professionals working in post-abortion support may want to assess for the presence of psychological helplessness/hopelessness as they begin working with a client. It may be a helpful model of interpretation to understand the client's post-abortion experience.

If psychological helplessness/hopelessness is indeed a facet of an individual's post-abortion distress, Breggin and Stolzer's (2020) theory would suggest that it may also be valuable to assess whether the client has come to see themselves as unlovable i.e., the helplessness may be "fueled by experiences and feelings of being unlovable" (p. 113). Lerato already had a series of experiences building on a core belief of being unloved and unlovable. The abortion then left her feeling "even more unlovable". Sarah did not mention any previous beliefs around being unlovable and seemed to experience the abortion as a single event that shifted her status from lovable to unlovable.

Although, Breggin and Stolzer (2020) noted that "(w)e do not yet have research studies that address the negative results of the specific phenomenon of feeling unlovable and undeserving of love" (p.126) they proposed some descriptions of this psychological experience.

"Often those who suffer cannot find words for their despair and helplessness over feeling unlovable and unworthy of love; but here are some of the ways these feelings are expressed: No one loves me. No one could love me. I don't deserve to be loved. Love is something for other people. What is there to love about me? Why would anyone want to love me? I don't trust love. I don't know anyone with a lasting love relationship. Love always has conditions. You always get hurt. If we feel that we do not deserve love, it implies that we believe that love is good and, in fact, too good for us. When we feel unlovable or undeserving of love there is an unspoken value judgment that says, in effect, being loved and deserving love is the gold standard of a good life, and we do not meet the standard. (p. 121)

As seen in the results, Lerato and Sarah expressed beliefs and feelings similar to those in the above quotation; they felt disqualified from loving human relationships, and they believed they could no longer receive God's love.

The experience of being undeserving of love from others may be accompanied by self-hatred and an inability to love oneself. Self-hatred was so prominent for Sarah that, until attending the retreat, she did not know how she could go on living with herself. Self-condemnation was also a prominent part of Naomi's experience. Naomi described the image where God showed her (through the symbolism of the needles with which she was piercing herself) that she had been subconsciously condemning and punishing herself. Her description is similar to that used by Cornwall (2019) when he spoke of "the jabs of pointed sticks of self-hatred" (p. 669). Cornwall (2019) contended that:

Most people I have known who are suffering such intense emotional pain need the healing balm of unconditional love to be provided from others first, before they can begin to mercifully give it to themselves... In my experience, at a certain point of such emotional suffering, only merciful love can break through the prison cell wall [i.e. feeling unloved, unworthy of love, stuck in self-hatred, hostility toward the self, etc. further fuelling the emotional distress] where we are trapped... Then if merciful love comes to us from another, or emerges inside us for ourselves, it brings the renewing energy of life itself back into our bodies, psyches, and hearts. It brings life-saving hope that our suffering is not forever. (p. 669)

His proposition highlights, once again, the cyclic connection between love and hope. As the sense of being unlovable increases, hopelessness increases, which leads to feeling less lovable, etc. Conversely, as someone begins to feel loved, they experience hope that they are not

unlovable, which makes way for more experiences of love and hope. Thus, within post-abortion support, interventions fostering hope and love may be important complements to each other.

Addressing Hopelessness and Unlovability in a Clinical Setting

This section presents links between the results of the current study and literature on the application of hope and love in mental health care.

Hope. Sarah and Lerato recommended that mental health professionals “plant seeds of hope” and become “a dealer in hope” while also adapting to the client’s current experience which may be one of despair and hopelessness. Sarah and Lerato were aware of how crucial hope was to their healing, yet they also pointed to the need for sensitivity in its clinical application. Their concern mirrored that of Larsen et al. (2007):

There is something very appealing about the thought that hope can be effectively dispensed by counsellors and taken up by those receiving counselling. Nevertheless, when hope is conceived as an object that can be applied or administered to others, it runs the risk of becoming a top-down, hierarchical process with the counsellor as the psychological equivalent of a pharmacist. There may be occasions where becoming more directive and very actively seeking to instill hope seems most appropriate (e.g., when a client is actively suicidal). (p. 409)

Both Lerato and Sarah experienced suicidality in the months following their abortion. It is therefore understandable that their need for hope was expressed as urgent. They needed a very literal lifeline of hope and they valued all of the interventions that kept them holding on to “the possibility of hope” (Lerato).

Having acknowledged the value and risk involved in understanding hope as something instilled by the professional, Larsen et al. (2007) encouraged mental health professionals to expand their understanding of the role of hope in counselling. They offered the following summary of their reflections from their 14 years of experience at the Hope Foundation.

(W)e have come to believe that no single metaphor is likely to capture all useful possibilities for working with hope. We think of our counselling work as an exploration of the client's own experiences and understandings of hope. We are interested in how stories of hope might be excavated and strengthened. At times, we see ourselves as aligning with our clients in the search to find the inevitable presence of hope in their lives. At other times, we recognize that we are working with our client to create an experience of hope within the counselling session itself. Finally, while we tend not to think of our work as instilling hope, we do recognize that often in early counselling sessions, clients look to us for some evidence of hope that they might hold onto (Horvath & Greenberg, 1994; Ilardi & Craighead, 1994; Wickramasekera, 1985; Wilkins, 1979, 1985). In this case, we see ourselves as working with clients to inspire a ray of hope, often by gently letting clients know that we believe healing change is possible (Edey, 2001).

In order to avoid an imposition of hope from the mental health professional onto the client, Larsen et al. (2007) recommended asking permission to focus explicitly on hope, for example: "Some clients find it helpful to talk about hope. I wonder if it would be alright for us to have a conversation about hope?" (p. 411). Doing so would continue to foster the agency of the clients, a therapeutic goal which was important to Lerato and which could also be valuable in

allowing the clients to shift out of the helplessness accompanying their hopelessness and their feelings of being unloved or unlovable.

Lerato's recommendations regarding hope could be incorporated into psychotherapy sessions with an explicit or implicit approach to fostering hope. For example, the therapist and client might be explicitly discuss the client's experiences of hope/hopelessness or they might be intentionally opening up possibilities of hope for the future in without directly talking about hope itself. Larsen et al. (2007) recommended that mental health professionals combine explicit and implicit approaches to hope in therapy, and they proposed understanding the range of therapeutic options as placed on a continuum from implicit to explicit. For example, Lerato's suggestions of discussing stories of post-abortion flourishing or creating a vision board could be accompanied by more or less conversation about the client's experience of hope.

Just as Larsen et al. (2007), identified hope as "a key factor in the counselling change process" (p. 413), Breggin and Stolzer (2020) and Cornwall (2019) made a case for the healing power of merciful love.

Love. Breggin and Stolzer (2020) lamented the fact that "love often goes unmentioned in research and writing about psychotherapy and in the practice of therapy itself" and that even in the substantial literature about self-acceptance and self-forgiveness, "the depth of despair associated with feeling unworthy of love" and its association with psychological distress, are not fully addressed (p.124). They also argued that any mental health care offered without "a caring or loving relationship" would risk re-confirming the client's belief of being unlovable.

Whenever a person is suffering emotionally and spiritually, an unconditional love that helps them feel worthy of love is the most important form of help. Without any conscious

awareness on the part of the participants, this unconditional love is almost certain to be healing for both the person who offers it and the person who receives it. (p. 122)

Breggin and Stolzer (2020) explored the clinical application of their recommendation, and what they meant by unconditional love, in the following quotation.

Many or most emotional difficulties and crises, including psychological helplessness, have deep roots in feeling undeserving of love. One of the values of this emphasis on helpless feelings of being worthy of love is its practicality. To begin with, by identifying what is, in most cases, one of the basic roots of personal suffering and failure, it provides a framework within which to relate to anyone seeking help. It makes clear the necessity of the clinician feeling empathy, respect, and understanding for the client.

Psychologically wounded people need to experience a relationship in which they experience unconditional love, starting with respectfulness and culminating in feeling that they are loved—that their existence brings joyful feelings in the person who is trying to be helpful. Although it may not always be achievable, a counseling or therapy experience will be most successful if the client experiences this kind of care, appreciation, or love from the therapist. It will help the client seek similar experiences with other people. (p. 123)

Lerato had identified several interventions that helped to foster her sense of hope. However, she described how central love was to keeping her hope alive: “coming to the retreat and just being so infused and saturated with love um that I think it’s, it’s what has carried me through in at least holding on to the possibility of hope”. Moreover, when asked what hope meant to her, Sarah’s response revolved around love. It was so crucial for her to hope that love was possible for her: that she could be lovable, that she was not a “lost cause”, that God could

love her, and that she could love others, have a family and “still be a good mom”. The moments during which they experienced the love of the retreat facilitators and the love of God were crucial steps toward their healing.

Lerato’s most potent experience of love was through the retreat facilitators (e.g. the lady who went out of her way to drive Lerato to the retreat, the gifts and notes left for her on her bed, the way she was welcomed to the retreat, in particular the authentically welcoming hugs). These moments of feeling love allowed her to keep holding on to life and hope. Breggin and Stolzer (2020) expressed that “the victim of such feelings [being unworthy of being loved] is likely to want to be dead. The victim is likely to feel dead” (p.125) Breggin and Stolzer (2020) then call on “those of us who are teachers, therapists, or otherwise trying to help individuals” to:

help them understand that most basic, saving reality of all—that every human being deserves love and that loving relationships are not only possible, they are the spiritual lifeblood of our lives. We must help them feel worthy of love and help them learn to build loving relationships. (p. 128)

Cornwall (2019) proposed one way for mental health professionals to offer clients the love recommended by Lerato. First, he cautions mental health professionals to be aware of the double-edged sword that is the “clinical gaze” (p. 668). Too much focus on detached assessment can hinder the clinician’s ability to feel and express love and care for the client, while also serving to “reinforce the inner self-judgments and the inner devaluing and self-shaming of the suffering person the caregiver would hope to help” (p. 668). For example, the clients, who may already have internalized “harsh self-judgments about their worth and inherent value” (p. 668), are at risk of having those self-judgments compounded as they experience themselves being objectified or defined by their symptoms when said symptoms become the sole focus of a

clinician (Cornwall, 2019). Cornwall (2019) urged mental health professionals to incorporate moments in their practice during which they set aside their “clinical gaze” (p. 668) and allow themselves to internally connect to their felt sense of loving compassion for the individual sitting with them. Cornwall (2019) described how sitting with a client and simply allowing compassion to well up within himself has led to the intangible communication of “merciful heartfelt caring [passing] from me to the person in that moment” (p. 670). Doing so would be an implicit way of incorporating love into post-abortion support. Lerato also recommended including a more explicit focus on love by specifically asking clients how they could feel loved and cared for in the context of therapy. The explicit integration of love, in a clinical setting, for those who feel unlovable could be an area for further research.

Cornwall (2010) also described his own experience of receiving merciful love during a time of intense psychological distress. He stated that, although the experience occurred between himself and a family member, it was not merely a human experience but also a spiritual/religious one in that it “opened me to receiving a merciful, soul-level healing... It opened me to the possibility of the existence of an unseen, very benevolent spiritual reality” (p. 667). His account fits with Lerato’s experience where the love from the retreat team allowed her to experience God’s love in a way that would not have been possible for her if she had focused directly on spiritual/religious interventions because God had felt inaccessible.

On the other hand, for Sarah, it was precisely the spiritual/religious interventions that allowed her to experience herself as loved and lovable. Sarah’s therapist had laid the groundwork of self-compassion when she asked Sarah how she would respond if someone came to her with a story like her own. Sarah was able to acknowledge that if she could love someone who had an abortion, someone might be able to love her. However, the possibility remained theoretical:

“maybe someone else would still love me”. It was at the retreat that she experienced that love for herself. Through the Living Scripture meditations, Sarah pictured herself encountering God and discovering that He did not condemn her, that He loved her. As a result, Sarah felt “more like myself and that um I don’t have to hate myself”, and she was able to open herself to loving and being loved by others.

In her exploration of the mechanism through which prayer can be healing, Luhrmann (2013) proposed that: “someone who has learned to experience a loving God—someone who has learned to experience God vividly, and who has internalized that God as reliably good—may have a powerful therapeutic tool to hand” (p. 722). Luhrmann’s (2013) description of these two areas of spiritual/religious experience (i.e. experiencing God as vivid and as good and loving) fits closely with the transformative power of the retreat as described by the participants. Luhrmann (2013) contended that prayer that is “imagination-rich” (p. 716), i.e. that includes experiences or interactions that “require the imagination, but are not necessarily imaginary” (p. 708) contributes to the healing attributes of spirituality/religion. More specifically, “an interactive relationship with a loving God, cultivated through the imagination in prayer, may contribute to good health” (p. 708).

Luhrmann (2013) delineated four qualities of Ignatian prayer (a format of prayer that is highly similar to the Living Scripture meditations) that foster a vivid relationship with God:

1. “expectancy” (p. 710), expressing a readiness to encounter God in the present.
2. “interweaving [that] blurs the boundary between what is external and what is within; between what is real in the world, and what is imagined through the scriptures”. For example, “(h)e [or she] thinks about the scripture, and then about himself [or herself] in

relation to the scripture, and then about the scripture in relation to himself [or herself]" (p. 713).

3. Active engagement, wherein "(t)he practitioner interacts with what she or he imagines. During each exercise, the participant is supposed to talk to the main characters of the scene directly (the "colloquy"). Usually, this main character is Christ." (p. 714).
4. "Sensory enhancement" (p. 710), using the imagination to see, smell, hear, touch, or taste the details of the scene or story during the prayer, to "make the abstract personal and near" (p. 714).

Sarah and the other participants emphasized how valuable the Living Scripture meditations were due to their vivid experiences of encountering Jesus and His love for them. They imagined how their own experiences related to those of the individuals in the passage (e.g. the woman caught in adultery or Lazarus in the tomb), then they journeyed through the story imagining the experiences that person might have had (e.g. being shoved through a noisy crowd and hearing their screams of condemnation, feeling themselves duck their head with shame, then looking up and seeing Jesus' face and imagining His expression and the tone of his voice as He lovingly said He did not condemn them). It was important that God's love was not only a cognitive belief, but that it became a lived experience. The scriptures that were chosen also allowed them to experience the way God's love was extended to the parts of themselves that they had been condemning or trying to hide out of shame. This vivid encounter of love was healing and transformative.

In addition to the prayer that fosters a vivid experience of God, Luhrmann (2013) pointed to the importance of experiencing God as good. She noted that "not all those who are religious experience God vividly, and not all of them experience God as good" (p. 721).

According to O'Grady (2007):

Assessing and working with issues of God image in therapy are often an essential part of successful treatment. God image development is a complex process that may include influences from family, peers, culture, gender, age, religious theology and tradition. From a theistic perspective, individuals' actual relationship with God can have the greatest impact on God image development. According to this perspective, it is important that therapists help clients explore their image of God and the ways it impacts their spirituality and presenting concerns. Encouraging clients to engage in spiritual practices such as prayer, meditation, scripture study, and spiritual reflection can help them create a more genuine relationship with God, and promotes a healthier, more mature God image. (p. 183)

Throughout the series of Living Scripture meditations at the retreat some of the participants experienced shifts in their experience of God. For example, as mentioned in the section discussing post-traumatic growth, Lerato's understanding of God shifted considerably over the course of her healing. She went from experiencing God as punitive, withholding his love unless she met a standard of perfection, to experiencing that "no matter how far I've gone, no matter how dark it is, I am still in the center of God's love, and I am still being held". While working with clients who have experienced abortion, it may be helpful to process their image of God and their experience of being loved by God.

Summary of the Discussion

As mentioned previously, the models of interpretation did not provide mutually exclusive groupings of the participants' experiences. Relationships built on trust and acceptance, allowing

the disclosure of previously undisclosed experiences, were especially crucial in addressing moral injury, disenfranchised grief. These relationships could also provide corrective emotional experiences for those who felt unlovable. As an individual moves through interventions for moral injury, their experience of feeling unlovable may also lessen. The symbolic mastery that would support a client's coping with disenfranchised grief would also enhance their sense of agency, which is valuable in the aftermath of trauma. The embodied rituals allowing individuals to express their physical, psychological, and spiritual grief experience aligned with the importance of integration and focus on the body in trauma treatment. If the primary, secondary, and tertiary facets of an individual's post-abortion experience can be identified, mental health professionals may be able to emphasize the aspects of treatment and interventions that are complementary to each other and the client's needs.

Implications and Recommendations for Future Research

Just as Goodwin and Ogden's (2007) qualitative study was able to map the 'emotional trajectories' of women who had one or multiple abortions, the current study contributed to mapping the intertwined physical, psychological, social, and spiritual/religious trajectories of post-abortion distress. The results also illuminated the ways that the Rachel's Vineyard retreat addressed the participants' distress and shaped their post-abortion trajectories. The results seemed to align with four models of interpretation based on four types of distress described in the literature (disenfranchised grief; moral injury; trauma and post-traumatic growth; and feeling hopeless and unlovable). Understanding the primary, secondary, and tertiary facets of the participants' distress provided a foundation for understanding why certain participants found certain aspects of the Rachel's Vineyard retreat to be healing. Therefore, the current study could provide the basis for further research and clinical efforts aimed at developing effective clinical

interventions for post-abortion distress that integrate spirituality/religion and can be adjusted to the types of distress present in an individual's post-abortion experience.

Future research could draw upon the experience of additional participants (men and women), as well as those involved in facilitating post-abortion interventions. Additional research could be focused on the Rachel's Vineyard retreats, or on other types of post-abortion interventions. Doing so would allow researchers to determine whether links can be made to other models of interpretation for post-abortion distress.

As suggested by Kazdin (2007), researchers interested in furthering knowledge and understanding of the mechanisms of change incorporated in faith-based post-abortion interventions might examine how their impacts could be optimized by emphasizing or improving certain elements. Similarly, researchers could provide insight into how the components of the intervention should or should not be adjusted to suit different contexts (Kazdin, 2007). Researchers and clinicians might also explore possibilities for collaboration between psychotherapy and faith-based retreats such as Rachel's Vineyard.

Limitations

The design, interviews, and analysis for this study were conducted by a master's student who is just beginning to learn about the intricacies of IPA. Although the researcher received guidance from an experienced supervisor, the researcher did not have the personal benefit of years of experience in interviewing and analysis. The study also focused on abortion, a topic that is often connected to deeply held beliefs and values. The researcher maintained an intentional awareness of her experience, her biases, and the influence she may have on the research. However, it remains possible that the researcher influenced the outcome of the analysis by

focusing on certain elements of the participants' experience more than others. The study was limited to four purposively sampled participants, and the results cannot be generalised. There is no way to determine how broadly applicable the results may be. Mental health professionals will have to assess, on a case-by-case basis, whether the results of the current study are relevant to the experience of a given client.

The current study was also limited by those limitations that are inherent to IPA research. Criticisms of IPA focus on the ambiguity in the research process; the overemphasis on description and underemphasis on interpretation; the inadequate acknowledgment of the role of language and semantics; the reliance on the participants' potentially limited capacity to describe their experience; and the emphasis placed on perceptions of experiences and not the context or pre-conditions for those experiences (Tuffour, 2017).

Strengths

The study design incorporated some strengths that hopefully offset the effects of the limitations mentioned above. Although the researcher is a novice in IPA, she was a counselling intern at the time of the interviews, and therefore had received training in skills that were transferrable to the interview and analysis process. Counselling interns learn to conduct intake assessments in a flexible, conversational manner that is similar to a semi-structured research interview. Interns are trained to understand the dynamics of their interactions with clients, to develop rapport, and to use prompts and reflections to elicit further explanation (without submitting the client to an interrogation). Counselling interns also have experience reflecting on the potential impacts of personal biases and learning how to set aside personal beliefs in order to maintain a curious stance toward exploring another person's experience. Purposive sampling can be a limitation as it comes with increased risks for selection bias. However, the goal of IPA is not

the generalization of findings to a large population, but the exploration of a particular perspective (Smith et al., 2009). Therefore, the sampling method can also be considered a strength since it allowed the researcher to gather a sample in a timely, convenient manner which fits with the study design. These strengths and efforts made to maximize the fit between the research aims and the research design, promoted the rigor of the research. In addition, the researcher was mindful of the potential limitations of IPA research and sought to minimize their effects. The researcher frequently referenced Smith et al.'s (2009) instructions regarding the IPA research process; attempted to balance description with interpretation; included interpretations that focused on the language used by participants; engaged in multiple interviews with each participant; and intentionally gathered information on the context surrounding the phenomenon of interest.

Conclusion

Mapping the constellations of influences and experiences in post-abortion distress, and in spiritual/religious post-abortion care, involved gathering and interpreting complex and deeply personal data. However, now that certain constellations have been recognized, they may help others navigate through dark times of distress. With further research, it is possible that additional constellations could be charted. As this process continues, those with experience might be able to determine which constellations will be the most helpful for an individual on his or her own particular journey toward post-abortion healing.

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Appendix A: Consent Form

Title of the study: Mapping Spiritual and Religious Constellations: A Qualitative Exploration of Women's Experiences in Faith-based Post-abortion Care

Name of researcher: Katherine VanLeeuwen, MA (Cand.)

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Name of supervisor: Judith Malette, Ph.D., C. Psych.

Phone number: 613-236-1393, poste 2260

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Invitation to Participate: I am invited to participate in the abovementioned research study conducted by Katherine VanLeeuwen under the supervision of Dr. Judith Malette.

Purpose:

The purpose of this study is to gain a fuller understanding of the experience of women who have sought spiritual/religious help for post-abortion distress. In particular, when women look at their experience at a faith-based post-abortion retreat, how do they describe (1) the role spirituality/religion may have played; (2) the important moments in their journey; (3) the meaning of the retreat, and; (4) what they would like mental health professionals to know.

Participation:

My participation will consist essentially of answering a series of open-ended questions through three separate individual interviews with the researcher. The respective interview questions will be guided by the study's objectives. The duration of the interview will vary from one individual to another, but the session may last no longer than 90-minutes. The researcher will use a safe and secure location to conduct interviews without jeopardizing my right for privacy and confidentiality. A few months after the interviews, I will be asked for a follow-up interview over the phone to validate and clarify concerns that rose during the first set of interviews. All interviews will be audio recorded to help the researcher accurately capture insights in my own words. Given the sensitive, personal and confidential nature of our discussions, I will be guaranteed anonymity and confidentiality. A detailed explanation of how the researcher will maintain the confidentiality of data with respect to any identifiable information and information

shared during discussions will be discussed in-depth in the section titled confidentiality and anonymity.

Risks:

My participation in this study will entail exploring my experience with abortion and the Rachel's Vineyard post-abortion retreat, as well as their meanings in detail. Sharing detailed information on this sensitive subject matter can be difficult for some individuals. I have received assurance from the researcher that every effort will be made to minimize these risks. For example, a list of available resources will be provided should I experience any difficult reactions during or immediately after the interview and require support.

Benefits:

My participation in this study will personally benefit me, the society and scientific community as a whole by: (1) offering women who sought spiritual/religious help after an abortion a platform to share their experiences; (2) contributing to the advancement of our understanding of post-abortion responses and experiences in post-abortion care; (3) offering an in-depth examination of the potential role of spirituality/religion in the process of resolution or healing after an experience of post-abortion distress; (4) exploring the meaning women associate to their journey toward healing/resolution and the implications this has for advancing post-abortion care options, and; (5) providing mental-health professionals with a window into the experiences women may have after an abortion – thus potentially increasing their ability to effectively support women in similar cases.

Confidentiality and anonymity: I have received assurance from the researcher that the information I share will remain strictly confidential. I understand that the contents will be used only for the purpose of this research study and that my confidentiality will be protected. All identifiable information collected will be kept private. Any identifiable information will have a number on it instead of my name. Only the researcher will know what my number is.

Anonymity:

Information submitted will be published, as a report, confidentiality and anonymity will be maintained through the removal of identifiers as described in the section above.

Conservation of data:

The data collected (both hard copy and electronic data) will be stored in a password-protected file on the researcher's computer, as well as a secure cabinet in her office. Only the researcher will have the key to access the secure cabinet. A duplicate copy of the research files will be created to safeguard it and enable recovery in case of a loss, corruption or infection by malware.

Non-personal research data may be used for future research. I am assured that the confidentiality of my personal data will be upheld through the removal of identifiers.

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If I choose to withdraw, all data gathered until the time of withdrawal (including tapes) will be destroyed and omitted from the final paper.

Acceptance: I, _____, agree to participate in the above research study conducted by Katherine VanLeeuwen of the Human Science Department, School of Counselling, Psychotherapy and Spirituality, Saint Paul University, whose research is under the supervision of Dr. Judith Malette.

Using current data in future research studies:

We would like to inform you that data collected from the present study might be used anonymously to support future research.

___ Yes, I consent for my personal information to be used in future research studies.

___ No, I do not consent for my personal information to be used in future research studies.

Secondary use of data:

The current thesis aims to gain a fuller understanding of the experience of women who have sought spiritual/religious help for post-abortion distress. Information or materials collected from this study may be used in the future to further develop knowledge and understanding of these themes, or to develop possible treatment modalities.

If I have any questions about the study, I may contact the researcher or her supervisor.

If I have any questions regarding the ethical conduct of this study, I may contact the Office of Research and Ethics, Saint Paul University, 223 Main Street, Ottawa, ON K1S 1C4
Tel.: (613) 236-1393

There are two copies of the consent form, one of which is mine to keep.

Participant's signature: _____ Date: _____

Researcher's signature: _____ Date: _____

Appendix B : Participant Demographic Questionnaire

Participant Code: _____

Age: _____

First Language: _____

Language being used most often: _____

Your level of education is:

1. High school
2. Community college
3. University (undergraduate)
4. University (graduate; M.A.)
5. University (Graduate; Ph.D.)
6. My level of education is not listed above (Please specify: _____)

Which of these commonly used terms would you use to describe your sexual orientation?

1. Heterosexual
2. Gay
3. Lesbian
4. Bisexual
5. Transsexual
6. Queer
7. My sexual orientation is not listed above (Please specify: _____)

Your current relationship status is:

1. Married
2. Cohabiting
3. Divorced
4. Separated
5. Single, never married
6. My relationship status is not listed here (Please specify: _____)

Your relationship status at the time of the abortion (if different from above): _____

Country of Origin: _____

Which of the following best describes your ethnic background? Please check as all that apply:

1. Indigenous (Inuit/First Nations/Metis)
2. White/European
3. Black/African/Caribbean
4. Southeast Asian (Chinese, Japanese, Korean, Vietnamese, Cambodian, Filipino, etc.)
5. South Asian (East Indian, Sri Lankan, etc.)
6. West Asian (Iranian, Afghani, etc.)
7. Arab (Saudi Arabian, Palestinian, Iraqi, etc.)
8. Latin American (Costa Rican, Guatemalan, Brazilian, Columbian, etc.)
9. Other (Please specify: _____)

Are you part of an organized religion?

1. No
2. Yes. Please specify:
 - a. Catholic
 - b. Jewish
 - c. Protestant
 - d. Anglican
 - e. Muslim
 - f. Buddhist
 - g. Hindu
 - h. Sikh
 - i. Other (Please specify: _____)

Do you define yourself as a spiritual and/or religious person?

1. No
2. Yes. Please specify. (Please check all that apply):
 - a. I associate spirituality to an experience of sacredness
 - b. I associate spirituality to a relationship with God, the Transcendent, an Entity greater than myself
 - c. I associate spirituality to my religious beliefs
 - d. I associate spirituality to my fundamental values
 - e. I associate spirituality to nature
 - f. I associate spirituality to music
 - g. Other (Please specify: _____)

How important are your religious and/or spiritual beliefs in your daily life?

1. Very important
2. Somewhat important
3. Not very important
4. Not at all important

Your age at the time of the abortion:

Your age at the time of any other pregnancies carried to term or miscarried:

Your age when you attended the Rachel's Vineyard retreat:

Other post-abortion treatment or support received, if any (and age at the time it was received):

Thank you for your collaboration!

Appendix C: Interview Schedule

Each interview will begin with a time for welcoming comments, addressing any logistical questions, and getting settled to begin.

First interview: Life history relating to spirituality/religion and the post-abortion/retreat experience

Today we are going to focus on your background and life experiences. This will help me understand your story and the perspective that you had going into the Rachel's Vineyard Retreat.

- To start, please tell me about your experience of spirituality and/or religion.
 - What role has spirituality or religion played in your life?
- How did you come to be a participant at a Rachel's Vineyard Retreat?
 - (prompts intended to explore and clarify their story)
- Please tell me about your experience during the time between your abortion and the retreat.
 - Did you consult any mental-health professionals before going to the retreat?
 - Was spirituality or religion connected to your experience during that time?
 - What were your hopes or goals going in to the retreat?

Second Interview: The details of the experience during and after the retreat

Last time we left off when we were talking about your experience leading up to the retreat.

Today we will focus on your experience at the retreat and the impact that the retreat had for you.

- What were the important moments of your experience during the retreat?
- What kind of immediate impacts did the retreat have for you?

- spiritually? emotionally? relationally? cognitively? (i.e. what was going through your mind)
- How would you describe any longer-term impacts you experienced?
- Did the retreat surprise you in any way?
 - If so, how? / If not, how did it fit with your expectations?
- What helped you or hindered you from [insert participant's goal/hope for the retreat]?
- How was spirituality or religion a helpful or unhelpful part of the retreat?

Third Interview: Reflecting on the meaning of the retreat and voicing suggestions

Today I'm interested to hear about your reflections and suggestions for future work that aims to help with post-abortion distress.

- Given what you've told me about your life before the retreat and your experience while you were there, what does your time at the retreat mean to you now?
 - How do you understand the process that you went through to reach the point where you are now?
- What do you think mental-health professionals should know about post-abortion care and spirituality or religion?
 - What would you have found helpful if you were seeing a counsellor instead of going to a retreat?

Appendix D: Tables of Superordinate Themes for Each Participant

These tables were shared and reviewed with each participant as a way of member-checking the results of the analysis.

Legend: **First Interview**, **Second Interview**, **Third Interview**

Lerato’s story	Lerato’s Recommendations for Mental Health Professionals
<p><u>Christian identity, roots & transitions</u></p> <ul style="list-style-type: none"> Roots of Christian Identity Christian identity (Role of faith and relationship with God during) Transitions Relationship with God as source of meaning Spirituality not cast in stone (fluidity of spirituality) Sexuality and spirituality New Christian identity 	<p>Careful integration of spirituality</p> <ul style="list-style-type: none"> Balancing gentle, non-judgmental grace and clarity about truth Promoting agency Establishing the understanding required to tailor the spiritual approach to the client <p>Avoid assumptions that link abortion to certain values</p>
<p><u>Interpersonal factors related to abortion</u></p> <p>Impact of feeling isolated and unsupported on decision to abort</p> <ul style="list-style-type: none"> Lack of supportive voices Increased fear <p>Abortion & her relationship with her partner</p> <ul style="list-style-type: none"> -pressured by partner to abort - thin (i.e. constrained/limited) sense of agency - trying to move on as if nothing was wrong - recognizing & expressing her partner’s negative impact on her wellbeing (in therapy) - insecure preoccupied attachment style 	<p>Developing a deeper understanding of ‘choice’</p> <ul style="list-style-type: none"> Distinguishing choice due to other factors from authentic choice Understanding history so abortion can be seen as a symptom Understanding choice to avoid future repetition Choice does not preclude the need for healing Hope that counsellors will take time to understand even if society does not <p>Promoting agency</p> <p>Avoid pressure to move forward with healing</p> <ul style="list-style-type: none"> Importance of an explicit therapy structure that allows the client to lead

	<p>Importance of sensitivity to & avoidance of pressure (explicit or implied)</p> <p>The healing process has its own pace: respect it</p>
<p><u>Physical, psychological, and spiritual impacts of abortion</u></p> <p>Complexity of abortion procedure experience</p> <p>Dissociative symptoms for coping with the reality of abortion</p> <p>Abortion procedure as a conflicting experience</p> <ul style="list-style-type: none"> - Proceeding despite strong psychological, emotional, and physiological aversion to abortion - Feeling pressured & trapped (by the presence of an authority) <p>Abortion as an experience of internal death</p> <p>receiving the message that she is not alone (from the presence of others in the clinic)</p> <p>Immediate aftermath of abortion</p> <p>Traumatic aftermath of abortion</p> <ul style="list-style-type: none"> - Physical shock & complications - Terrified - Isolation <p>Disillusionment with the way abortion is presented</p> <p>Struggle to maintain external façade of 'everything is ok' while internally spiraling</p> <p>Broadening impacts of abortion</p> <ul style="list-style-type: none"> - Abortion as harmful - Psychological impact of abortion <ul style="list-style-type: none"> o Social: Shame, secrecy & isolation o Emotional pain & grief o Identity/core self impacted o Existential crisis: suicidal - Spiritual impact of abortion - Spiritual conflict & disconnection 	<p>Understanding lived post-abortion experience</p> <p>Understanding abortion as a loss to be grieved</p> <p>Understanding & validating the depth of distress</p>

<p>Impact of abortion psychological impact of abortion a. shame, secrecy, & social withdrawal b. abortion as traumatic spiritual impact of abortion: disconnection from faith/God psychospiritual impact of abortion: abortion as internal death that spreads and requires a long-term ongoing process of healing expressing intensity of impacts as ‘ICU’-level</p>	
<p>Seeking post-abortion help/resources Lack of continuity between expectations based on what she was told (re abortion as fix-all) and her actual experience (post-abortion distress & feeling invalidated) seeking post abortion help/resources (good, but not addressing spirituality) seeking post-abortion help including spirituality (that does not invalidate her experience – see following superordinate)</p> <p>Invalidation of her experience Invalidation of the life inside her Invalidation of her distress Invalidation contributed to the belief ‘there’s something wrong with me’</p> <p>Reaching out for help when no longer possible to delay Hard to talk about abortion</p> <p>Appreciation for balanced & sensitive stance of those receiving her and her story Pastor Retreat Team</p>	<p>Recognition of barriers already overcome by anyone seeking post-abortion therapy Recognition of the internal war involved in seeking support</p> <p>Offering a receptive space for their story</p> <p>Self-awareness in offering recommendations Keeping in mind that she has had good experiences with those who have journeyed with her Ability to imagine other potential experiences</p>

<p>Qualities valued in Mental Health professionals interacting with women who have had an abortion</p> <ul style="list-style-type: none"> - compassionate listening - meaning-making - engaging with & drawing insights from her sharing 	
<p><u>Complementarity of psychotherapy (psychological dimension of healing) & retreat (spiritual reconnection)</u></p> <p>Dynamic combo of healing Survival mode in counselling – focused on what she needed to stay alive (not on spiritual impacts) Unable to process emotions alone due to depth & intensity Therapy as prerequisite processing before group sharing Retreat opened possibility of spiritual resurrection Being steeped in faith & love at the retreat began a gradual process of spiritual reconnection</p> <p>Gradual insight, hope, and healing begun in therapy</p>	<p><- consider the complementarity of different approaches to post-abortion support</p>
<p><u>Spiritual & psychological impact of retreat</u></p> <p>Validation of her distress Spirituality as part of the healing process Healing facilitated by the group Hope for the hopeless Holding dialectics in balance (hope and meeting where they're at) Immediate and gradual impacts Space for emotions Putting words to her experience Space to wonder about her daughter</p>	<p>Fostering Hope</p> <p>Balancing present-moment, non-judgmental compassion with steps toward hope Hope as necessary to healing Spirituality as the primary source of hope Spirituality was from her frame of reference, but keep hope as key no matter the framework Mental Health Professionals can foster many forms of hope in many ways Filling with hope as a professional alternative to filling with love Fostering realistic hope through stories of post-abortion flourishing</p>

<p>Safety Appreciation for retreat design/structure</p> <p>Contrasting eeriness of abortion clinic welcome with genuineness of retreat welcome</p> <p>Retreat: feeling heard Gradually finding safety to shed layers of shame Compassionate space for sharing allowed emotional reconnection/expression Experience of supportive community ready & able to understand each other Feeling safe to share her relationship story (with father of her daughter)</p> <p>Placing abortion in the context of her life journey of feeling unloved/unlovable</p> <p>Feeling & healing the wound of unlovableness Corrective emotional experience Group support Letting down defences</p> <p>Spiritual release of burden through ritual</p> <p>Receiving God's love through people – as the greatest gift a post-abortive woman could receive Shown she can still be loved even with her failings Challenging to accept love Stark contrast from isolation Impact = hope and agency People embodying God's love for her Experiencing expressions of love</p> <p>Experiential</p> <p>Spiritual Perspective Shifts</p>	<ul style="list-style-type: none"> - Demonstrating that others have not been disqualified from hoped-for futures because of abortion - Building & opening possibilities of hope one story at a time - Sharing stories that include the struggles along with the fulfillment <p>Fostering the capacity to dream by creating a vision board</p> <ul style="list-style-type: none"> - Integrating space to dream into therapy (& termination in particular) - Reinforcing impact of a frequent visual reminder of hope - Vision board as an effort to hope & dream while she still felt that she could not - Gradual resurrection of her capacity to dream - Dreaming required belief in her worthiness <p>Consider asking clients how they feel loved & how that could be possible in therapy setting</p> <ul style="list-style-type: none"> - Helpful to have a 'menu' of options that are realistic & possible - Providing the language when the client doesn't know the language yet <p>Affirmations to reinforce truths (counter insecurities) as part of a regular session structure</p> <p>Aspects of the retreat that could be integrated into counselling</p> <p>Integrating hugs into counselling</p> <ul style="list-style-type: none"> - Sensitivity to timing & fit for the individual - Hugs as a healing source of connection & support
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<p>Seeing her story from God’s redemptive perspective Seeing scripture as still applicable to her Seeing hope for her future (this is not the end) Seeing herself realistically without shame</p> <p>Seeing herself as someone who can still approach God</p> <p>Retreat as a powerful, life-saving experience</p> <p>Allowed her to move from ‘ICU’ to ‘general ward’</p> <p>Honouring daughter’s life as part of her own healing Honouring her daughter’s life – validation, grieving & joyful sharing</p> <p>Situating retreat in her timeline Retreat function & experience (as a lifeline) affected by its timing (shortly after abortion)</p> <p>Equipped for life after the retreat Retreat components did not change her experience/ depth of pain – but gave strength & awareness to walk through it</p> <p>Key words that express the meaning of the retreat for her Grace Hope Light Pivotal part of healing journey Sense of community Perspectives</p>	<p>Integrating sensory based “living scripture” meditation into counselling - Reassuring experience of inviting God in & doing the work with Him</p> <p>Maintaining memorial as a standard component of post-abortion counselling</p> <p>Adding a group session to individual therapy for valuable sharing</p>
<p><u>Continuing to engage in coping, processing, and healing after the retreat</u></p>	<p>Clarifying that, though she offers recommendations & discusses helpful experiences, she still faces challenges</p>

<p>Ongoing post-retreat post-abortion impacts</p> <p>Impacts of abortion on emotions, self-esteem, relationships & outlook (are not erased)</p> <p>Understanding & accepting healing as complex and non-linear</p> <p>Ongoing post-retreat growth Fostering the growth of seeds that were planted at the retreat</p> <ul style="list-style-type: none"> - Knowing no matter how far I've gone, no matter how dark it is, I am still in the center of God's love - Being rooted in hope and in life and in the word of God <p>Further exploring & drawing on resources from the retreat</p> <p>Post-retreat continued healing & coping</p> <p>Growing acceptance of grieving & healing as ongoing processes</p> <p>Growing self-efficacy in facing emotions & working through layers of trauma impacts</p> <p>Practicing self-compassion during new challenges</p> <p>Equipped with tools from the retreat</p> <p>Progress marked by social re-engagement & selective openness in relationships</p> <p>Gradual reconnecting with her faith community</p> <p>Still processing her relational experience</p> <p>Continued ambivalence about her boyfriend's intentions (regarding what he was saying about having an abortion)</p> <p>Contextualizing & attempting to give him the benefit of the doubt</p> <p>Countering the lies she internalized (that she was a bad person/woman/mother)</p>	<p>Potential benefits of follow up support for ongoing challenges</p> <p>Building autonomy while maintaining reassurance of support</p> <p>Therapist as a safe person who knows her story & can offer meaningful support/direction for continued progress</p> <p>Ongoing struggle with confidence Abortion compounded previous insecurities through a wounding of her sense of identity and worthiness of love</p> <p>Efforts toward a holistic building of confidence include self-acceptance and hope in her 'lovability'</p> <p>Ongoing efforts to face triggers</p> <p>Variety of potential post-abortion triggers</p> <p>Navigating her desire to be present for her friends' milestone moments while managing her trigger responses</p> <p>Successful trigger management means addressing source, feelings/needs, and goals</p> <p>Occasional need for validation & reflective questioning to support her own capacity to work through triggers</p> <ul style="list-style-type: none"> - benefits of follow up counselling sessions
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<p>Ongoing effort to maintain hope for blessings in her future Ongoing struggle to counter negative core beliefs and learn that she can be imperfect AND lovable Insight into negative core beliefs & ongoing impacts Still struggling even though the false core beliefs have been recognized Connecting the chain from beliefs & fears to interpersonal impacts Perfectionism & guardedness as continued defences Ambivalence about being fully known (fears vs cost of being perfect, defended, & unseen) Stepping away from lies & learning a new way of being/interacting Reaffirming the truth of her worthiness</p>	
<p><u>Understanding her story as a holistic journey of disconnection and reconnection</u></p> <p>Abortion located in her story as a trauma that compounded & completed the disconnection begun by previous traumas</p> <p>Disconnection in different aspects of self for different reasons Emotional disconnection as coping until strong enough to emotionally reconnect Spiritual disconnection due to moral injury Physical disconnection and hatred of body because being in her body felt like being in the place where the trauma happened</p>	<p>Importance of holistic approach: combining work with all of the aspects of the person Considering questions to promote a holistic structure of practice Understanding the psychological implications of an individual's history Collaborative exploration of activities that may be helpful for the body Spiritual need: Fostering the ability to hope for the future</p>

Quest for Holistic Healing

Integrating care for all aspects of self

- faith-based (spiritual)
- evidence-based body-focused trauma treatment (physical)
- addressing emotions & cognitions (psychological)

Journey of holistic healing

Unintentionally multifaceted

Gradually formed by finding healing that fits the needs of different aspects of self

Physical reconnection through physical care

Hugs from the retreat as physically healing in a time when she had been physically withdrawn

Importance of gentle reconnection with her body through exercise (swimming & yoga)

Giving her body permission to do nothing & just rest

Acknowledging connections between physical and psychological

Impact of abortion: no desire to be active – considered combination of depression & physical trauma

Spiritual reconnection by seeing her story from God's perspective

(1) God can't bless/use me because of the abortion

(2) God can bless/use me in spite of the abortion

(3) Sometimes God can even bless me/use me

because of the abortion

Experiencing God's perspective of authoritative & redemptive care

- Authoritative response from God: responsive & caring while enforcing standard
- Realizing God wants to offer her hope and redemption

Emotional reconnection: sharing & processing with others and

<p>gaining strength to face her emotions on her own begun in therapy, then at retreat, and continued afterward Unable to process emotions alone due to depth & intensity Therapy as prerequisite processing before group sharing Retreat provided safety, validated her distress, held space for emotions, & put words to her experience Compassionate space for sharing allowed emotional reconnection/expression Post-retreat continued healing & coping: Growing self-efficacy in facing emotions & working through layers of trauma impacts</p>	
<p>Views her progress as miraculous - unexplainable without God</p>	
<p><u>Appreciation for the research process</u> Appreciation for the approach taken for this interview Sharing in the interview experienced as meaningful & healing Meaning of the project outweighed fear of sharing Forming new insights during the interview process Healing through integrative telling of her story Importance of having vulnerability received with reverence</p> <p>Investment in the research process</p>	

<p>Sarah’s Story</p>	<p>Sarah’s Recommendations for Mental Health Professionals</p>
<p><u>Adolescent spiritual individuation: from nominally Catholic to active engagement</u></p> <p>Early life with no personal engagement in spirituality aside from responsibilities (to grandfather & Catholic school)</p> <p>Values (no interest in partying etc.) shaped by involvement in sports</p> <p>Early views on abortion from social osmosis – vague & lacking reflection/learning</p> <p>social norm there was that it was ok in certain circumstances, e.g., rape</p> <p>Drawn to begin engaging in Catholic Spirituality</p> <p>Attraction to a lived example of Christian lifestyle</p> <p>From minimal Catholic background to claiming Catholic faith as her own - a process of learning & participation</p> <p>Initial meaning of her new faith-life connected with her developmental stage at the time: adolescence search for belonging</p> <p>Discovering more and more reasons she was drawn to Catholic Spirituality</p> <p>Spiritual individuation from her family</p> <p>Ongoing spiritual journey – consistent increase in importance, depth, & impacts of her Catholic faith</p> <p>Consistent growth & increase in importance</p> <p>Defining Spirituality: Knowing God & the gospel message & having a relationship with God</p> <p>Comparing her spiritual journey to the growth of a romantic relationship</p> <p>Certainty that Catholicism has had a huge impact on her life</p>	
<p><u>Conflict between her desires and her mother’s desires regarding her pregnancy</u></p> <p>Her response to an unplanned pregnancy</p>	<p>Importance of knowing how complex abortion is</p> <p>Emphasizing that the clarity of her own stance on abortion (how wrong it is) now hinders her ability to understand the complexity of the</p>

<p>Initial internal conflict about whether to have an abortion (at a point when she still had a limited, vague understanding) Discussing options for her unplanned pregnancy with friends from church Development of her own views on abortion Acknowledging her own journey from thinking that the fetal stage is not human life to the unshakeable belief that it is Firm personal decision not to have an abortion Forming a connection with her unborn child</p> <p>The abortion was scheduled by her mother – Abortion was not what she wanted Failed resistance against her mother’s determined efforts to terminate her pregnancy Primarily passive resistance Concern about lack of safeguards [that could have stopped her mother] and about the systemic pressure to abort Limited individuation from her mother complicated her experience: acknowledging her free will choice to follow along, but she did not want to abort</p>	<p>experience of considering abortion (tendency for MHP to avoid)</p> <p>Recommendation that mental health professionals understand (& are aware of the need to explore) the factors contributing to the complexity of the experience of considering abortion</p> <ul style="list-style-type: none"> - messaging in society - messaging at clinics (abortion as no big deal) - impact of upbringing on views - potential conflict with own religious beliefs - intense confusion accompanying unplanned pregnancy - being in a state of fear & shock which physiologically hinders ability to think clearly - coercion/pressure from others
<p>Post-abortion psychological distress Post-abortion devastation was immediate, intense, & sustained Attributing her immediate & severe post-abortion distress to the fact that she always viewed her fetus as a baby Emphasizing the intensity & relentlessness of pain, loss, and sadness Intense & constant loss & painful longing for her child Somatic experience of sadness & the pain of loss/ Psychosomatic symptoms Frequently suicidal in the first 2 years due to the heaviness & intensity of the pain</p> <p>Post-abortion experience of constant emptiness & aching from the absence of her child Experience of abortion: feeling that her child was taken out of her & taken from her Death as a metaphor to express the impacts of the abortion on different parts of herself – appropriate due to total lack of hope for restoration</p> <p>Layered impacts of post-abortion grief contributing to her desire to isolate Overwhelmingly triggered by babies, pregnant women, and her mother Post-abortion situational depression</p>	<p>Desire for mental health professionals to recognize the importance of exploring post-abortion grief/loss Would have appreciated grief work questions /approach from the therapist Importance of talking about the child & memories from pregnancy Important to avoid assuming that grief for abortion/miscarriage should be shorter Considering unique grieving needs (e.g. including different timelines, or lack of previous experience with grief)</p> <p>Importance of exploring the loss like any other while also addressing the abortion-specific impacts</p>

<p>Grief (etc.) impacting ability to think & speak clearly – increased discomfort in conversations – increased desire to withdraw</p> <p>Post-abortion psychological distress led her to understand making it through university as a miracle Minimal social & academic engagement</p> <p>Abortion as a single action with profound effects Self-blame & self-hatred that she did not prevent the abortion Shame, withdrawal, and avoiding friends</p> <ul style="list-style-type: none"> - Social withdrawal as defence against assumed rejection (Fear that people would not love her if they knew she had an abortion) <p>Anxiety prompted by shame & grief Multiple types of hopelessness Feeling unworthy & disqualified from life milestones such as marriage & family Profound negative effect on her sense of self:</p> <ul style="list-style-type: none"> - felt she was the worst person (no one could have done something worse) - felt she was an utterly unlovable failure with no good in her <p>Believed it would be impossible to heal or move on in life after having an abortion</p>	<p>of shame & feeling unlovable</p> <p>Importance of repeated perspective shift required to counter negative core belief (I am unlovable) & help her believe that if she could love someone who had an abortion, someone could love her</p> <p>Acknowledging limitations to progress if grief/shame work is done without spirituality</p>
<p><u>Post-abortion coping through spiritual, social & psychological resources</u></p> <p>Relationship with God strengthened right after abortion Relationship strengthened in the midst of trials Correlation between her sense of the strength of her relationship with God and the quiet/alone time she had available Meaningful spiritual moments in the midst of daily life – receiving signs of God’s love for her in particular</p> <p>The timing (having just begun to live as a Catholic) and complexity (being in an abusive relationship when she got pregnant & pressured by her mother to abort) encouraged her to turn to God after the abortion</p>	

Importance of support after the abortion

Desperation due to severity of post-abortion impacts led her to take any opportunity for support that she heard of one-on-one support & bible study & then retreat heard of through those connections

Support of a friend who helped her move out of her parents' house

Gratitude that she received support soon after her abortion
Gratitude that her pain was not prolonged

Bible Study as a place to talk, culminating in a meaningful memorial

Limited impact from talking about scripture – the intensity of her grief continued & she was minimally engaged

Bible study as something to look forward to each week – to talk about the grief & sadness that was dominating her internal experience

A place where her experience was welcomed by others – felt unable to talk about her experience anywhere else – forbidden grief

Meaningful to share her experience & support each other instead of bearing it alone

Memorial as meaningful action to recognize her child with pastor & small group

(Seeking help with grief at bible study designed for post-abortion support, and then at retreat - >see following section)

Post-abortion counselling – processing her abortion experience & challenging the belief that she is unlovable

Barriers to expressing her experience impacted her post-abortion counselling

Fear/anxiety

Shame

Discomfort

Lacking capacity

Contrasting retreat & counselling experiences based on emotional expression

Feeling unable to share/express emotions in counselling or to tell the therapist that she wanted to focus on grief & anger

Acknowledging the possibility that her therapist provided space for grieving, but she did not respond

(RE: Desire for mental health professionals to recognize the importance of exploring post-abortion grief/loss)

(RE: Importance of exploring the loss like any other while also addressing the abortion-

<p>(Counselling before and after retreat) Counselling as a safe place to talk, address her fear, & learn she can still be loved Desire to focus exclusively on post-abortion devastation (despite other potential presenting problems – abusive relationship) Counselling as a safe place to talk about the abortion experience & loss of her child Therapist as a witness to her experience Fear of anyone knowing she had an abortion Therapist’s compassion & non-judgmental listening alleviated fear & assumption of condemnation Importance of therapist’s ability to offer bits of realistic hope, over & over again when she felt hopelessly unlovable New perspective on her own lovability (if she could love someone like her, someone could love her) reduced fear of others knowing she had an abortion</p>	<p>specific impacts of shame & feeling unlovable)</p>
<p>Expectations for the retreat Hope to honour her child Hope to alleviate the pain Hope for learning to forgive herself Goals for retreat: to receive healing: - to be able to live with herself – reduced shame /self-hatred - to not be stuck in so much grief</p>	
<p>Retreat experience: Emotional shift from despair & grief & self-hatred to joy & hope Before: - Depressed & suicidal due to sadness & self-hatred & hopelessness - Belief that she could not be loved by God or others After: Gradual grieving process greatly assisted by retreat - Joy from honouring her child & integrating into the retreat community Meaningful renewal of hope through forgiveness - Hope - Hope that I am not alone - That improvement/healing is possible - Hope that I’m not a lost cause /failure - Hope that I’m not just the worst person in the world - Hope for new life & new beginnings</p>	

<ul style="list-style-type: none"> - That I can forgive & be forgiven - That I can be accepted & loved (by God & others) - Hope that God can still work through me and use me - Hope that God can still be in me and love me - Hope that I can still love others - Hope that I can still be a good mom <ul style="list-style-type: none"> - Hope that God can do the same thing for others - Hope that God can work through me to help others <ul style="list-style-type: none"> - Hope that my child is not just gone, but living - Hope that my child is ok & being taken care of <p>Meaning of the hope from the retreat – the possibility of goodness, that she does not need to stay in despair because of all the things she thought were impossible for her</p> <p>Movement toward aspects of her healing started with hope that they were possible</p>	
<p>Retreat experience: Honouring & connecting with her child</p> <p>Meaning of retreat compared to cherishing the meaningful aspects of a funeral –sad and special and important</p> <p>Having the funeral she never had for her child Importance of witnesses in grieving process/at memorial</p> <p>Offering her child a name as a meaningful sign of the value & identity of the individual</p> <p>Candle-lighting as a comforting & hopeful community ritual</p> <p>Candle-lighting as a meaningful ritual – an opportunity to share the name of her child</p> <p>Comforting for the parents remember their children as being all together</p> <p>Meaningful to understand her child as still alive in heaven - child’s light was not extinguished by abortion</p> <p>Belief that child is alive in heaven meaningful because she can strive to be reunited in heaven</p> <p>Importance of concrete/embodied experiences & meaningful objects for grieving & healing</p>	<p>(RE: Desire for mental health professionals to recognize the importance of exploring post-abortion grief/loss)</p>

<p>Entering the scripture with whole self (actions, emotions, senses) Importance of keepsakes from the memorial – hope & something to hold onto in future moments of grief</p>	
<p>Retreat experience: Powerful encounters with God through living scripture</p> <p>Feeling able to receive God’s forgiveness, love & healing through an accumulation of moments as she prayerfully imagines herself in the role of people who met Jesus in the bible</p> <p>Living the scripture of the woman caught in adultery to whom Jesus said “Is no one here to condemn you? Neither do I condemn you”</p> <ul style="list-style-type: none"> - Importance of beginning the retreat by actively & symbolically passing the stone as an assurance that none will be casting stones of condemnation - Establishing the safety required for sharing in the group - Meaningful to understand that God encounters her without condemning her <p>Living the scripture of the woman who reached out to Jesus for healing - Putting words & faith to her own healing request</p> <p>Living the scripture of Lazarus who was brought back to life - Naming the parts of her that experienced death (womb, heart, mind), surrendering them to God & believing new life is possible</p> <p>Ritual/metaphorically identifying/representing a burden carried as a rock – Spiritual process of laying down the burden (shame & unforgiveness& self-hatred) & surrendering it to God</p> <p>Learning to:</p> <ul style="list-style-type: none"> - describe her experience - invite God to meet her there, in her experience & surrender her experience to God - ask for healing/new life (required a shift toward recognition & hope that it was even possible) <p>Receiving hope & healing</p>	<p>Fostering hope & healing through personal experiences of God’s forgiveness, love & power to redeem (through living scriptures)</p> <p>Importance of explanation/scripture passages to provide personal understanding & experience of</p> <ul style="list-style-type: none"> - God’s forgiveness - God’s love - God’s power to redeem <p>Importance of fostering hope through particularly memorable experiences (drama-based/embodied living scripture)</p> <p>Accessing their own emotions by seeing how they relate to the people in the scripture</p> <p>Each person’s living scripture experienced as unique - God can speak through what resonates</p> <p>(RE: addressing the abortion-specific impacts of shame & feeling unlovable)</p>

<p>Retreat experience: shifting from anger & hatred (toward self & others) to forgiveness & freedom</p> <p>Forgiveness as a step by step, spiritual process (facilitated by counselling & the retreat) Allowing herself to receive God's forgiveness made it possible to forgive herself and then others</p> <p>Expressing previously unacknowledged anger toward her mother as a step before forgiveness</p> <p>Belief that it was important for her to learn to express different levels of abortion-related emotions Appreciation for retreat design: spiritual approach (living scripture) to intentionally facilitate expression of layers of post-abortion emotions</p> <p>The importance of learning to express her anger toward her mother</p> <p>Surprised by the amount of anger once she allowed herself to name & express it Understanding anger as a contributor to her post-abortion depression Valuing designated time to express anger in a safe space at retreat Expressing her anger in the group considered healing (despite discomfort)</p> <p>Group validation helped her to process, to feel heard & to feel connected</p> <p>Offering forgiveness understood as important for her own healing</p> <p>Forgiving her mom many times – not a one-time thing Layers of forgiveness leading to the freedom to be around her mother Processing anger toward her abusive partner at the 2nd retreat Additional freedom & growth when she & her fiancé went to forgive her abusive ex-boyfriend Forgiveness gave her freedom to be who God calls her to be (loving wife & mother)</p>	
<p>Long-term layers of healing from the retreat</p>	

<p>Layered impacts of retreat in relationships</p> <p>Emotional expression at the retreat leading to</p> <ul style="list-style-type: none"> - Shift out of sadness /self-hatred/shame - & clearer thinking <p>Impact of shifting out of constant sadness/self-hatred/shame & clearer thinking:</p> <ul style="list-style-type: none"> o being able & willing to hold the conversations involved in relationships o increased confidence o decreased desire to isolate – wanting to engage in community o immediate & ongoing gradual improvement in relationships <p>Marker of long-term healing – shift in capacity & desire from isolation to re-engaging in church community</p> <p>Meaningful next step in her grieving: helping others in honour of her child (e.g. pregnant mothers in need)</p> <p>Feeling supported by those journeying with her & praying for her</p> <p>Holistic experience of care from the retreat team</p> <p>Meaningful long-term care & support from friends made through post-abortion support</p> <p>Meaningful to know people were praying for her throughout her journey (spiritual action of support & source of grace)</p> <p>Healing as a process during which she was accompanied by God to be who she is today</p> <p>Healing makes it possible for her to live as wife & mother without constant interference from abortion</p> <p>Healing through tools she can employ (her role) and grace (God’s contribution)</p> <p>Healing as expressing, processing & alleviating the pain (to be able to live with it) as opposed to complete removal of all pain</p>	
<p><u>Continued engagement in a healing process after the retreat</u></p> <p>Actions to continue her healing after the retreat</p> <p>Post-retreat actively continuing to build on the foundation of hope, healing & forgiveness</p> <p>Holding onto the hope/experience from the retreat while she continued the grieving process</p> <p>Continuing to honour her child & create opportunities for loss-oriented grieving</p>	<p>(RE: Desire for mental health professionals to recognize the importance of exploring post-abortion grief/loss)</p>

Anniversary of abortion & of due date as important days to recognize her child
 Coping strategy in the first few years: counselling appointment on anniversary dates so she could talk about & honour her child
 Finding ways to recognize her child with her time, prayers, poetry, & gifts
 Writing a poem as something meaningful she could do (& continued doing) for her child while grieving
 Importance of tangible things & embodied actions to accompany her grieving
 Grief unchanged, but comforted by feeling of closeness with her child
 Desire to make sure her child knew they were remembered

Gradual healing & shift toward restoration-orientation after the first two years

Holding onto her grief as a way of holding onto her child

Initially feeling guilty when she noticed she was not sad/thinking about her child

Coming to terms with increased restoration-orientation & less loss-orientation in her grieving process

Marker of healing – that she no longer gets “stuck” in the sadness/grief - able to move forward again

Lessening trigger response to pregnant women and babies

Original belief that it would be impossible for her to be around pregnancy/babies without sadness/anxiety

Afraid to the point of dreading her sister’s potential future pregnancies

Acknowledging the role of her actions in engaging in opportunities for healing but not fully understanding how the trigger response ‘just went away’

Layers of healing: Shift to a response of excitement/ wanting to see the baby/ wanting to help them

Second retreat as less powerful, but meaningful for different reasons

Receiving deeper healing & allowing new areas of healing

Primary motivation for attending: to fulfill requirements to be able to join the team & help others experience healing as she did

Gratitude for her own healing expressed in desire to contribute to the healing of others (joining retreat team)

Meaningful that her husband could attend the 2nd retreat with her

Meaningful that her husband could see & experience the effects of this intervention which is so important to her

Meaningful to have her husband honour & embrace her aborted child as his own during the retreat

Meaningful that her husband's ability to support & understand her was increased

Ongoing process: learning to live according to the graces she has received (love & forgiveness)

- Done on a daily basis – living differently
- Intentionally recalling the graces when she is triggered/sad
 - o God forgives me
 - o God can make me new
 - o God still loves me
 - o I'm not hopeless
 - o I still have good in me
 - o God is in me
 - o My child is in heaven
- Talking with God about/inviting God into her struggles

Assessing how far she has come, effects that remain, and areas for further growth

Reflecting on her journey with gratitude for the process & people,

Still feeling shock & disbelief at all the healing she has experienced

The healing still seems impossible even after it has happened

Ongoing post-abortion effects (even after lots of healing)

ongoing regret, shame, and grief (for the child and the time she lost)

Ongoing moments of sadness when thinking of her aborted child (contrasted with constant grief)

(RE: Importance of exploring the loss like any other while also

<p>Ongoing effects – occasional shame/ concern about judgment (contrasted with constant)</p> <p>Ongoing inner conflict about sharing her story to reveal abortion as harmful</p> <p>Shame from the ‘complicated’ (abusive) aspects of her story Feeling that she cannot speak out against abortion because she was in an abusive relationship & pressured by her mother to abort Ongoing struggle with shame (what will others think) understood as an area for further growth Feeling unable to follow her desire to help more people receive post-abortion healing due to fear of her pro-abortion family members Understanding her need to work on & pray about her own confidence (distance from her family wouldn’t be the right fix) Desire for widespread understanding of the devastating losses & distress she suffered due to abortion & additional grief for the years ‘lost’ from her life – spent grieving & healing Recognizing & wanting to acknowledge the various types of severe post-abortion impacts</p> <p>Marker of long-term healing beyond what she imagined: ability to engage in a research interview about her abortion experience</p> <p>Gratitude for & desire to help with the research</p>	<p>addressing the abortion-specific impacts of shame & feeling unlovable)</p>
<p>Understanding her post-abortion process as:</p> <p>Long (many years & types of support) Necessary (in all its parts) Required a new beginning (discovering she didn’t have to be stuck as she was) Miraculous Supported by others (leading her to spiritual insights) Offers hope for others Post-retreat actively continuing to build on the foundation of hope, healing & forgiveness</p>	
<p>The importance of spirituality</p> <p>Faith considered crucial to many aspects of her healing</p> <p>God’s support allowed her to face & process her pain Belief that without bringing her pain to God, she would have turned to maladaptive coping strategies Knowing her child is in heaven & entrusting her child to God</p>	<p>Considerations for integrating spirituality into post-abortion counselling</p> <p>Importance of walking alongside the person in the journey from pain/hopelessness to healing/hope –</p>

<p>- means she is not stuck in grief - she can be comforted now & hope for a future reunion</p> <p>Message of God's merciful forgiveness & the belief that God's redemption could be applied to her & good could be brought out of the bad</p> <p>- means she is not stuck in shame & (self)hatred – she can be healed & free</p> <p>Overlap in the impact of Catholicism on her life and the impact of the Rachel's Vineyard retreat</p> <p>Retreat as really powerful</p> <ul style="list-style-type: none"> - lessened shame - belief that her child lives in heaven - receiving forgiveness & taking steps to forgive others <p>Important aspects of the impact Catholicism had on her life</p> <ul style="list-style-type: none"> - relationship with God - identity in Christ - forgiving others & receiving forgiveness - knowing her child is in heaven 	<p>planting seeds of hope along the way without jumping too far ahead</p> <p>Stages of hope working toward understanding that good might be made possible through the abortion</p> <p>Understanding spiritual facilitation of healing through the retreat as a whole – challenging to consider how pieces could be facilitated by MHP, but possible (see following sections)</p>
<p><u>Her experience has developed her understanding of abortion & responses to abortion</u></p> <p>Contrasting her beliefs before the abortion to what she wishes she knew</p> <p>Wishing she could have offered herself hope that things would be ok if she did not have an abortion</p> <p>Wishing she could tell herself that abortion was not the solution she was looking for</p> <p>Wishing she knew about the years of post-abortion sadness, depression & devastation</p> <p>Wishing she understood the permanent consequences- that abortion would take part of her away forever</p> <p>Compassion for varied responses to abortion: defences, denial, distress & the impact of beliefs about life</p> <p>Understanding varied responses to abortion as varied defence mechanisms</p> <p>Understanding why people would be in denial because she experienced how difficult it was to live with herself knowing she killed her child</p> <p>Acknowledging alternative of honest belief that the fetus is not life</p> <p>Acknowledging her own journey from thinking that the fetal stage is not human life to the unshakeable belief that it is</p>	<p>Understanding that abortion is not a fix</p> <p>Abortion as an experience with permanent impacts – grief & struggle even after healing</p>

<p>Naomi’s Story</p>	<p>Naomi’s Recommendations for Mental Health Professionals</p>
<p>Adolescent spiritual individuation through visions of Jesus Conversion included a clear commitment and strong relationship with God Shift from solitary believer relying only on God to integration into communal aspects of Christianity Spiritual growth through learning to draw on God’s grace which did not run out</p>	
<p>Her relationship with God as the centre of her life Giving her life to Jesus meant a lifelong full commitment to following Him Actively living her faith through actions (prayer, church) and relationships (with God & Christian community) Multi-faceted relationship with God – caring, teacher, companion, Faith & relationship with God shaping her worldview</p> <p>Desire to do God’s will shaping how she lives her life & how she understands herself Desire to be available to do God’s will so that He can help others through her</p> <p>Freely choosing to prioritize God’s will above her own Understanding everything about herself as part of an instrument designed by God for a particular function</p> <p>Spiritual growth through learning to pray in tongues Overcoming initial resistance to this type of prayer with a leap of faith Learning to pray without understanding came before developing sensitivity to interpret her prayers Emphasizing that she has been trained to speak in tongues – not developed instantaneously Praying from God’s perspective as opposed to her own Positive spiritual & psychological impacts lead her to prioritize praying in tongues above praying from her own understanding</p>	

<p>Revelations/visions considered impactful in her spiritual life & in ministering encounters with others</p> <p>Revelations/visions meaningful as they open new ways for her to pray with /for people Cognitive revelations & experiential revelations (own experience of others' physiological/emotional experience)</p> <p>Confidence & trust required to approach people & share her revelations Witnessing the impacts of her revelations shaping her understanding of God's desire to help people Experience of a sense of purpose as she ministers to others through her prayer & the revelations she receives</p> <p>Appreciation for being able to show God's care for each individual and witnessing how people react (e.g. "God showed you that about me?")</p>	
<p>Factors contributing to the choice to abort</p> <p>Isolation leading to additional reliance on the man with whom she got pregnant (thus contributing to her decision to abort)</p> <p>Distance from her family for the first time (unaccustomed to living alone) Loneliness due to challenges making friends in a new country Desire to distance herself from the drama in her church community Spiritual isolation – trying to do things on her own instead of turning to God for help Felt unable to set boundaries to maintain a platonic relationship Feeling restricted by her obligation to show gratitude to those who were supporting her through her schooling External factors experienced as pressure to abort</p>	
<p>Impacts of abortion</p> <p>(now) Able to recall & describe vivid memory of the abortion itself</p> <p>Impacts of abortion – insomnia, tension & depression Describing the post-abortion pain, but acknowledging that she feels unable to describe all of its aspects Important to her to emphasize that God is good -though she experienced all this pain she still believes God is good</p>	

<p>Abortion as a trauma which detracts from other aspects of life Isolation attributed to abortion Abortion as a momentary relief followed by distress Considering the impacts of abortion on intimacy & attachment in families/relationships</p>	
<p>Dissonance, denial & secrecy Abortion as dissonance between her beliefs & her actions Abortion understood as wrong but at the time seen as the only option to cover for her prior sins Denial of abortion & unaware of its impacts Dissonance from knowing her son, but acting otherwise Post-abortion pain from concealing her motherhood Emotional labour from keeping her pain secret while celebrating others' pregnancies In denial about her own abortion but subconscious self-punishment projected onto others Self-condemnation as an experience of dissonance (wanting to let go, but still holding on)</p>	<p>Understanding & addressing how the impacts of abortion can be kept hidden Importance of understanding abortion as an internally destructive venom allowing the maintenance of function/illusion of health illusion of maintained health reduces likelihood of acknowledging a need for support/counselling Considering the importance of advocacy to reach those who are keeping their pain/suffering to themselves Considering the value of disseminating information about post-abortion trauma experiences Importance in particular due to the messaging in society of abortion as a right to be defended</p> <ul style="list-style-type: none"> - Response to post-abortion distress: "don't be silly" - Even harder to accept an experience of pain as related to abortion - Hinders understanding of the underlying guilt and feeling that something is wrong - that they're mourning, condemning themselves, etc.
<p>Isolation Isolation contributing to the strength of her relationship with God Retrospectively recognizing how the isolation was part of her whole story (abortion & relationship before hand)</p>	

<p>Factors contributing to the affair prior to abortion (her own unpreparedness & isolation & his attraction to her)</p> <p>Abortion as an experience of isolation – feeling that support from others was not possible</p> <p>Fear of condemnation contributing to isolation (from family & potential relationships)</p> <p>Avoidance of children due to shame Cutting herself off from her son’s father as seeking a new beginning (& end to the affair)</p> <p>The relationships she had formed with others she knew through her son’s father were collateral damage from ending the affair (from his perspective) Separation from the father & those she knew through him was both wanted and unwanted</p> <p>Belief that God was caring for them through the distance</p> <p>Desire to cut herself off from specific people led to complete social withdrawal Potential link between abortion and years spent going to church through tv – spiritual impacts</p>	
<p>Spiritual post-abortion journey (leading up to the retreat)</p> <p>Initial belief that praying was all she needed</p> <p>Experience that God continued to bring her abortion to mind– she responds by praying about it Prompted by God (through a dream) to acknowledge lack of post-abortion resolution</p> <p>Her dream of a rotten baby was understood to signal that something about her abortion remained unresolved Further action required – it was not “done” as she had thought Asking God’s forgiveness – superficial request & resistant to being forgiven</p> <p>Asking for forgiveness seemed to only address part of a bigger picture, but she did not know what else could be done Pastor as her sole post-abortion support (before the retreat)</p> <p>Asking God & pastor for additional support Recognizing that her need for healing was beyond what she could imagine</p>	

<p>Changes in her engagement with Christian community & with God</p> <p>Stopped going to church because of the drama, but stayed away because of her post-abortion guilt</p> <p>Indirect effects of abortion in her spiritual life when she stopped attending the same church as her son's father</p> <p>Experience of herself with a good side (shareable) & a bad side (kept secret)</p> <p>Understanding that she was brought back to church by God's grace through a friend who moved nearby</p> <p>Explaining the changes in her experience of intimacy with God in terms of her own slacking & re-engaging</p> <p>After re-engagement, able to recognize opportunities (gifts from God/ relationship- building moments) missed due to "slacking"</p> <p>Gifts from God /rich relationship with God understood as constantly offered but not always accepted</p> <p>Gradual spiritual renewal/return to intimacy in her relationship with God through her participation in her new church community</p> <p>New group of friends & finding new church with them understood as God's grace for her</p> <p>God brought together a series of events in her life to lead her toward Rachel's Vineyard Retreat</p> <p>Firm belief that God frequently brought about events to protect her/help her</p>	
<p>Expectation & experience of God working through every part of her retreat</p> <p>Attending the retreat based on faith that if God brought her there & she was open, He would act (secure attachment style)</p> <p>Belief that God had prepared her so she was ready for the intensity of the retreat process</p> <p>Belief that everything from the retreat helped with her expectation (God at work)</p> <p>Spiritual & psychological importance of the symbolism of small details at the retreat</p>	<p>Considering the benefits of private individual counselling before & after the retreat</p> <p>(pre-retreat) Recommending that the therapist</p> <ul style="list-style-type: none"> - wait & listen until noticing a 'crack' in the defences - facilitate acceptance - support through moving toward the solution: God's unconditional love & forgiveness <p>Counselling as a place to acknowledge previous efforts & propose the benefits of attending the retreat</p>

Healing through the retreat: accepting, expressing, & developing insight into her experience

Retreat experienced as both difficult and amazing

Journey from suppressing to acknowledging her abortion & its impacts

Healing through removing the veil of denial over her child & her own wounds

Surprised by connections and awareness developed through the retreat

Post-abortion healing in infinite layers (like an onion)

Healing through expressing herself, her remorse & her sadness

The experience & expression of many types of post-abortion pain

Intense emotional expression at the retreat due to lack of prior emotional expression regarding her long-ago abortion

Experience that God helped her cope with the pain

Irony – abortion as so wrong she feels deserving of pain, but she feels she does not deserve to acknowledge the pain of grief

The pain that she allows herself to feel:

- the pain of self-punishment
- the pain of shame for what she did & what others might think

The pain that she did not allow (until the retreat)

- the pain of regret for having the abortion
- the pain of love for the lost child

Glimpse of son’s personality awakened regret that she did not get to know him more

Painful to consider the lives & moments her son could have been a part of

Acknowledging that future children would not negate the pain of the loss of this particular child

Pain of a lost life path due to her choice to abort

Taking into account the continuum of readiness to acknowledge post-abortion pain

If someone is not ready to accept their post-abortion pain (due to defences), she would share her own experience of healing from God. Understanding the existence of a continuum of readiness to acknowledge the abortion/pain & heal from it

Important to be mindful of defences & adjust interventions to the person’s emotional readiness

Acknowledging the need to temper the desire for rapid healing & allow individuals to go at their own pace

Once the pain has been acknowledged: let the pain out. Acknowledging that the timing of the retreat with respect to the abortion affects the retreat experience

Importance of understanding how painful/’vicious’ abortion can be

Retreat as an experience of processing her pain in a spiritual context

Living scripture series unwrapping layers of pain
 Emotional experience in a cycle :building expression & release of previously unacknowledged emotion
 Developing insight as the veil of denial is gradually removed
 Encountering God’s love in the midst of her self-condemnation

Sharing helped her gain perspective on her full story & acknowledge all of her pain (showing the monster in all its ugliness)
 After allowing herself to acknowledge her own pain (previously felt unworthy of doing so), she was able to let it go

Learning to care for her wounded inner child

impact of early trauma on sense of self (feeling dirty & unlovable & unworthy ‘of anything’)
 written conversation with her inner child- listening, validating & reassuring her that she is safe
 Process of reparenting her inner child with faith, encouragement & patience
 Caring for her inner child led to new freedom
 What God showed her about her inner child helped her understand later events in her life

Meaningful to acknowledge the humanity of loved ones lost to abortion

Importance of the retreat as a place to talk about her son
 No longer “my little secret, my little shame”
 Importance of the retreat as an opportunity to ask her son for forgiveness
 Importance of acknowledging her child as a person from whom she robbed his life/future
 Meaningful experience of joy to see her child playing in the meadow meditation (& a happy memory to cherish)
 Grieving the loss after developing new connection with her child at the retreat
 Meaningful to recognize that God was also showing her her brother who was aborted
 Aspects of the retreat experienced as both painful & amazing

Acknowledging the value of exposing the pain & processing the trauma as long as Christian redemption of the pain occurs

<p>Surprised by the living scripture meditations Surprised by the retreat structure with scripture readings Surprised by the spiritual experience – how God made the readings meaningful in connection with each person’s own story Experiencing God’s love through the living scriptures</p> <p>Experience of Jesus’ caring presence through the retreat</p> <p>Retreat as meaningful point of transformation Post-abortion healing resulting in generalizable wisdom & hope: God can do the same thing for any other sin</p>	<p>Attributing the impact of the retreat interventions to the integration of the living Word of God</p>
<p>Importance of claiming her own perspective & speaking of it concretely in 1st person statements</p> <p>Markers of healing: able to laugh and talk about her experience</p> <p>Easier to speak of her abortion because she finds pleasure & reassurance in her belief that her son is with God</p> <p>Contrasting her experience speaking about abortion with that of others Belief that defensiveness around the right to abortion masks the challenge of accepting that abortion caused suffering</p> <p>Her experience of speaking about her abortion includes regret & trust that Christ was present to the children (during & after the procedure)</p>	
<p>Valuing the retreat community Recognizing shared experiences among retreat participants</p> <p>Appreciation for the retreat team’s care & empathy Appreciation for the love & safety provided by the retreat team</p>	<p>Valuing the retreat group dynamic that could not be reproduced in counselling</p> <ul style="list-style-type: none"> - Retreat as an environment with people who have experienced the same thing – even most volunteers have exp abortion as well

<p>Considering the possibility that retreat team members helped carry part of the participants' pain</p>	<ul style="list-style-type: none"> - many sharing same history and same and mercy love received - process becomes kind of condensed - not reproducible –one person that has the same experience can show love but it would not be the same
<p>Self-punishment as a spiritual experience brought into her awareness at the retreat</p> <p>Receiving an image from God – seeing herself piercing herself with needles as a representation of her self-punishment Shown by God that she was subconsciously judging herself when she judged others whose actions were similar – psychological defence</p> <p>Pain from endometriosis (beginning two years before the retreat) understood as important in her story Belief that God linked her physical pain & nights on the toilet with insomnia to her spiritual/psychological pain of aborting her son & flushing him down the toilet</p> <p>Vision of herself inserting needles into her abdomen helped her understand that she was still punishing herself</p> <p>Her own guilt understood as unresolved/infected because it was buried/denied</p> <p>Learning to release her self-condemnation so she could fully accept God's forgiveness</p> <p>Acknowledging that she knew 'God has forgiven me' is the right thing to say (even if it did not fit with her internal experience) Accepting God's forgiveness as challenging because it meant freedom from the sin and guilt and shame – things she felt she needed to hold on to Requiring time to accept God's forgiveness again after God brought up additional aspects of her experience Choosing to release her burden of shame because she could never punish herself "enough" & Jesus already took that punishment for her</p>	

<p>Accepting forgiveness freed her to accept healing for her physical pain</p> <p>Post-retreat improvement demonstrating the link between her physical and spiritual experience</p>	
<p>Valued impacts of the retreat</p> <p>Increased peace was among the multitude of impacts from the retreat</p> <p>Retreat improved sleep & reduced tension Post-retreat freedom to recall, discuss, & laugh about her experience Important to her that what she did at the retreat was valued by her child Freedom to love her child after asking for her child's forgiveness Appreciation that she has a good memory of her child</p> <p>Shifted focus from shame & regret that her child was aborted to seeing the beauty of her child in heaven</p>	
<p>Decisions made regarding transition after the retreat</p> <p>Post-retreat exhaustion - needing additional time to rest due to physical pain & recovering from/processing the retreat Post-retreat decision to surrender her child to God (& avoid idolizing her baby)</p>	
<p>Retreat as winning a battle & post-retreat as fighting to stand her ground</p> <p>Although her past actions are unchanged, retreat established a 'higher truth' of redemption <u>Meaningful to have a higher truth</u> <u>- Christ died for her sins & has forgiven her</u> <u>- she has decided to trust Him & let go of her guilt/shame/pain</u> <u>- she has seen God's loving care for her baby</u> <u>- her love can reach & bring joy to her child</u> <u>- she has seen the goodness & joy in her child's current experience</u> The redemptive perspective outweighs the loss perspective</p>	<p>(Post-retreat counselling) Desire for counsellor to - listen to current experience - help with processing - promote insight & connections Seeing her day-to-day experience from a bird's eye view of a battlefield (could be done through counselling)</p>

<p>Developing post-retreat independence – maintaining the progress made at the retreat through her own spiritual life Experience of needing to intentionally decide to continue accepting what was received at the retreat (forgiveness) Spiritual experience of countering lies from the devil (negative beliefs undermining herself/her life/her healing) Attacks targeting old places of insecurity & self-condemnation Strength required to trust, & focus on, what she experienced at the retreat</p>	
<p>Retreat as meaningful due to its impact in other peoples’ lives Meaningful to see others receive revelations from God about their aborted children Meaningful to hear that the retreat allowed others to be open with their family about their abortion Corrective experience after retreat – opening up about abortion & receiving support, not judgment</p> <p>Meaningful post-retreat openness & closeness with her family Using her own experience of resistance to accepting forgiveness to dismantle her sister’s resistance Openness with her mother about aborted sibling & desire to accompany her mother’s healing Increased openness, intimacy & spiritual support within her family through her own vulnerability</p>	
<p>Healing as occurring in gradations Healing with ramifications beyond abortion Importance of being open to further healing from God</p> <p>Contemplating how attending a second retreat could be meaningful Considering the possibility that she might experience some pain for others as well as herself if she attended another retreat Acknowledging that her healing may need to be continued (noted in the follow up call: “I was right” about continued healing)</p>	
<p>Understanding her journey as spiritually meaningful Finding meaning in her experience because they allow God to work through her to help others in ways that would not have been possible without those experiences</p>	

<p>Seeing meaning in her experiences as they have allowed her view of God, others & herself to mature Knowing she has been forgiven helps her forgive others Increased humility leading to increased communication with God in small moments Experiencing God showing her how she was shaped by elements of her past All the healing from the retreat understood as a part of the slow process of increasing freedom & openness with God</p>	
<p>Christian approach to post-abortion healing understood to be necessary Importance of Christ's love, forgiveness & redemptive sacrifice Belief that any other approach would be ineffective to address the pain & guilt Belief that only Jesus can offer the assurance & allow her to see that her child is loved</p>	<p>Christian approach as essential to post-abortion healing Acknowledging that her views may not be easily accepted by others Abortion as a wound infected with shame, guilt & lack of forgiveness Non-Christian approach understood as ultimately ineffective comfort or 'playing with someone's pain' Abortion as an infected wound that will worsen until the application of Christ's love & redemption as the required antibiotic Only exposing the wound (without Christian redemption) risks increased horror, guilt, hopelessness, or denial Belief that dissonance due to conscience will continue until - bringing abortion to God - accepting responsibility for the wrong done - accepting Christ's sacrifice as 'for me' Negative effects of imposing a pro-abortion perspective on a client in therapy: sustained internal conflict Negative effects of imposing a pro-life perspective on a client in therapy: client may "shut down" If entering a Christian counselling group, expectation of moral beliefs and Christ's redemption being covered,</p>

	<p>but to get there the person should already be at the point of acknowledging the effects of abortion</p> <p>Avoid putting “answers in the mouth of the person” (e.g. naming guilt before they have)</p> <p>Focus on asking questions & “journeying alongside” them</p> <p><u>Frame of reference: what is good is being close to God & anything that creates distance from God is not good</u></p> <p>Contrasting her beliefs (regarding the negative effects of abortion) with societal messaging around abortion</p> <p>Standard counselling, if received after abortion, understood as helpful for boosting one’s pride & defences, but unhelpful for the soul & emotions</p> <p>Distinguishing healing from temporary relief that the counsellor is ‘on my side’</p> <p>Understanding that despite denial the pain/distress (‘monster’) will return</p> <p>Absolute importance of admitting the wrong & the need for forgiveness (from God & child) – source of freedom unavailable with other spiritual approaches</p>
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Rico’s Story	Rico’s Recommendations for Mental Health Professionals
<p>Overall positive experience as a child/youth at church was terminated by one negative experience</p> <p>Completely cutting himself off from the church due to disillusionment regarding the church’s honesty Perceiving the street as more honest than the church – (bad things are not hidden in his experience of street life?) Regret for what could have been if he had not left the church Important to him to take responsibility for his decision to leave the church & avoid blaming others</p>	
<p>Still believed in God but self-focused lifestyle spiralled into ‘everything evil and dark’</p> <p>Spiralling experience of trying everything ‘evil and dark’ Did not always have a relationship with God, but never doubted God’s existence Lifestyle left little room for God Self-focused seeking of pleasure & avoidance/ numbing of pain Initial interest in Satanic worship (including sex, drugs, drinking, partying) dismissed after discovering the beliefs did not ‘make sense’ Retrospective understanding of God’s continued presence & action in his life through that time</p>	
<p>Abortion as harmful to the babies, women, and men</p> <p>Consequences of abortion – murdering one’s own children – a deep wounding of the heart/core of the person Abortion as something physically, emotionally and personally horrible – affecting multiple aspects of the person His perspective: while acknowledging the harm to the mother and baby – important not to forget the father Particularly important because the father is likely unaware of the effects at the time</p>	<p>Recommendation that mental health professionals identify the flags that</p>

<p>Abortion as a festering wound impacting many aspects of his life Aspects of his experience now understood as impacts of abortion</p> <ul style="list-style-type: none"> - Increased sexual activity with multiple partners - Lack of respect for women - Lack of respect for self - Prior substance use increased as a way to numb the pain (that he was not consciously aware of) <p>Retrospectively recognizing that his lack of healing from abortions manifested as mental health issues Coming to accept taking psychiatric medication until such a time as God might act to bring healing Did not connect his mental health issues to abortion at the time</p>	<p>someone may have had an abortion that is causing unacknowledged distress shift in the individual's attitude toward babies Increase in self-medication Increased promiscuity</p>
<p>Aware of spiritual transformation, facilitated by God, occurring over the course of a year contemplation phase of change Central experience at the time: God capturing his attention through scripture Rational approach to religion – discovering that the Christian message made logical sense Growing openness to Christianity facilitated by the witness of a comedian whose story paralleled his own</p> <p>Integration of his re-engagement with Christianity & his disengagement from drugs Initial justification of drug use as a way to be closer to God Cessation of heavy drug use shortly after an overdose understood as a miraculous recovery (should have required rehab.) Meaningful change understood as lifesaving Finally, even stopped marijuana through the encouragement of a friend Moment of closure & end of drug use: “Goodbye to an old friend who was never a friend at all” Decreased drug use allowed him to think clearly & thus opened up his potential for spiritual progress</p>	

<p>Being born again and becoming actively engaged in Christianity Moment of public witnessing to the internal transformation: publicly giving his heart/self/life to God Experiential shift from spiralling into darkness to walking more and more in God’s light Gratitude to God for his spiritual experience of continual spiritual growth even through life’s challenges Living his spirituality through outreach ministries & this contributes to his sense of self/identity Meaningful to reach out to people in areas he used to be engaged (street-engaged, drug dealing/use, objectification of women)</p> <p>Intricate multifaceted relationship with the three divine persons of the Trinity God as unfathomably powerful creator & tender caring daddy Jesus as close companion & employer to whom he is loyal above all else Holy Spirit as caring, correcting & lovingly chastising Experiencing playful personal interactions – speaking with great familiarity Sharing the details of his relationship with God experienced as ‘opening up who I am’</p> <p>Christian spirituality as the central source of meaning in his life</p> <ul style="list-style-type: none"> - His beliefs - His journey - His identity - His family 	
<p>Shifting attitude toward abortion interconnected with his spiritual journey Initial ‘typical male’ response to abortion: some minimal shows of support, but desire for his girlfriend to “make sure everything goes away” After his conversion: horrified at how he ducked responsibility Seeing abortion as a sin to confess & receive forgiveness from God</p>	<p>Seeing the potential for increased pregnancy counselling & increased awareness of its availability Belief that he might have been resistant, but could have benefited from pregnancy counselling</p>

<p>Retrospective understanding that forgiveness is distinct from healing Wife experiencing parallel struggles, but faced individually without communicating to each other Impacted by observing his wife’s post-abortion journeying (retreat & awareness work) Discovering his wife’s desire to work together in pro-life efforts Growing awareness of the effect of men on abortion & of abortion on men Prayer that men would take action & responsibility as fathers as opposed to passively accepting abortion Seeing abortion awareness as complementary to existing activism against human trafficking & pornography Supporting others’ search for healing, but not extending the possibility of needing healing to himself</p> <p>Post-abortion pain was buried deep but eventually resurfaces</p> <p>Post-abortion pain buried so deep that even when he was overcome by pain did not know it came from the abortions Prior to retreat beginning to feel the post-abortion pain that had been buried (understood as God’s timing) Pain triggered by anti-abortion prayer walks, but rationalized as empathy (at the time he thought he was feeling others’ pain, not his own) Retrospective understanding of his own subconscious defenses against connecting his pain to the abortions His defences considered a manifestation of the stance of a society that does not want to acknowledge pain caused by abortion</p> <p>Present (post-retreat) experience of abortion as emotional, but something he is at peace with Abortion now understood & experienced as deeply harmful & requiring unique healing</p>	<p>Proposing that pregnancy counselling sessions could be made mandatory before being able to access abortion Acknowledging tendency to want to consider abortion as the perfect solution & ignore potential negative effects Wishing he knew “what abortion truly is”/“what the procedure is”/ “what life really is”</p> <p>Frustration with the information bias on secular websites discussing abortion</p> <p>Frustration that the impacts & potential for trauma are prominently discussed for adoption but not for abortion Has yet to find any secular site referencing his experience: the impact of abortion on men Aware of spiritually-based organizations with websites presenting the impacts of abortion & post-abortion healing Desire for increased awareness of the impacts of abortion – generally & among counsellors</p>
<p>Understanding the key components of his journey toward post-abortion healing</p> <ul style="list-style-type: none"> - becoming a Christian - observing his wife’s journey - increasing awareness of the impacts of abortion - his desire to engage in post-abortion ministry <p>Seeking his own healing understood as putting on his own emergency oxygen mask before helping another</p>	<p>Challenges for men’s post-abortion healing</p> <p>Recommendation for increased awareness of impacts of abortion since those affected may not recognize it Acknowledging the challenge of communicating with the many men who have had abortions, but are not ready to seek healing Desire that men understand that healing is possible for them, not just others</p>

<p>Ambivalent about attending the retreat</p> <p>Developing maturity contributed to his decision to attend the retreat Attending retreat due to desire to move ahead in ministry Increase in resistance leading up to the retreat Wary of New Age influences leading to unconventional Christian gatherings Retrospective understanding of his wariness as a spiritual attack from the devil – attempt to prevent him from participating in the retreat Firm encouragement from his wife & from God prevented him from backing out</p>	<p>Importance of recognizing that if a man is seeking post-abortive counselling, they have already overcome the biggest hurdle</p> <p>Recommendations for post-abortion counselling Value in praying that God will guide & bring internal dissonance into awareness Necessity of awareness in order to resist the devil's influence within the impacts of abortion</p>
<p>Understanding the importance of assessing spiritual & psychological readiness of potential retreat participants</p> <p>Appreciation for the format of the pre-retreat conversation</p> <p>Belief that he attended the retreat in God's perfect timing when he was ready for that depth of healing</p>	<p>Recommendations for post-abortion counselling Belief that counselling would be helpful only in so far as it directs toward another format which would provide the longer-term healing Would view post-abortion counselling as potentially helpful in building a foundation for more immersive/intensive spiritual healing Individual counselling as preparation until ready for the retreat Preparation: developing insight & comfort while beginning to process their abortion Importance of managing expectations regarding the extended process of healing Important that men know it's ok to cry in their post-abortion process</p>
<p>Expecting a regular retreat – Surprised by the profound healing experienced</p> <p>Primary expectation: having an encounter with God at the retreat Expected effect of the encounter with God: greater revelation of the level of forgiveness received Expected regular value of retreat in being away from regular life & distractions Prior to retreat never considered the possibility that he would experience deep healing from the trauma from abortion Read about experiences of post-abortion healing but never thought that would be his experience at the retreat</p>	

<p>Surprised by the fruitfulness of the retreat's structure</p> <p>Surprised that something he would have considered flaky/weird if he had heard about it, could actually be a good, even powerful, experience</p> <p>Perspective shift: instead of restricting, the scripted format was exactly what provided freedom for the Holy Spirit to work through the sessions</p> <p>Living scriptures experienced as being immersed in the presence of God and God's love</p> <p>Retreat designed following God's instructions allows for potential beyond human plans</p>	
<p>Retreat as a spiritual experience of healing and insight</p> <p>Retreat facilitating the formation of connections & insights</p> <p>Sense of wonder at God's work</p> <p>Post-abortion healing involved putting an end to avoidance</p> <p>Understanding retreat as God taking care of the pain and suffering that he was experiencing</p> <p>Belief that retreat was formatted with an understanding of what was needed to access buried pain</p> <ul style="list-style-type: none"> - complete overwhelming & unbearable sorrow - Anger at himself & the facilities - Guilt over causing the death of his two children - Loss of the time he could have spent with his children <p>From death to life - Freed from the post-abortion effects he had not previously been aware of</p> <p>Lazarus living scripture as the most impactful for him – he was able to relate to the experience of being dead and brought out of the tomb alive again by Jesus</p> <p>Session as contemplative and spiritual – able to stop questioning & simply experience</p>	<p>Importance of the retreat format with a set time and place</p> <p>Extended time set aside promotes focus & spiritual receptivity</p> <p>Going to a new place involves intentional vulnerability accompanied by lowering defences & increased receptivity</p> <p>Emphasizing the value of physically embodying the fact that this time is designated for something in particular</p> <p>Desire that mental health professionals provide perspective on the impacts of abortion</p> <p>Desire that abortion be understood as something to be avoided unless it is medically necessary</p> <p>Belief that people should be informed of the risks/consequences of abortion</p> <p>desire that people be warned about the burden of guilt before making the choice</p> <p>Desire that mental health professionals be able to provide a longer term/ big picture perspective</p>

New insight: he had kept the abortion-related part of himself blocked off – so instead of receiving new life in Christ, it had been dead
 Understanding that God wants to use that part of him – the part of his heart/soul that had been dead and closed off to God
 While in the ‘tomb’, experiencing intense panic, followed by an immediate release of tension & emotion
 Internal experience of speaking words of apology to his children even though he does not believe they would hear
 Expressing unfinished business

Unaware that part of him was dead until receiving new life
 Retreat as a meaningful shift from death to life

Freed from the burden of guilt he was unconsciously carrying
 Awareness & freedom attributed to revelation from God through scripture

Healing from God working through the other retreat participants he encountered

Appreciation for the retreat process & people & how God was able to work through them

Healing through the overall retreat experience in community, witnessing each other’s healing
 Witnessing others’ healing as meaningful to him: a continued revelation of the depth and extent of God’s love

Confronted with the pain his own actions had caused as a participant shared her experience of being objectified by men

Meaningful yet unlikely experience – older man and younger woman speaking of previous sex lives in Christian context and the moment was used by God for healing
 Powerful experience of acceptance from a woman who fully knew the pain his actions had caused
 Lifting of the weight of guilt

Spiritually significant & healing experience of discussing forgiveness with his wife

Meaningful to discuss forgiveness & hear that his wife never felt he had wronged her

<p>Desire to cover forgiveness in case abortion had unrecognized effects in their relationship Experience of healing & allowing God to enter/strengthen their relationship in a new way</p> <p>Meaningful to discover his wife’s gentle strength – that she never held any resentment against him understands God’s strength as a gentle strength – and his wife’s gentleness as a revelation of that type of strength</p>	
<p>Retreat as a spiritual experience of inspiration</p> <p>Desire to immediately begin to take action (becoming engaged as his wife had done), but reminded that the healing had just begun Inspired to be a warrior in the spiritual warfare against abortion & in protection of those who would suffer from abortion Healing provided the freedom to engage in ministry following God’s plan (not out of a need to atone)</p> <p>Inspired by the results of obedience to God and prayer</p> <p>Inspiring to see the results of persistent obedience to God’s calling (through Rachel’s Vineyard) Prayer understood as a critical, constant & ongoing part of Rachel’s Vineyard - the mechanism for the retreat process - and required in sustaining the retreat Retreat reinforced the necessity, power and pure joy of prayer</p> <p>Retreat impacting his spiritual life – deepening his prayer & relationship with God</p>	
<p><u>Understanding spiritual healing</u></p> <p>Distinction between forgiveness and healing</p> <p>Ongoing access to Jesus’ sacrifice providing forgiveness of sins & restoration of relationship with God Experience of being forgiven by God but still living with the consequences of his actions</p>	

After forgiveness, still living with a deep, buried wound from the abortions (understood as the murder of his two children)
 Belief that God created humans in a way that it is necessary to activate the will to invite God to heal areas of the heart (emotions/core self)
 Heart understood like a house with rooms of experiences & some rooms are kept closed – shut off/buried due to psychological defences
 Belief that the Holy Spirit desires to be given access to the closed closets of darkness in the human heart
 Belief that addressing the impact the sin had on him required a process of healing through interaction with the Holy Spirit (occurred at the retreat)

Understanding spiritual healing as opening internal doors to let God in

Belief that humans exist as body mind and spirit (body directed by mind, mind directed by spirit)
 Belief that counselling can promote insight into mental health issues, but that knowledge does not fully heal the injury
 Belief that deeper healing is required – healing of the spirit – which can only come from God
 Belief in two types of spiritual interaction – with God (desirable) or with forces other than God (understood as negative)
 Spiritual healing (& cessation of negative influence) understood as allowing God access to influence the human spirit
 Core of retreat/healing experience understood as allowing him to open up to Jesus & no longer keep doors in his heart closed
 Understanding it is common for people to keep parts of themselves closed off (due to shame, fear, defences), thus preventing fuller relationship desired by God
 Human role in spiritual healing: opening the door to God & spending time with God in the previously closed-off internal spaces
 Recognizing the tendency to deny a need for post-abortion healing
 Post-abortion process – awareness, repentance, & allowing God in

Spiritual beliefs & emotional healing ease sorrow and bring joy

Prior way of thinking of his children: two tiny fetuses that I snuffed the life out of

Offering hope & easing pain by thinking of children as alive in heaven waiting for a reunion

<p>Post-retreat thinks of sweet children who are</p> <ul style="list-style-type: none"> - Real (as opposed to never existing) - Alive (not just dead) - In heaven (with God) - Playing (not suffering) - Waiting for him (without animosity) <p>Thinking of his children now with regret, awe, wonder, and joyful anticipation</p> <p>Pain of knowing that he committed the act of abortion alleviated by belief in spiritual rebirth (the old man has died)</p> <p>Belief that sins are forgiven, pain is healed, but the effects of sinful acts remain</p> <p>Acknowledging some remaining sorrow and regret (distinct from guilt)</p> <p>Also acknowledging that healing does not mean completely erasing all impacts of abortion</p> <p>Belief that regret will not dissipate</p> <ul style="list-style-type: none"> - that he did not allow his children to have a life on earth - that he did not allow them to grow up as his children (special parent-child relationship) <p>Regret remains, but pain from thinking about it is no longer debilitating</p>	
<p>Understanding the need to continue healing after the retreat</p> <p>Allowing time for the full depths of spiritual healing (despite feeling better) – likened to the importance of finishing a course of antibiotics</p> <p>Less distinct steps in post-retreat healing (contrast to during the retreat)</p> <p>Post-retreat: Recognizing the impacts of abortion and giving God more access to those areas of his life/experience</p> <p>Giving God access meant God’s presence could fill the spaces – the closets within him that had been closed</p> <p>Effects/pain of abortion as the most impactful revelation in his journey as a Christian</p> <p>Conversion was not accompanied by an instantaneous revelation of all the areas within himself needing to be addressed</p> <p>Most directly impacted by abortion (compared to other past sins) because it is the destruction of life</p>	

<p>Post-retreat time of reflection and cognitive, emotional, and spiritual adjustment</p> <p>Recalling the retreat experience during ongoing moments of overwhelming sorrow Shift from ruminating on “what ifs” to gently closing the door on those thought patterns “what ifs” understood as a spiritual attack during which he turned to God for support</p>	
<p>Impact of retreat:</p> <ul style="list-style-type: none"> - allowing him to be aware of the ways the abortion impacted him (removing the block) - allowing him to give God access to heal and transform and use that part of him for a greater good <p>Short term impacts</p> <p>Lightening in his spirit & healing of the deep festering sore of abortion Emotional & spiritual healing led to improved mental health & ability to talk about abortion Previous shame & desire to keep the abortions secret replaced by passion to share his experience & perspective of abortion as harmful to men & women</p> <p>Interim term impacts:</p> <p>Forming a ministry work to</p> <ol style="list-style-type: none"> 1) create a place of community and safe sharing about abortion experiences 2) guide people toward post-abortion healing ministries <p>Long term impacts of retreat:</p> <p>Vision for growth in his ministry work by establishing links between the abortion-related ministry and other ministries (related to human trafficking and pornography)</p>	
<p>Understanding his life journey as being led by God toward many types of ministry work</p> <p>Following with trust that if it is God’s will, the ministry he builds will be solid Ministry efforts beginning out of his own struggles/battles – wanting to help others Experiencing healing from pornography use through others’ witnesses and an accountability partner</p>	

<p>Understanding the importance of the ministry due to the prevalence of pornography Training to join human trafficking outreach team & saw overlap with pornography Understanding the escalation, cycling, and manipulation that occurs in the sex industry Understanding the connections/co-occurrence led to his vision of a central ministry addressing pornography, human trafficking & abortion Feeling called by God to create a safe haven and a place to recognize the need for healing (for those suffering from abortion) (not counselling, but filling a gap by providing a step in the direction of healing) Importance of providing a potentially corrective experience of 'what it really means to feel comfortable and safe speaking openly about abortion and its effects Considering how to facilitate people's preparation for & journey toward post-abortion healing (as his wife did for him) Desire that Christians become active in shedding light on & addressing abortion, pornography & human trafficking Belief that God will work through Christians to enable the healing He desires Desire that his ministry welcome anyone impacted in any way by abortion (a relative's abortion, shocked by statistics, etc.) Vision for growth by establishing links between the abortion-related ministry and other ministries (related to human trafficking and pornography) Emphasizing that he is not minimizing the effects of abortion on women/babies but highlighting that there is a tendency to overlook the impacts on men Desire that, when faced with a pregnancy, men would shift from passivity or avoidance to asserting 'we can do this together' Feeling called by God to pray for health care professionals engaged in providing abortions Desire for mental health professionals who provide pregnancy counselling to provide people with truth - To speak about abortion as something that can be traumatic - to speak about the humanity of the fetus</p>	
<p>His own post-abortion journey as meaningful in increasing his capacity to minister to others</p>	

<p>All of his own experience takes on additional meaning as they allow him to better minister to others Post-retreat: spiritual experience of revelation of the extent of the effects the abortions had on him Retreat as meaningful in inspiring his efforts for post-abortion ministry Meaningful to be able to speak of his own healing at the retreat – hoping to lead others toward healing</p> <p>Ministry as his next layer of healing (his current experience) Belief that ‘when we can do things to help others in areas where we have done wrong, it provides healing Ministering means the places that had been wounds/darkness are being continually filled with God’s presence God’s presence and power received as an ongoing flow – He fills us with it as we are obeying/ministering/ doing the work He asks</p>	
<p>Post-retreat understanding the connection between abortion, fatherhood, and his mental health Only understood in retrospect through a conversation with retreat organizers</p> <p>Post-abortion mental health journey Unacknowledged pain of abortion understood to be manifesting as anxiety & depression Periods of psychiatric treatment Ended after adoption Entered into fatherhood through adoption & no longer felt the pain of lost fatherhood from abortion Mental health challenges as the manifestation of unacknowledged post-abortion pain were also alleviated while he was actively parenting Worsening mental health as his children became adults and the temporary covering over his pain of lost fatherhood was removed</p> <p>Relapse of mental health issues - in conjunction with empty nest (lessening of active role as father) Resumed medication - focused on mental health issues, but did not address what was contributing to them Mental and emotional impacts of abortion only brought into his awareness through the retreat</p>	<p>Importance of assessing for a history of abortion Recommendation that abortion history be integrated into a standard intake process for all clients Recommendation to understand abortion as a topic to be followed up on if initially avoided by a client Recommendation that mental health professionals identify the flags that someone may have had an abortion that is causing unacknowledged distress</p> <p>Recommendations for post-abortion counselling Sharing the perspective that the pain of infertility and lost fatherhood due to abortion may be eased by adoption</p>

<p>Attributing lessening of anxiety & depression to spiritual healing Post-retreat phasing out medication & hoping for continued improvement Retreat considered the closest thing to counselling he has experienced Belief that his progress would not be as significant if he had had only medication, not the retreat Emotional healing at retreat & post-retreat improvements in mental health supporting the interpretation</p>	
<p>Emphasizing the value of Christian spirituality in healing Spirituality understood as absolutely critical to the retreat Belief that effective counselling/post-abortion healing requires the integration of spirituality Belief that Christian spirituality serves to enrich, deepen, and prolong the healing</p>	<p>Belief in the importance of a Christian approach to post-abortion counselling Belief that counselling which does not integrate spirituality will be much less effective Spiritualities that do not include God understood as offering false claims of spiritual healing Belief that true spiritual healing can only come through the truth received through God Belief that each part of the counselling process should have a scriptural foundation Understanding that establishing a relationship can lead to curiosity & opportunities to witness/ reference scripture Recommendation that mental health professionals communicate with/seek out & learn from more individuals like himself who have been through post-abortion distress & healing</p> <p>Belief that counsellors can provide important spiritual experiences to clients Importance of providing assurance of God's love & healing available for them after being involved in abortion Belief that the counsellor can focus on pouring out love & it can be an experience of God's love for the client</p>

	<p>Increased engagement in spiritual practices understood as required for profound post-abortion counselling Belief that the integration of/focus on spirituality by the counsellor then affects the client belief that the answer to the problem of post-abortion distress is God</p>
<p>Conscientious of his words and eager to share Feeling that the English language lacks the word to adequately describe post-abortion pain Acknowledging the challenge of describing his experience</p>	
<p>Considerate of the interview timeframe scope and limitations Appreciation for the research Gratitude that the researcher felt called by God to conduct this research and was obedient to the call Desire to read the finished thesis Considers it a blessing to be able to participate in the research and share his story</p>	<p>Seeing a vast need for counsellors & researchers willing to address the effects of abortion Efforts so far don't even scratch the surface of the profound damage abortion has caused Understanding that the extent of the effects of abortion is incomprehensible - affecting babies, marriages, families, siblings - and causing damage at a societal level Emphasizing the critical need for counselling due to the extent and depth of damage Emphasizing the critical need for researchers to gather & disseminate information about the effects of abortion</p>