

“This Rifled and Bleeding Womb”: A Reflexive-Relational Phenomenological Case Study of Traumatic Abortion Experience

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In this case study we have used a relational-centred, existential-phenomenological approach to explore the lived world of a woman – Mia - who has experienced a traumatic abortion. We offer an account of her story, followed by an explication of emergent existential themes: ‘Feeling Torn’, ‘Cutting Shame’ and ‘Monstrous (M)othering’. Trauma associated with abortion is found to be complex, layered and enduring. We present examples of our own reflexive writings and supervision extracts to illustrate how our relational stance within the methodology helped deepen the exploration of Mia’s experience.

Introduction

Abortion experiences vary widely. For some women, the experience triggers immediate ambivalence and perhaps emotional trauma with associated guilt, anxiety, self-loathing and loss. Later they may become haunted by memories of the event and of the child which did not come into being. For others, abortion offers a pragmatic solution “a life choice - and comes with relief. But given the physical trauma and violence of the act, present and future danger lurks. In the words of feminist phenomenological philosopher Simone de Beauvoir, the one thing a woman can be sure of following an abortion is “this rifled and bleeding womb, these shreds of crimson life, this child that is not there” (1949/1997, p.510). Whatever reaction the woman might have, the resulting pain, and possible sense of violation and grief, has to be managed.

Some factors related to abortion can be described objectively, like the age of the foetus and the nature of the procedure (e.g. chemical or surgical). However, the complex nature of the physical and emotional trauma involved is almost impossible to predict, assess or describe [i]. Commentators are divided about degrees of trauma and the longer-term psychological consequences.

Both pro-life groups and pro-choice groups are united in the belief that abortion is deeply impactful and likely to leave significant emotional scars in the long-term. Both groups can also be found medicalizing the problem, presenting abortion as a mental health issue whose symptoms range from mild grief to “post-abortion syndrome” and/or “post-traumatic stress disorder” [ii] (Lee 2003). They argue that social taboos and accusations of “sin” stifle discussion of the experience and leave women feeling isolated; unable to be helped through recovery. This is what

Burke (2002) calls “Forbidden Grief: the unspoken pain of abortion”.

The sheer variability of women’s attitudes and responses to abortion of course needs to be taken into account in any phenomenological exploration of the experience. Qualitative research reveals a continuum of traumatic experience. At one pole are those women who, in the context of a smooth surgical/chemical procedure and a supportive social world, regard abortion as part of life’s routine stresses and feel equipped to deal with it. At the other polarity are women, particularly those entering into an abortion with mixed feelings or lacking medical, emotional and social support, who emerge with a heightened sense of emotional distress, pain, loss and suffering. The experience may elicit intense, ambivalent responses featuring complex physical, emotional and social elements (Hess, 2006; Trybulski, 2008; Walters, 2002). Such responses may endure, or even intensify, over the long term.

For de Beauvoir (1949/1997), the experience is inherently layered and ambivalent. Abortion is both a “mutilation” whereby a woman is forced to destroy part of herself and sacrifice her femininity, and also “one of the risks normally applied in woman’s situation” (p.502). Explicating longer term trauma, de Beauvoir argues the woman’s world following abortion is forever changed. She highlights how the woman feels the “contradictions in her wounded flesh”, even as she actively chooses to proceed. “Her whole moral universe is being disrupted” (p.508) given she has been told from infancy that she is made for childrearing: “Through all the risks she takes, the woman feels herself to be blameworthy, and this interpretation of anguish and transgression is peculiarly painful” (pp.507-8).

Rather than regard the abortion experience as a single phenomenon, we are interested in its multi-dimensional quality. We (the authors - Linda and Barbara) are curious about the complexity within different kinds of experiences and - given our interests as psychotherapists - especially those that are particularly traumatic and damaging for the individuals concerned.

This single case-study is a part of a wider investigation where we have interviewed several individuals who have found the experience to be especially traumatic and as having problematic long-term impact (even if they do not necessarily regret having the abortion). Our project is one of seeking to learn through first-hand accounts about the complexity of trauma associated with some women’s experience of abortion rather than any moral positioning. We suggest that this increased understanding may in turn deepen compassion for those who have had abortions regardless of the politics at stake.

We have used a relational-centred, existential phenomenological approach (Finlay & Evans, 2009; Finlay, 2011) to explore the lived world of one woman – Mia 1. In this article we provide an account

of Mia's story drawing on her own words from an interview, followed by an explication of emergent existential themes. While we were both involved in discussion and reflexive writing, Barbara, the second author, took on the role of interviewer while Linda, the first author, acted as the supervisor and took the lead role in analysing and writing up this article.

In offering this article for this special issue showcasing feminist phenomenology, we seek to contribute to the nascent literature of the field in two ways: empirical and methodological. Empirically we have chosen to research the topic of abortion which is explicitly feminist in its concern given its focus on a woman's body and the issue of reproduction. We argue that a woman's experience of the medical/surgical intervention cannot be understood unless we take into account the wider relational and social context in which she experiences it. Methodologically, we engage a somewhat unusual and innovative relational-centred phenomenological method which exemplifies a feminist approach given its explicit relational and reflexive concerns.

Following a discussion of our chosen methodology, a constructed narrative summary of Mia's voice and experience is presented. Then, Mia's experience is explicated through a thematic existential phenomenological analysis. Finally, a reflexive account of the research relationship and the going "between" process is offered to honour the principles of relational-centred research and to provide a more transparent accounting of the methodology and how we came to our interpretive descriptions. We hope that in counterpoint to the neatly constructed narrative and thematic analyses, the reflexive account reveals some of the messiness and emergent, unpredictable nature of the research process.

Methodology

Design

In this case study, we have used a relational-centred, existential phenomenological methodology (Finlay & Evans, 2009; Finlay, 2009; Finlay, 2011) to explicate two phenomena: a traumatic abortion experience and a reflexive research process. While the explicit focus is on describing Mia's experience, the story of how we collaborated as reflexive researchers, and used our own experience to possibly throw light on Mia's, offers another exploratory lens.

In our **phenomenological** exploration of existential meanings, we attempted a layered, rich description. As Merleau-Ponty (1964/1968,

p.157) advises: Phenomenological description “must stick close to experience, and yet not limit itself to the empirical but restore to each experience the ontological cipher which marks it internally”. We sought to capture something of the phenomenon of Mia’s traumatic experience and the research process as concretely lived, in an embodied, experiential, relational way. Here we follow Todres’ (2007) recommendation to balance “texture” (poetic interpretation) with “structure” (rigorous scientific description), moving between analytic closeness and distance:

In exercising “closeness” I attempted to enter my informants’ experiences and bring the “heart” of these textures to language. In exercising “distance” I entered a more academic moment and attempted to tease out some of the meanings in a more thematic way. (2007, p.58)

Engaging a **relational-centred approach** involved us in practicing a **hermeneutic** variant of phenomenology where meanings are seen to emerge in a co-created, dynamic context. The approach parallels the process of relationally-orientated psychotherapy where any interpretive understandings are seen to be born within the intersubjective *between* of the embodied dialogical encounter. The “between” in this work arises within the thickly populated encounters² between both participant-researcher and researcher-supervisor. The process involves a way of being *with* rather than doing *to* where the relationship is “continually established and re-established through ongoing mutual influence in which both [persons]... systematically affect, and are affected by, each other” (Mitchell & Aron, 1999, p.248).

Finlay (2011) describes the researcher’s (and supervisor’s) approach as one of openness to what is emerging in the now of the encounter – a process which has the potential to be transformational for all involved. When we go unknowing into the *between*, results are usually unexpected:

We pay close attention to the other with curiosity, empathy and compassion. When we intertwine with another in an encounter, we may well find ourselves surprised and touched by the connection we make and the transferences/counter-transferences we experience... The depth of personal introspection and the dialogical journey involved usually lays the ground...for research that has deep personal significance and this helps to ensure its

evocative resonance and relevance. (Finlay, 2011, pp.166, 174)

This version of relational-centred methodology (Finlay & Evans, 2009) draws on a range of theoretical concepts straddling different traditions: Its core is our use of collaborative, creative feminist methodology which celebrates a focus on emotional and relational dimensions and reflexivity as a source of insight (Fonow & Cook, 1991; Stanley & Wise, 1983). We also centrally engage the phenomenological concept of embodied intersubjective intentionality (Merleau-Ponty, 1945/1962) and Buber's (1923/2004) notion of the significance of the 'I-Thou' relationship. In addition, ideas from the psychotherapy field are embraced including gestalt theory (Hycner & Jacobs, 1995), intersubjectivity theory (Stolorow & Atwood, 1992) and relational psychoanalysis (Mitchell & Aron, 1999).

Our **reflexive** (i.e. self-aware) focus forms part of the phenomenological attitude adopted where researchers aim to engage a paradoxical dance between the reduction and reflexivity (Finlay, 2008). Our use of reflexivity also highlights our understanding that researcher and/or supervisor (inter)subjectivity is inextricably intertwined with any interpretations made (Churchill, 2007). Relational dynamics between participant and researcher (and researcher and supervisor) are taken seriously and are used as a way of deepening understandings (Finlay and Gough, 2003). In our research, we have aimed to reflect reflexively upon:

Our interpretations of both our experience and the phenomenon being studied so as to move beyond the partiality of our previous understandings and our investment in particular research outcomes (Finlay 2003, p.108).

Data Collection

Mia, a psychotherapy colleague, was one of several volunteers who offered to share her story of having a (self-defined) "traumatic abortion". At the time of interview she was getting support in her own (on-going) psychotherapy where she was exploring the impact of various traumas on her life. She viewed this research as an opportunity to further explore, and work through, this particular traumatic episode in her life. With our ethical concerns foregrounded, Mia was prepared for

the possibility that the interview could well be emotionally intense and that it had the potential to re-traumatize her. She trusted Barbara (the interviewer) to handle her material sensitively and to be supportive while taking care not to transgress boundaries between research and therapy.

Gathering data involved employing an unstructured, relational-centred interview plus the writing of extensive reflexive notes following both interview and supervision sessions. In the interview (which was taped for subsequent transcription), Mia was invited to “tell her story”. Barbara adopted an attitude of openness and empathy where she attempted to feel, intuit, attune to and share in Mia’s experience while holding onto her own presence to ensure a safe, bounded space for Mia. At the end of the interview, Mia was invited to write/e-mail us within a week if she felt she wanted to add anything to her story. (As it transpired, the interview triggered some buried memories about the steps she had taken pre-surgery, with her mother’s support, to attempt to expel her baby more naturally).

Over the next few weeks following the interview, Barbara wrote extensive reflexive notes. Although an experienced psychotherapist, she was new to phenomenological research and sought to engage formal supervision and mentoring with Linda. Together we reflected upon the experience of the embodied intersubjective relationship between Mia and Barbara, and between ourselves. Particular attention was paid to the possibility of “*parallel processes*”³ being re-created in both the interview and in subsequent supervision. We took seriously our belief that both depth-oriented psychotherapy and phenomenological research practice is “more matter of being than doing, ... of presence than technique” (Craig, 2012, p.11).

Data Analysis

As we processed Mia’s story, it was immediately apparent that the abortion “trauma” could be seen as several traumas. Would multiple traumas be an essential structure of for our larger study on traumatic abortion experience we wondered? We set aside this thought and followed our intuition, simply going with whatever seemed figural to process at any particular time. At times this meant we had to focus on our own collaborative relationship and (inter-)personal process as researchers, while Mia’s experience temporarily receded.

We allowed ourselves to flow with whatever felt right at the time. Initially we concentrated on writing our separate reflexive accounts and dialoguing as a way of sensitising ourselves to emergent themes and issues (see penultimate section titled “‘Going *Between*’ and Reflexive Processing”). We then co-created a narrative of Mia’s lived experience, drawing extensively on Mia’s words and her way of organising her experience as a temporal sequence. From there, we separately took time to dwell with the transcript and other diary/email communications.

When we stop and linger with something, it secretes its sense and its full significance becomes...amplified. What to the subject was a little thing becomes a big deal to the researcher, who hereby transcends the mundanity of the subject’s situation. (Wertz, 1985, p.174)

In this “*empathic dwelling*” (Churchill et al, 1998), we aimed to stay with, and listen to, Mia’s descriptions, all the time attempting to become ever more open to what was being communicated implicitly as well as explicitly. Churchill and colleagues (1998, p.65) describe the process in terms of being fascinated or spellbound: “In being spellbound by the others’ self-presentation, one becomes attentive to various imaginable (as well as self-evident) meanings of that presentation.”

Alongside this empathic lingering, we returned to our own notes and engaged in “*reflexive, embodied empathy*” (Finlay, 2005). Here, we used our bodily experience as a way of empathetically tuning into Mia’s. In intuitively cueing into her experience, we made a point of opening ourselves to being touched and moved. For example, when reading her story we would have a visceral reaction to particular passages. That would be a signal to slow down and attend to implicit meanings which we might otherwise have missed. At this stage of the research we also engaged in an iterative and dialectical process of hermeneutic reflection (Finlay, 2003) to try to tease out reflexively which perceptions belong to researcher and which to co-researcher. For instance, in the following reflection, Barbara describes her response to one particularly poignant phrase of Mia’s, which she found herself drawn into and captured by:

Barbara writes: [I am wondering whether I want to start writing ‘as her’ (Mia)???) I ask myself/Mia softly: “I wonder what the words mean to you?” I ‘hear’... “My body is trying to comfort

itself (after its horrific ordeal), I like to ‘curl up’ sometimes, from the time I was a little girl. It is sort of comforting when I need it, sort of tucked away, maybe a bit like giving myself a hug.” [At this point as researcher I am aware that my own story of sad, lonely nights as a child is being evoked. It is hard to know in this moment whose story I am writing. I am wondering how to proceed: first person/third person? Looking back on the scene/in the scene? What the ‘rules’ are as researcher? And then I remember that there aren’t any - just the question ‘What was/is it like to be Mia?’....] Some words are coming to me: “I just want to be looked after”. Are they Mia’s or mine from when I was little? I feel (my/Mia’s?) resistance to the words and in response (to them) I ‘hear’: “I can do it on my own. I am fine on my own. I don’t need anyone. I never have.” Perhaps this sense of this ‘impasse’ is relevant to the exploration of Mia’s experience? I need to let go of all this for now. I sense I am caught by something. I need to put it down without feeling I am abandoning it, not repeating the ‘abandonment’.

(Barbara reflexive notes)

The analysis was finally progressed by thematizing existential meanings. We were aware of the many emotions and themes which presented themselves quite quickly: guilt, shame, aloneness, horror, existential anxiety, abandonment... But these words, in themselves, somehow lacked the depth and trauma implicit in Mia’s account. We delved deeper and, following van Manen (1990) and Todres (2007), allowed the writing process to take us into a more unknowing place to find the *existential darkness* within.

Overall, the analytic process remained fluid and ever-evolving with its imaginative leaps of intuition as well as systematic working through iterative versions over time. We have chosen to present one of these iterations here juxtaposing Mia’s story, our reflexive processing and the emergent existential themes.

Mia’s story

The following is a re-worked, constructed account which summarises Mia’s story as she told it in the interview with Barbara. The actual story she told was less packaged but we’ve tried to honour her “voice” in using the first-person form and in the choice of words and various quotations used:

I was fifteen when I had my first “proper” boyfriend and became pregnant. I was young and I had a chaotic family so it was not surprising I was “a bit chaotic in many ways”. It’s also not surprising birth control was “hit and miss”. I had little idea of when my period was due but I couldn’t help but notice my sore breasts. I decided I must be pregnant. I remember telling my mother. We were in the living room. Her response was immediate: “Oh, oh dear, well, ah, we’ll get the abortion arranged tomorrow”. I was lucky that my elder sister was also there, on a brief flying visit. She could “step in”, do the “mummy thing”. It helped the situation feel safer. It was my sister who asked what I wanted to do. I was absolutely clear: I wanted an abortion. And so it was arranged.

Prior to the surgery my mother got me to “drink lots of gin while having a warm bath”. She also took me to a gym to have hot saunas and to be pummelled by hot jet massages. The attention from my mother was kinda nice in a weird way but also the whole experience was embarrassing.

I was quite “cut off” before the operation. But once in hospital I “started to feel the shame”. In fact the whole time there was extremely “embarrassing”. I found it “excruciating” that both my parents came to visit me in the hospital. It was bad enough my mother came by, but it was horrible to know she had told my father. And it was weird that he had been brought to the hospital as we weren’t really “on speaking terms”.

It started to feel pretty humiliating as I lay in the bed being prepared for surgery. I remember being shaved by a nurse. I felt I was being judged as “immoral” by the doctor and nurses (many came from different cultural backgrounds to mine and I could only guess at what they thought). I remember the abortion as involving the anaesthetic and being “quite sore” after the “scraping”, but I recall little of the operation itself.

In the days following, I was relieved that I had had the abortion and that I was “back to normal”. My boyfriend and I went to a party. While dancing, I suddenly started bleeding really heavily. “Oh God it’s a really heavy period”, my first thought. But I found I needed more and more sanitary towels. The next thing

I remember was standing in the bath with blood “pouring out” – it was gushing. Various women – more strangers than friends - were “clucking round” me. Somebody said “this is a miscarriage” but, having just had the abortion, I knew I couldn’t be pregnant. So I was “absolutely sure” it wasn’t a miscarriage:

“I didn’t know what was going on... Possibly somewhere there I was thinking, maybe I deserve this...I kinda vaguely linked it to the abortion but I had no sense that it was a miscarriage.”

A taxi was called and I travelled back home with my boyfriend, all the time lying upside down, “trying to keep the blood in”, concerned about getting “blood in the taxi”. After getting me home to bed, my boyfriend left. I found myself on my own: I was scared, in pain, and still haemorrhaging:

“By this time, I was cramping and it had started to hurt and I was bleeding madly, I had a towel, which I was kinda stuffing there to try to soak up the blood.”

By three o’clock in the morning, I had decided, “it was the abortion. Maybe some damage has been done, and I’m internally bleeding”. By now I’m starting to panic a bit. I wondered if I should call my mother: “I really need to tell my mother...just in case I die”, I thought. At the same time, I knew my mother would be really drunk and that she wouldn’t “be much help”. After tussling with myself, I took the decision to wake her. As anticipated, it was difficult. I remember “being the adult” and insisting that she came. She “kinda got herself together”, and gave me a hefty dose of gin (her “solution for everything”). But things were to get more “horrific”. I can’t quite remember the sequence. I remember I had what I now know are “labour pains”. “I went to the loo and had this haemorrhage, massive haemorrhage, in the loo”. Now I was really scared. “I didn’t flush the loo, so I left the blood clot...That is when I called my mother [into the bathroom] as I was pretty frightened”. My mother responded, “You have had a miscarriage... I guess the

doctor didn't get it all out and um that's hard and obviously it couldn't survive and that's it". To hear this stark assessment really shook me, "I must have been pretty freaked out by that... that somehow I had been responsible for the 'reality' of the baby, which I had I suppose, mutilated...and then it's sitting in the loo."

It was something of a living nightmare. From "having all the blood coming out", and being in severe pain combined with the fear that I "may die any minute", with the "biggyish bloody mess" in the toilet, and my mother's analysis of it, I was faced with "suddenly realising the horror of what I had done". (Years later I would wonder if those "cells in my womb" were actually a baby. Had it been "hurt" by the "scraping" of the abortion? Did it "feel pain"? Had it then been "growing in a deformed way"? Was it "alive"?).

My mother and I conferred. We agreed the bloody mass in the toilet had to go to the doctor for testing. My mother suggested I "put it in some container or something". So I "had to go and pick it up in a glass". (Looking back from my perspective now I can see she should have helped me here and not leave me to do this but "of course what I understand now is that I had no sense that she should be caring for me").

We eventually "decided I was going to live and would be alright and that the gin would reduce the pain". At that my mother left to go back to sleep. I found myself alone again. "I curled up and went to sleep - with my little glass with the blood in it in the bathroom".

It's that image that "is in my head", that haunts me. "That is the horror". It was the fact that I "might die any minute" and also "suddenly realising the horror of what I had done...Well I think I feel some guilt, you know it was clearly a baby that I was party to killing. And then it may have started out as cells in my womb that was scraped, but the baby hung on in there or it was the cells that remained. There is something horrific about that... I'm aware that I have some guilt and horror and sadness for hurting the baby....thinking about this baby that is growing in a deformed way, by something I had done or been party to...I can feel the horror and...attached ...is some sadness... I don't feel in

touch with grief though; I guess there must be some there.”
 I don’t remember exactly what happened the next morning but
 the “glass” was sent to the doctors, and my mother confirmed
 some time later that the doctor agreed that “the operation hadn’t
 gone right”.
 “That was the end of that. I’m fine.”

Existential Analysis

Re-reading passages from the transcript showed us the multiple layers of trauma involved in Mia’s abortion experience. While the abortion itself was traumatic at a physical and emotional level, the more significant trauma seems to be the aftermath where she feared she was dying as she miscarried *giving birth* to violent haemorrhage, pain, horror, guilt, grief and shame. Here we find evidence of complex existential, physical, psychological, and emotional trauma. Mia also experienced her (alcoholic) mother’s repeated abandonment and neglect for her safety and needs – something which was part of a deeply significant, broader, relational trauma.

Three themes are offered below to further explicate some existential dimensions of Mia’s traumatic abortion experience: ‘Feeling Torn’, ‘Cutting Shame’ and ‘Monstrous (M)othering’. Intertwined within the thematic analysis are philosophical and theoretical insights to highlight the dialectical ambiguity of her experience as something in process and part of Mia’s *being*.

Theme 1: ‘Feeling Torn’

The physical tearing of cells from the womb which occurred in both Mia’s abortion and subsequent miscarriage offers one understanding of being torn. But there is also the feeling of being torn *ontologically* as well as *cognitively and emotionally*.

Parker (1995) offers this powerful metaphor of being torn in her psychoanalytic explication of maternal ambivalence. Lundquist (2008) takes up the metaphor in her explication of the experience of “rejected pregnancy”. Following de Beauvoir, she notes that the pregnant woman is not an active agent. Instead she finds herself “seized by an alien teleology” (2008, p.142), undergoing a “radical internal division between the flesh which engenders flesh” (2008, p.143). The reluctantly pregnant woman, says de Beauvoir, is “divided against herself” (1949/1984, p.508).

For Mia, the foetus growing inside of her is a problem: a hostile intruder that needs to be evicted, an invasive growth to be surgically excised, a burden to be rejected. She has not made the baby; it has made itself in her. It – the foetus – is a ‘thing’ to be expelled. She is a vessel for some-*thing* “radically other” (Lundquist, 2008, p.142). She has been possessed and invaded without her consent and it needs to be got rid of. This thing is a source and symbol of her failure and it stands in opposition to her, threatening to unravel her life as she knows it. She wants simply to refuse to host it.

The splitting of the body subjectivity discussed by Young (2005) in her explication of being pregnant is subverted. This is no romantic co-existential differentiation of two subjects, a chiasm of mother and child where flesh ⁴ entwines lovingly with flesh. Instead there is subject and object; a “menacing object, some less than human, perhaps monstrous creature” (Lundquist, 2008, p.141).

As the foetus is object, so too is Mia’s body, transformed from lived body to object body (Toombs, 1993). She becomes aware that her body is changed somehow: her breasts are tender, a period is missed. Her body becomes something to fix, split-off from any emotional-social needs. Her body becomes the site of conflict between an embryo and herself, between herself and the surgeons. But this fight manifests as one against her Self as she strives to expel the growth inside with pounding hot jet baths, punishing saunas and an aggressive use of gin. With each assault she splits her body from herself. On eventually opening herself and submitting to the violence of the abortion itself, her body is examined, probed and ultimately invaded surgically. The scraping tears tissue away from her womb, ripping flesh from flesh. The body is reduced further, till it is just a site for medical and technological intervention. She ceases to be human, becoming just a body to be used and manipulated by others. As Mazis (2001) argues, medical practice objectifies and alienates:

The medical objectification of the body with the biotechnological focus of practice exacerbates the same sort of de-contextualizing of the body, the same sort of alienation from the world of the body. (p.206)

Somewhere Mia understands that her body is also the site of conflict between her Self and a society which would not easily accept a fifteen year old mother birthing an illegitimate child.

“I remember being really clear... I knew that is what people did if they got pregnant. And I was fifteen. I KNEW I didn’t want a baby. I wanted to finish school. No WAY did I want a baby, no way! So I was very clear and there wasn’t any decision-making angst about it.”

But beneath the certainty of her decision to have an abortion and her clarity about having “no regrets,” Mia has some ambivalence – *she remains cognitively and emotionally torn*. For Mia, the cells growing within are not a baby. The cells of the foetus are merely objects destined to be surgically removed. She determinedly cannot let herself conceive those cells are an actual life growing inside her. She declares “It’s easier if it’s ‘cells’ and it’s harder if it’s a ‘baby’”; “One is traumatic and the other is practical”. It’s easier for Mia if the growth inside is kept as an object, not seen as a subject - a consciousness, a being in its own right entwined with her being. Her maternal ambivalence is animated by the cells versus baby question even as she insists that she has “no regrets”:

“Up until that point there hadn’t been, there just wasn’t a baby, I was making sure there wasn’t a baby! I was doing the right thing! I had no regrets at all about it, no regrets about the abortion.”

Mostly she keeps her guilt at bay by distancing herself, thinking only about the practical course of terminating a pregnancy. Her felt sense of trauma kicks in only when with shock she suddenly sees what the blood clot in the toilet represents and is faced with the unbearable horror, grief and shame of her deeds.

Towards the end of the interview, Mia went on to describe how she had been recently working through her trauma in therapy, revealing that she has now actually named her baby. It seems that coming to think about her “son” has been transformational, and partially healed the tear in the fabric of her existence.

“When I did the work with [therapist], one of the things that came out that I did ... find soothing, was he asked me ... if I had ever thought of any names...I remember being quite shocked... cause it took it to baby level and it was the first time that I had really faced that.... But actually it was quite nice as well...Since then, I’ve thought about [name]... in a more loving way... Somehow it’s helped some of the trauma.”

*Theme 2: Cutting Shame*⁵

Tomkins described shame as a “sickness of the soul”: Shame is the affect of indignity, of transgression and of alienation.... Shame strikes deepest into the heart of man. While terror and distress hurt, they are wounds inflicted from outside which penetrate the smooth surface of the ego; but shame is felt as an inner torment, a sickness of the soul.... The humiliated one ... feels himself naked, defeated, alienated, lacking in dignity or worth. (Tomkins, 1963, p.118)

Some forty years after her abortion, Mia still remembers the “excruciating embarrassment” and the “public humiliation” of her abortion experience and she is infused with an all-encompassing cutting shame. As the nurse wields the razor to shave her pubic hair she feels naked and exposed. When the nurse refuses to allow Mia to shave herself, Mia feels chastised. The probing, dissecting invasion of the surgical procedure further objectifies and amplifies her shame. Even the gynaecologist probably despises her, Mia thinks, as she grapples with holding her own self-loathing at bay:

“I’m wondering just how much [the doctor] despised her patients. There is a sense of that. And whether this is my projection and it’s my own self-despising... There was a sense in me ... that from [the doctor’s].... eyes I was pretty immoral.”

She cringes when she remembers her parents visiting her unexpectedly at the hospital— it is mortifying to her that her father had been told of her intimate transgression. Mia remains all too aware that others too were told in the process of her mother trying to expunge her own shame and distress.

“My mother told my father which I found excruciatingly embarrassing. And they actually both visited me in the hospital which I found excruciating as well and I guess full of shame about it. So that was a bit traumatic [slight tense laugh]. Um, because my father, well we weren’t really on speaking terms really, he was just kinda there. How embarrassing is that? And he was very uncomfortable about the whole thing and my

mother was quite uncomfortable but of course she had her booze with her... she was fussing around... I was pretty cut off really, but then, in the hospital, I started to feel the shame, I started to feel [people's]... judgement ... it didn't feel right."

After the abortion, Mia seeks to leave the experience behind her. She doesn't want to think about it, remember it, or talk about it with anyone. It remains her guilty secret while she pretends to the world – and herself - she is okay.

"I don't remember a lot ... I have never really spoken about it since... I think I probably did the '*I'm fine*' thing and that was kinda the end of it."

She must hide and protect herself from the shaming look of others. As Sartre (1943/1969) argued, when we become aware that someone else is looking at us, we become aware of ourselves as objects. With this profoundly objectifying look cast by the 'other', we are denied existence as a subject and feel alienated. Drawn to take on their perceptions, we emigrate into that other's world – a world which is at once both seductive and alien. Feeling objectified we feel judged and uncomfortable. We want to escape, hide, become invisible.

Naked and exposed to the world, Mia clothes herself with an inauthentic veneer and plays her role of "I'm fine". She defends and protects herself through secrecy (not telling others about her experience) and denial (in the years before her therapy thinking of "cells" rather than "baby"). She doesn't want to be reminded of her bad-ness just as she doesn't want others to see it. In hiding her truth and flawed self from both herself and others, she dissociates, disconnecting body and spirit. The deep-felt cut of shame divides her. Cutting off – pretending all is well - becomes a way to cope. With such a mask, she cuts-off from the world and finds a way to flee her experience and herself. In doing so, she effectively abandons her traumatised fifteen year old self as others have done. She also flees from others who could be a source of solace. Yet in hiding herself she gains some relief from the shame and some protection from her traumatic experience. She is simply attempting to keep herself safe from more harm.

When shame is toxic, it is an excruciatingly internal experience of unexpected exposure. It is a deep cut felt primarily from the inside. It divides us from ourselves and from others. (Bradshaw, 1988, p.5)

Shame lurks. It lurks in every corner of her being and shows itself in the way Mia does not feel worthy of, or entitled to, love and care throughout her abortion experience. Somehow she has internalized others' presumed negative judgments of her and lives a sense of being 'not okay'. This feeling is so pervasive that she does not recognise or protest the absence of loving care and attention to her health and safety. Personal disgrace affirmed, public disregard for her welfare is accepted. It is only when Barbara, the researcher, offers a different perspective, one of compassion and sadness for this fifteen year old who no one was caring for, that Mia begins to recognise her taken for granted assumptions.

Barbara: I can give you a bit of [pause] feedback about feeling - if you want at this stage (?)...

Mia: Yeah I think I would, yeah.

Barbara: I think the part of your story that is shouting so loud, at this particular moment to me, is your mother's absence and that at fifteen you had no sense of being supported by her and you didn't really know what it was to ask for help. So I'm feeling immensely sad around that.

Mia: Well I don't have any sadness. I have a [pause], I suppose, it's such an acceptance of it.

Barbara: ...the way you tell the story of going to get your mum and the decision-making process that went into that and the reasons for that, and you know it's all in that, you just had no expectation of support and help from her, and indeed you didn't get it. Yes she went to get some gin but the endless times she abandoned you, and the time she was with you she -

Mia: [interrupts] I've not thought [of it] like that before.

Barbara: She physically abandoned you when she went back to sleep [ironic outtake of breath, a little tearful]. I'm a mother, there is no way on earth I'd have left a daughter like that.

Imbued with a sense of her own inherent badness, Mia is cut off from her own needs and expecting little from others. Thus for Mia, the *world-as-experienced-through-shame*, is a place where loving care is inconceivable and where exposure involves hurt and abandonment.

Mia's *existential feeling* (Radcliffe, 2008) of shame sets up and gives

meaning to the world in which she lives. It's a background orientation where self and world are experientially related, woven into our bodily being and experience of the world. As Heidegger notes, this *attunement* is a space of possibility within which we act (pre-conceptually/pre-intentionally) and it is an atmosphere which surrounds us: "A mood assails us. It comes neither from 'outside' nor from 'inside', but arises out of Being-in-the-world, as a way of such Being... A state-of-mind is a basic existential way in which *Dasein* is its 'there'" (Heidegger, 1927/1962, pp.176, 178). Shame constitutes an enduring, pervasive mood which is taken for granted: Mia's world is bad and tells her she is bad, so she must be bad. Her badness is revealed in the world. Living her shame, the world that addresses her is shaming.

But in the process of confirming her unworthiness, Mia also finds a way of coping. Here the coping involves cutting off from the depth of her pain and trying to forget. As she talks about her traumatic abortion experience during the interview, she is cut-off from much feeling and keeps it at a more distanced head (thinking) level. We also see her *retroreflection*⁶. When prompted by Barbara to tune into the discomfort in her body, Mia connects with underlying emotion, namely, anger towards her mother and the doctor and medical system.

Mia: I was young and it was traumatic and scary. And I've got a headache.

Barbara: Do you have any sense of emotion attached to the headache?

Mia: [pause] I am, I am tense at the moment. Tight tense. And it has some energy behind it. It's not...like a depression despair thing. There is more energy. I guess I am in touch with [pause] the anger both at my mother for not caring, and... for not knowing how to care, not getting near there.... And also anger at the doctor and the system for not caring and not doing it properly... The doctor is tinged with bits of shame and public humiliation at the hospital thing, but I can live with that kind of thing. I think the energy more is with my mother... I think I'm more angry with her for telling my father and telling her friends and everyone. I'm angry with my mother for turning it into *her* problem.

For Mia, 'Cutting shame' manifests as her dissociation from her emotions,

her body, her experience and her Self. To hear her connecting with anger – towards both the system and her mother – is perhaps particularly poignant as shame has been attributed to “the disavowal and retroflection of anger”. The retroflection of the anger may occur, to “maintain a semblance of a connected relationship with the person who engaged in humiliating transactions” (Erskine, 1995). Mia’s recognition of both her anger at her mother and hunger for her mother’s attention is implicated in her shame.

Theme 3: Monstrous (M)othering?

Shildrick (2002) offers a post-structural explication of “monstrous (m)others” including mothers, women of colour, homosexuals, the disabled – anyone who occupies an oppositional relationship to the “normal”. She problematizes bodily boundaries and identity, showing how the human self is vulnerable to the “monsters” surrounding us and that live inside. Discussing the maternal imagination, she touches on the themes of malformed babies and the monstrosity of mother as involving the symbiotic or parasitic relationship between mother and foetus. Along with other feminist scholars who engage the social construction of reproduction and motherhood, she challenges understandings which separate mothers and foetuses from their social context.

While we do not wish to follow this post-structuralist route, the concept of monstrous (m)others offers us an opportunity to explicate phenomenologically something of the ambiguous relational boundaries and paradoxical symbolic meanings potentially inherent in Mia’s experience. We suggest that at some level Mia believes she has been a ‘monstrous mother’; one who has birthed a ‘monstrous other’. Yet, refracted in this subjectivity we find ghosted images of her own ‘monstrous mother’ and her own ‘monstrous self’ both as foetus and as a young woman who has chosen to have an abortion.

When Mia is confronted by the truth that her haemorrhage constituted a miscarriage replete with labour pains, she feels the force of her horror, connecting with the reality that she had tried to abort a baby. This is a knowledge she has worked to keep at bay over 40 years. Tortured by a vision of the blood clot that was a part-birth of mangled cells, she connects with her guilt about the “baby/blood”: “I worry that ‘it’ did feel pain or that it was alive”.

She is confronted by her corporeal excess and deficiency, the monstrosity of her deviant, violent motherhood. Not only has

she has birthed a monstrous Other, she has engaged this monstrous act of killing her child. What kind of monstrous mother is she? The sheer horror of her experience is amplified as she forces herself to scoop the malformed, bloody mass into a glass (test-tube?), holding disgust and aversion at bay as best she can. “I remember being a bit freaked out when I was putting the blood clot in a glass”, she says.

“What is in my head is the blot clot in the bathroom, toilet. Um and I think for me THAT is the horror, that is the image ...but also that suddenly realising the horror of what I had done, um and the full implications really, which I hadn't understood...It clearly was a baby that I was party to killing. And then it may have started out as 'cells' in my womb that was scraped, but the baby hung on in there or it was the cells that remained. That is, there is something horrific about that... which I feel some guilt about. It's as much about thinking about this baby that is growing in a deformed way, by something I had done, or been party to.”

The biggest horror for Mia is thinking about the foetus who *determinedly hung on* despite all efforts – surgical and otherwise – to remove it, to kill it. She has questions about how/why this could have happened. For Mia the thought of causing that damage and pain to a living creature is intolerable and horrific; a crime too shaming to bear. Too scared to seek expert reassurance from professionals in case it is not forthcoming, she has to remind herself that cells can grow and blood can clot – the clot is *not* to be thought of as a baby which she mutilated and then part-birthed.

This proliferation of cells becomes adventitious and troublesome; it is one more feminine defect...Even when she consents to abortion, even desires it, woman feels it as a sacrifice of her femininity: she is compelled to see in her sex a curse, a kind of infirmity, and a danger...Woman feels these contractions in her wounded flesh...she regards herself as the victim of an injustice that makes her a criminal against her will, and at the same time she feels soiled and humiliated. (de Beauvoir, 1949/1984, p.509)

Yet as Mia connects with her grief, guilt and trauma, she connects to her

own experiences of being mothered. In the following passage she explains how she, too, was once a traumatized foetus given her alcoholic mother who exposed her to excessive alcohol in utero (and then “abandoned” her as a matter of routine throughout her childhood). During the interview, she described understanding that her bodily habit of pulling her neck back may be linked to a primitive foetal reflex reaction to a toxic environment.

“Barbara: I was just about to ask you just to check where you were, with your story and your feelings that are around right now.

Mia: I’ve got a tight pain here [pointing to right side of neck]... I went to that osteopath...she was working on me she was noting that I had this moving away from [reflex]... She felt I was a foetus. And I suppose there is something there [about] foetuses, mothers and doing damage? There is some symbolism there.

Barbara: So you’re connecting?

Mia: So I’m a foetus too.

Barbara: Yeah your mum did some damage to you [pause]. Do you feel any emotion attached to that? It’s quite a big thing to say.

Mia: Is it? I suppose I’ve spent so many years...expressing rage to my mother... I’ve spent so many years, there’s a list a hundred items long where she abandoned me, didn’t care, or wasn’t there...I could go on endlessly...I have raged over the years. But I don’t feel any rage. Since she died I’ve been able to feel that compassion. I don’t feel that rage. I see her as very damaged... I have some sadness, sympathy, empathy for that 15 year old and for me as a baby...foetus.”

Thus Mia integrates layers of damage, betrayal and abandonment which have replayed themselves through at least two generations. She *betrayed* her baby and she *abandoned* herself (psychically in her dissociation), just as her mother *betrayed* and *abandoned* her. Barbara writes reflexively of Mia’s miscarriage experience:

“And I curled up and went to sleep with my little glass with the blood in it in the bathroom”. I feel myself reacting to Mia’s words- it is almost as if I have to remind myself to breathe-

somehow her words ‘take my breath away’...

I think perhaps it is as if I am being transported into the scene. My empathy for Mia is evoked in such a way that it is almost as if I am somehow ‘identifying’ with her. I have the sense that so much of her (life) story could be found within those few words...

The girl (Mia) had to be ‘so big’-had to ‘look after herself’, no matter how difficult things were emotionally. Somehow ‘my little glass’ seems to symbolise so much; to carry so much of ‘the story’. No matter how bad things got (like ‘giving birth’ to ‘her baby’ in the toilet), she still had to get it together herself to look after herself (fish ‘the baby’ out of the toilet into a glass). And somehow maybe Mia metaphorically captures the ‘distance’ of mother from child (i.e. the absence of an ‘empathic other’) in the picture of ‘her baby’ being ‘in a glass’ ‘in the bathroom’ as she sleeps in the bedroom whilst similarly her own mother has returned to her room to sleep leaving Mia alone.” (Barbara’s reflection, August, 2011)

In acknowledging her grief and some compassion for both her Self *and* for her mother, Mia finds a softened horizon of forgiveness and healing. She recognises her mother and her share a “wounded fallibility” (Milburn, 1992, cited in Halling, 2008). Mia understands her mother tried her best and that her mother had shown her version of love and care in producing the gin and in their gym activities.

Forgiveness is a movement of compassion...The other whom one forgives...is someone like oneself...compassion involves a paradoxical movement of letting go of one’s preconception of the other, connecting with the other as similar to oneself and yet being aware of the other’s separateness. (Halling, 2008, pp.90-91)

‘Going Between’ and Reflexive Processing

To avoid unduly sanitizing the messiness of our analytic process we offer an account below of our reflexive processing and how we came to our interpretive descriptions. We hope to show something

of the evolution of our understanding through the following sequence of excerpts from our diaries where we explore both Mia's experience and our own process as researchers. We offer these reflections here in an attempt to highlight significant relational features of our methodology and to show the ambiguous edge of the essentially human stories underlying Mia's experience and our own struggle as researchers.

Barbara reflects post-interview...

"I felt highly *protective and supportive* of Mia as she told her story. She evoked my deep compassion, and I can see that I was monitoring throughout what was '*missing relationally*' for her; and feeling the impact of this 'absence' in an underlying feeling of sadness. Whenever I referred to sadness with her during the interview, she reported she wasn't feeling any, so it is not unlikely that I was 'holding' her suppressed sadness as well as my own 'internal tears of compassion'.

When she owned her anger with her mother at one point, I had a flash of very strong anger too, but it was fleeting. Perhaps ... my prime, 'relational role' was... to help *enable her* to tell her story, was to '*take care*' of the sadness that could potentially overwhelm her and possibly then prevent her telling her overall story in the way she wanted and that we had 'contracted' for. Perhaps if we do go along this line of thought of 'containing feelings for the other', one way we could think of it could be as a type of 'maternal counter-transference'... I was very overtly aware of how an 'attentive and loving mother' would be responding to the various scenes I was hearing being described; I was feeling this strongly, and clearly, and probably with much protective 'maternal fervour' (!)

So when I think about it, my anger was probably present... but 'in the background'. At times I expressed all this overtly...and used the phrase, "if that had been my daughter, there is no way I would have left her on her own at that point". And I referred to the 'many times' Mia had 'been abandoned' by her mother in the story (which Mia said she hadn't seen in this way before)... Having talked of the possibility of 'maternal counter-transference', I actually want now to just remove the psychotherapeutic labelling and open up to the language/concept

of ‘compassion’; of simply feeling ‘the response of an open heart’ to a very moving story of trauma and neglect and terror and aloneness; of being a ‘loving, open, totally accepting presence’ with another human in their distress - in this case ‘the other’ is Mia.”

(Barbara’s reflexive notes post-interview 10 August, 2011)

Barbara and Linda Reflect During Supervision...

After the interview, Barbara found it hard to put it away and shake off her sense of sadness. She had a sense of holding something. She turned to supervision (with Linda) to process the encounter. Barbara started by acknowledging that beyond the lingering sadness, she felt shame in her body. She recognised a sense of agitation around “not doing the interview right” and fearing she might “let Mia down”. Probing this, Linda suggested she might be feeling some parallel process of Mia’s shame.

Together we (Linda and Barbara) also wondered if, in the “maternal counter-transference”, Barbara may be connecting with Mia’s *mother*. We queried whether Barbara might be experiencing some projective identification and be “holding” something for Mia or her mother. With these tentative explorations and insights, Barbara felt a shift of something, an easing. She felt freed to follow her intuition.

Going with the flow, Barbara fell into an intriguing reverie where she somehow felt very aware of the “presence” of Mia’s mother in the room. Barbara slowly spoke the following out loud, pausing as she felt herself tuning in to each new phrase, while Linda, appreciating something potentially transformative was taking place, took verbatim notes:

Barbara: “I have a sense of connection and identification with her. She is not a ‘detached, uncaring, uninvolved mother. She is sad. She didn’t know how to be a mum. She wants forgiveness. She was too scared. My sense of her is her young lost self and how she didn’t know how to deal with her relationships and how to deal with being a mother. There is something about her carrying this long enough. I think she feels sorry.”

While we accepted that Barbara was going along with an unusual but creative process that felt very powerful and intuitive, we started

to question the significance of our focussing on Mia's mother. Were we perhaps paralleling Mia's experience of having to attend to her mother's needs before her own? Might Barbara's focus on Mia's mother repeat Mia's history of not being seen and being abandoned?

Linda suddenly then seemed to get a flash of insight into the words that Barbara had spoken for Mia's *mother*. She was moved to read the words out loud once again. But, *this* time, she suggested, they should try to imagine the words as relating to the *fifteen year old Mia*. It proved a powerful moment. We felt the theme of compassion and forgiveness was figural for both Mia and her mother.

Exploring these themes subsequently helped us connect with the profound guilt and horror that lurked within Mia's somewhat detached account of her trauma. We recognised, and valued, some of the coping mechanisms Mia had developed which had led her to deny, reflect and dissociate. Even so, the ambivalence she expressed verbally and bodily was almost palpable leading us to articulate the 'Feeling Torn' theme.

Barbara and Linda Reflect Further...

The post-interview e-mail communication from Mia led us (Linda and Barbara) to reflect further on the significance of Mia's relationships, particularly with her mother. In an e-mail following the interview, Mia shared some newly emergent memories which the interview had triggered. She re-membered how prior to the surgery, Mia's mother had advised her to "drink lots of gin while having a warm bath". Her mother also took her to a gym to have hot saunas and to be pummelled by hot jet massages. For Mia the memory represented evidence of her mother's caring and attention which she "quite enjoyed".

We were impacted by Mia seeing this somewhat aggressive attention as evidence of her mother's caring. We had already been struck by how Mia seemed to have little awareness of her mother's neglectful, abandoning behaviour. We saw, for example, how Mia took for granted the way her mother returned to bed after her miscarriage and left Mia to cope alone. It seemed Mia did not feel entitled to anything more. And curiously, Mia's safety and health seemed neglected by everyone on that evening (boyfriend and friends). We wondered whether in her shame she had also pushed people away.

In a later reflexive account Barbara wrote more about Motherhood:

“As interviewer, the moments when Mia described her realisation that she had had a miscarriage, and thus had ‘given birth’ to ‘a baby’ felt very poignant, as if, with disbelief and horror, she had suddenly *woken up* to the fact that she had actually been a mother, and had somehow then been responsible for the welfare of a baby. And throughout Mia’s account, we hear of her own mother’s apparent emotional and physical distance from her. And then we hear of Mia having difficulty literally *waking* her mother up, on the night of her miscarriage. So the metaphor seems very strong. And indeed we have no evidence in Mia’s account that her mother ever really *woke up* to her daughter’s emotional, psychological and physical plight. (Barbara’s reflexive notes, August 2011)

As Kaufman (1989, p.19) has suggested, “In the midst of shame, there is an ambivalent longing for reunion with whomever shamed us”. In disclosures such as Mia somewhat enjoying her mother’s “attention”, it seemed that she may be expressing something of an ambivalent longing for the mother, who was part of the shaming. And perhaps deep in there is a longing for her mother to take some responsibility to repair the rupture. Mia’s retroflected anger (which she could not express as she needed to maintain a semblance of a connected relationship with her mother) and grief (which she could not fully acknowledge without owning her guilt) thus became figural as part of a wider mother-daughter relational trauma.

Processing these pieces led us to more deeply connect what we saw as Mia’s shame with her mother’s betrayal/abandonment. This understanding evolved into the themes of ‘Cutting Shame’ and ‘Monstrous (M)othering’.

Linda Reflects Some More...

Following supervision of Barbara by Linda, and their continuing reflexive dialogue with each other, Linda puzzles over the research process and the occasionally challenging dynamics between Barbara and herself. She attempts to relate their process to Mia’s story:

“Barbara and I seem to be spending an inordinate amount of time trying to unravel the complexities of our collaboration and division of labour. Our past scripts keep getting in the way as we

struggle with our respective research roles and try to negotiate challenging new novice researcher-supervisor boundaries which have appeared in our friendship. It is tough to hang in there and I find myself wondering how much easier it would be to work independently instead of attempting collaboration. And maybe the difficulties we're having in working with our ambiguous boundaries in part mirror something of Mia's process such as wanting to 'go it alone'?

I am aware of feeling irritated that we are focusing so much on 'mothers' and 'forgiveness'. Where is Mia and her lived experience?! And, is there some resistance in Barbara to work more directly with the horror and trauma? Or is this Barbara's own interests and preoccupations as a mother herself?

And how am I contributing? Am I disconnecting too quickly from the focus on mothers? Perhaps I am finding it hard to stay with Mia too? It's easier to analyse Barbara's responses and my supervision dilemmas in this slightly detached, objectifying way. Is there some dissociation here mirroring Mia's? Am I responding sufficiently to Barbara's current supervision needs or am I missing her? Perhaps in musing over writing this article alone I am paralleling Mia's mother's abandoning process?

How are we going to unravel all these layers and fuzzy boundaries?!! Have we taken on too much?? Can we face the horror 'within'?"

(Linda's reflexive notes September 2011)

We reflected subsequently and recognised the value of our reflexive processing to understand that abandonment was a figural relational theme in Mia's story. "It is difficult to imagine abandonment more frightful than that in which the menace of death is combined with that of crime and shame" (de Beauvoir, 1949/1997, p.507). It is not surprising that we may have been pulled into a parallel process within the research given the strength of this relational dynamic. Our methodology allowed us to consider the question of whether we were perhaps placing too much emphasis on mothers and mothering, with the concern that we might unwittingly be mirroring Mia's history whereby her own needs were super-ceded by her mother's. We also reflected on our belief that it was actually Barbara's attention to mothering, as well as her sharing

of her own thoughts and feelings with Mia about how her mother had treated her, that gave Mia a fresh relational perspective on her experience that she had “not thought of”, affirming her entitlement to support.

Conclusion and Evaluation

We have sought to contribute to the field of feminist phenomenology by engaging a feminist-inspired relational-reflexive methodology to research a significant women’s issue - abortion. The case study highlights the value of engaging interpretive, **relational-centred methodology** in researching complex phenomena. We suggest that the reflexive-relational stance implicit in our approach (within both researcher-participant and researcher-supervisor relationships) allowed for a level of exploration which might not otherwise be forthcoming. We see how, for example, Mia was facilitated to delve deeper and to unlock some retroflected responses by Barbara’s attuned relational attention both to Mia’s embodied experience and to her own. Also we see how, as researchers, we interpretively accessed deeper nuances of Mia’s story through our relationally-engaged post-interview dialogue and writing. Mia’s story reveals the **multiple, ambiguous layers of trauma** involved in her abortion experience. We hear not only of her physical trials (including the surgery and giving birth to violent haemorrhage) but also her sense of horror, guilt, grief and shame captured by our three themes of ‘Feeling Torn’, ‘Cutting Shame’ and ‘Monstrous (M)othering’. Through Mia’s story we can begin to understand her profound ambivalence – how she is torn cognitively, emotionally and ontologically. We see how she experienced her (m)other’s repeated abandonment and neglect for her safety and needs and how - in her shame - Mia hardly recognised that she was entitled to more loving care. Instead, she found a way to cope which involved disconnecting and dissociating from body, feelings and experience generally. Through both her therapy and the research process, it seems that Mia is beginning to integrate layers of damage, betrayal and abandonment which have replayed themselves: She betrayed her baby and she abandoned herself (psychically in her dissociation), just as her mother betrayed and abandoned her.

We suggest that this case study illustrates the importance of recognising the **individual** and **relational context** of a (young) woman’s abortion to gain any meaningful understanding of the degree of trauma experienced. It would be valuable also to hear other women’s

experiences too, taking seriously the point that traumatic experiences will be complexly varied and layered before jumping too quickly into labels and categories such as “post-abortion syndrome”. In Mia’s case, the traumatic miscarriage and long-term relationship with her alcoholic mother significantly contributed to the overall trauma of the experience.

In addition to exploring further idiographic accounts, it would also be valuable to critically examine the socio-cultural and discursive context underpinning the relational one. Mia’s history took place in a particular community and cultural setting (which we have not addressed), one for instance, that allowed abortions for teenagers. That the abortion took place in the 1970s suggests a time where stigma of school-age teenage pregnancy was still prominent. To what extent would Mia’s sense-making and discourse around her abortion experience be present in teenagers’ discourses today? A post-structural deconstruction of the language used would be a useful elaboration.

We believe Mia’s story offers a profound reminder of the *more* that lies behind apparently simple biographical facts such as having had an abortion. It is a reminder too of the need to avoid latching too quickly onto value-laden generalisations or assume that abortions will inevitably be “traumatic” etc. Applied to the psychotherapy field, this study highlights the value of careful, compassionate, slow phenomenological dwelling with the broader relational meaning context as a whole. If a client discloses she has had an abortion, it behoves us to explore what that means *to her* and for her world. Only then can we help the client make sense of and work through the experience.

We need to strive to understand better the different ways that trauma of abortion can be profound and enduring, impacting an individual’s felt sense of Self and way of being in the world.

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Notes

Shame involves a diminished self-concept, a sense of unloveability and worthlessness, a self-consciousness and a sense of feeling something is wrong with oneself. It's an "an inner revulsion against one's own existence" (Evans, 1994, p. 103). At times shame and

guilt are used interchangeably, but they are not the same. Guilt is more concerned with transgressions, while shame is about a perceived failure of being, such as being unworthy or unwanted. Guilty people fear punishment. Shamed people fear abandonment. Guilt says: "I did something bad." While shame says: "I am bad."

Mia's headache in the following dialogue is being interpreted as possible retroflected anger turned inward. Retroflection is a split within the Self. It involves the bodily holding back and holding in of an impulse (speech, expression of feelings, behaviour) whereby aspects of the self are resisted by the self. In retroflection, the Self does to itself what it would like to do to another; the Self is replaced for the environment. Hugging oneself when one wants to be hugged is one example. The illusion of self-sufficiency is another example of retroflection as it substitutes self for environment.

Endnotes

^[i] No claims are made here to suggest one type of abortion is more or less traumatic than another. The level of trauma involved is likely to depend on the specific circumstances and wider individual and social factors.

^[ii] Neither the American Psychological Association or the American Psychiatric Association recognize "Post-abortion Syndrome" as an actual diagnosis or condition, and it is not included in the Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR or in the ICD-10 list of psychiatric conditions. According to DSM criteria, to warrant the label of being a "post-traumatic stress disorder" the woman would have to have been exposed to a traumatic "event" and the abortion would have to be persistently re-experienced in one or more of the following ways: i. she would have to show a persistent avoidance of stimuli associated with the abortion; ii. numbing of general responsiveness, and iii. there would need to be persistent symptoms of increased arousal.

¹ Mia is a pseudonym to ensure anonymity. We have also slightly changed a few minor details of Mia's story to ensure that she cannot be identified.

² We are grateful to deYoung who in her book on *Relational Psychotherapy* talks of the therapy relationship as being "thickly populated" (2003, p.2). In subsequent writings, Finlay and Evans (2009, p.118) have used the phrase "thickly populated encounters" to refer both to how we have many selves (past, present and future including different ego states and/or subjectivities) as well as how our subjectivity is populated by our ancestral history.

³ *Parallel process* is a psychotherapeutic concept. Here various dynamics in the therapist's relationship with his or her client, and sometimes - by extension - in the client's relationships with significant others are re-enacted in the supervisor/supervisee relationship. The process can similarly emerge in the researcher-participant relationship and might be mirrored in the supervision relationship (Finlay & Evans, 2009).

⁴ The concept of flesh being evoked comes from Merleau-Ponty's (1964/1968) version of flesh as the ontological fabric or element of being in which both my body and things are given. The world and body are within one another and intertwined. "There is a reciprocal insertion and intertwining of one in the other" (p.138).