

A transpersonal approach to drama therapy techniques for embodied
grief work with women who experience loss and distress from an
abortion.

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A research report submitted to the Wits School of the Arts, Faculty of Humanities, University
of the Witwatersrand in partial fulfilment of the requirements for the degree of Master of Arts
in drama therapy by combination of coursework and research.

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Johannesburg

2024

Plagiarism declaration

I know that plagiarism is wrong. I declare that this research report is my own unaided work. It is being submitted for the degree of Master of Arts in drama therapy at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other University.



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20 May 2024

Abstract

Abortion as a lived experience is not often explored in research or therapy, particularly when women are distressed as a result of an abortion. This research addresses the scarcity of such explorations through developing and testing a workshop model based on transpersonal drama therapy in order to examine how women who are distressed after an abortion express and manage their experience, and also how women can integrate an abortion into their life story in order to find healing. The two key questions are concerned with firstly, how embodied activities can bring unconscious feelings to the surface, and secondly how narrative can work to integrate a distressing experience into a life story so that its emotional impact is managed and the individual finds ways to move forward from the traumatic event.

Chapter One is an introduction to the context, one in which women who experience a sense of loss or grief after an abortion find few places for support, healing and most importantly, for expressions of distress. The introduction touches briefly on the hyper-politicised nature of abortion as a phenomenon and how difficult it is to communicate nuance within such a polarised context. Chapter Two is a description of the theoretical framework of the transpersonal approach which also serves a literature review. The literature drawn on includes models of drama therapy, griefwork, embodied grief activities such as rituals, transpersonal philosophies which present a world where the material and the immaterial are connected and draws these theories together within an Afrocentric paradigm. Chapter Three describes the methodology and explains how the workshop was designed and its aims. Chapters Four and Five are concerned with how data was obtained and a data analysis and discussion flowing from that analysis.

The final chapter looks at findings including a deep sense of relief and healing in being offered a space to explore their personal experiences of abortion, and in the affirmation

provided by witnessing other women's stories and telling of their own; and recommendations for future research such as trying the model with a rural cohort, and extending the process in combining individual and group work in order to dive deeper into individual stories.

KEYWORDS:

Abortion, transpersonal drama therapy, embodiment, ritual, narrative, healing.

Acknowledgements

I would like to thank my supervisor Margie, through whom I am discovering drama therapy, and who has consistently, quietly and with humour gotten me to the finish line. Margie, you are my pacer. I could not have done this work without the amazing women who have allowed me to bear witness to their stories – it is your courage that has allowed this conversation to emerge. Finally, thanks to my children who graciously put up with me as I ventured back to university after a 30-year hiatus.

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Chapter 1: Introduction

Abortion has become a politicised phenomenon, with very little room for conversation between the “pro-life” and “pro-choice” lobbies. Against this backdrop, the question of whether women require support after an abortion is divisive, with the pro-choice advocates claiming that post-abortion distress is overplayed by the pro-lifers for political purposes (Csordas, 1996; *Post-Abortion Syndrome: Is It Real?*, 2020). It is indeed true that not every woman who has an abortion suffers afterwards (McCulloch, 1996; Botha, 2011). However, previous studies have shown that approximately 30% of women experience depression, anxiety or PTSD after terminating their pregnancies (Curley, 2014; Reardon, 2018). Largescale literature reviews conducted in North America support these findings, where the researchers found that a significant number of women experienced post-abortion distress (Turell, Armsworth and Gaa, 1990; Reardon, 2018). The South African body of research on abortion focuses largely on issues around access to abortion, with several explorations into the dichotomy between the legality of abortion as enshrined in our constitution and the attitudes of family, medical staff and patients to abortion “on the ground”.

Very little South African research however, explores women’s lived experience after an abortion, even though these women can potentially be affected for decades, or even for the rest of their lives, across a range of functions (Angelo, 1992; Molobela, 2017; Molefe, 2020). In South Africa, for example, a 2021 qualitative survey study of 11 women who had terminated a pregnancy in adolescence found three main themes in their narratives, namely “delayed post-traumatic growth, low body esteem and an alteration of the development of a maternal identity”(Sebola, 2021, p.4). The exact nature of the distress is complex, but previous studies point to the following as possible causes: coercion to abort (Reardon, 2018), a lack of social support (Sebola, 2021), stigma and a perceived need for secrecy (Curley, 2014), and the loss of a desired pregnancy (Reardon, 2018). In South Africa, even though abortion has been legal since 1996, it is still not widely accepted (McCulloch, 1996; Botha, 2011; Turyomumazima, 2022). Anecdotal information and some rare studies on women’s perceptions of abortion in South Africa support the notion that cultural factors, stigma and fear produce a silencing effect so that women struggle to find anyone or any place to explore, process and express their negative feelings after an elective abortion (Botha, 2011; Molobela, 2017; Sebola, 2021; Turyomumazima, 2022) often because “questions of whom or what is deemed ‘grievable’ in any society is both discursively framed and inherently political” (Maddrell, 2016, p. 171). The deliberate nature of the act can potentially cause emotional paralysis (stuckness) due to a complicated grief process in women who make this choice, with the ambivalence of their feelings, namely a mixture of relief and regret, causing psychic distress (Angelo, 1992; Grauerholz *et al.*, 2021). What causes a “stuckness”, that is, an inability to heal and integrate, after an abortion for some women is

that they perceive the aborted foetus as a separate person whom they have lost. Reardon calls the inability to heal the result of "...termination of a wanted or meaningful pregnancy..." (Reardon, 2018, p. 5) and Pulitzer prize-winning poet Gwendolyn Brooks calls the aborted fetuses "the children you got but you did not get" (*The mother* by Gwendolyn Brooks | Poetry Foundation, 1963). In Botha's (2011) study, one woman describes the feelings as "very very hard. It was a very sad, very, very sad thing. The thought of not having had this child, there was a lot of sadness around that ... there's this sadness that won't go away, it will always be there ... because there was a huge loss with that" (Botha, 2011, p. 85). As many women who have abortions still experience a sense of shame and stigma, they are unable to talk to those closest to them about the abortion experience (McCulloch, 1996; Botha, 2011; Sebola, 2021). For such women, abortion is a lonely, silent experience, which could have a detrimental effect on their mental health.

The latter situation is compounded by the fact that the COVID 19 lockdown led to the closure of many doctor's rooms and thus limited access to clinical spaces. Consequently, at-home abortions have risen significantly, in some countries as high as by 139% (Aiken *et al.*, 2021). This trend has been further advanced by the rise in the availability of at-home abortion pills. The increase in at-home abortion pill sales implies that a growing number of women are performing abortions on their own, without medical support and, all too often, without social support or any form of counselling. I have personally heard graphic descriptions from women who have used the at-home abortion pill and went through the process alone. The women I heard from all could see identifiable features in the expulsion of tissue, causing further distress. What is most disturbing then is that all these women had to decide what to do with the foetal tissue which in many cases had the beginnings of limbs and other human features. Flushing the toilet was the option most used with intense feelings of guilt and terror accompanying this act. In a clinic, the woman doesn't see or deal with the expulsion from a termination process. At home, alone, she has no choice but to see, touch and dispose of the tissue while dealing with intense physical pain from cramping in addition to the emotional distress. All the women I spoke to about this process did not share this experience with anyone else, until they found a group of women who had similar experiences.

Judging by the dearth of counselling and support programmes available in South Africa, specifically for post-abortive women, and by the expressions of emotional pain and guilt as seen on websites where women gather to share their stories (*My post-abortion trauma*, 2015; *When post-abortion emotions need unpacking*, 2018; *Are You Grieving After an Abortion?*, 2021; *27 Abortion Poems | Healing Poetry About Abortion*, 2022), this growing number of women are in dire need of support. However, while there are support groups for people who have lost children, spouses, loved ones and babies through miscarriage or stillbirth, there appear to be few programmes that work specifically with women in distress because of abortion. This is likely due to the fact that the deliberate intention

to abort makes abortion different to other forms of unexpected loss (Angelo, 1992; Grauerholz *et al.*, 2021). A woman who has chosen to abort may feel unworthy of support because of the intentionality of the act. The political nature of abortion may also prevent individuals and organisations from advertising support groups for fear of interpretation of abortion support as an “anti-choice” measure. A woman in distress after an abortion therefore has very few avenues of relief (Angelo, 1992; Molobela, 2017; Sebola, 2021). In South Africa, the few publicly-available healing services offered to women who have had abortions are provided predominantly by Christian organisations (‘Living in Colour, South Africa | Post Abortion Help and Healing’, no date; *Rachel’s Vineyard*, no date), which might alienate women who are not Christian. I therefore identified a gap for designing and exploring a model of griefwork that facilitates transformative growth and healing following the termination of a pregnancy that caters for women of all religions.

In South Africa, women find few opportunities to talk about their abortion experiences (McCulloch, 1996; Botha, 2011; Sebola, 2021) and there are currently no socially sanctioned rituals of healing after an abortion, as there is a stigma surrounding the phenomenon (Mokwena and Van Wyk, 2013; Molobela, 2017; *Throughout South Africa, there is very little support for abortion among health workers*, no date). In my own experience, it seemed impossible to discuss my abortion with friends who had not ever aborted; and the awkwardness of people’s reactions to the topic made me feel humiliated. Pity and an over-eagerness to reassure me that I did nothing wrong was even worse, as deep down I felt strongly that something WAS wrong. Something had to be unearthed, explored and forgiven. At the time, I was studying psychology as mature student in my fifties, and I encountered something termed “transpersonal psychology”. In the journal of Black Psychology, Professor Linda Myers, in her search for what she called “optimal psychology” describes Transpersonal Psychology as a method that “...seeks to expand the field of psychological inquiry to include the study of optimal psychological health and well-being” (Myers, 1985, p. 31). Working as an Afrocentric academic, Myers goes on to state something unusual, and exciting, in the study of psychology: ‘The potential for exploring a broad range of states of consciousness is recognized, allowing identity to extend beyond the usual limits of ego and personality’ (Myers, 1985, p. 31). She goes on to explain how this approach holds that an individual’s belief system, whether conscious or unconscious, acts as an “organiser of experience” in an almost self-fulfilling way. I could immediately see how Transpersonal psychology naturally sits with narrative therapy, where people are seen as narrators of their lives, organising their experiences into stories, in which they variously play a range of roles (Gonçalves, Matos and Santos, 2009). Distress or dysfunction can occur when the range of roles shrinks, and a client finds themselves only playing out a single story. In his drama therapy work in role therapy, Robert Landy explains how psychological well-being is linked to the number and diversity of roles a person has internalised and enacts (P. R. J. Landy, 1992; R. J. Landy, 1992). The reasons people

abandon previously held roles are many, but trauma is a key factor in role diminishing (R. J. Landy, 1992; Dayton, 1997).

I began to be inspired by the notion that a transpersonal approach to drama therapy, could assist people in distress by attending to the effects of a traumatic experience, in the case of this study, an abortion.

Saphira Linden, mother of Omega Transpersonal drama therapy, talks of people possessing a “higher wisdom of self” (Linden, 2009, p. 211). This “mountaintop perspective” of self and the world becomes obscured through the events we experience during a lifetime. She determined that “developing methods of accessing and identifying the parts of ones being that have the answers, that know what is best, and that can offer specific advice to the part of me that is in emotional turmoil” (Linden, 2009, pp. 211–212) is immensely therapeutic. Drama therapy processes that expand consciousness to include a multi-dimensional viewpoint, can allow clients to access this higher sense of self, and in doing so, allow for a stronger sense of self, agency and role expansion.

The unresolved trauma we accumulate over our lives can block our access to the truth of who we really are (Linden, 2009). I wanted to design a therapeutic space in which women can explore and express complicated feelings about their abortion that is group oriented, non-judgemental, multi-cultural and not aligned to any specific religion. Because drama therapy is essentially an embodied practice which allows for flow between the group and individual, adapting to multi-cultural contexts, I felt confident it was an appropriate choice to work with this specific population. My next step was to look at existing literature and research on the topic to try and find a theoretical framework that works with drama therapy principles within which I could start work.

Working through grief is an area of focus among practitioners of the healing expressive arts, (Gonick and Gold, 1991; Nwoye and Nwoye, 2012) of which drama therapy is one. Studies into the effects of arts therapies on bereavement show that the creative embodied expression of emotion and experiences after a loss can be healing (Weiskittle and Gramling, 2018; Brinkmann *et al.*, 2019). Drama therapy is premised on theories from psychology, education, the expressive arts and theatre practices, which have been blended into models to facilitate healing using what drama therapist Saphira Linden calls “multi-dimensional expression” (Linden, 2009, p. 205). Of particular interest to the proposed study is the transpersonal drama therapy approach developed by Pam Lewis and Saphira Linden (Linden, 2009). Transpersonal psychology is a relatively new approach that arose out of a need for a more diverse, multi-cultural attitude to clients (Myers, 1985) and has been defined as seeking to “expand the field of psychological inquiry to include the study of optimal psychological health and well-being. The potential for experiencing a broad range of states of consciousness is recognised, allowing

identity to extend beyond the usual limits of ego and personality” (Myers, 1985, p. 31). The idea of identity seemed important to me, as my abortion had impacted my sense of self in a way I could not articulate. My hope is that my research can be used by drama therapists to assist women to overcome their grief and related psychological distress following termination of pregnancy. This will help to fill a practical gap in light of the fact that no such programme is currently offered in South Africa. My aim was to explore whether drama therapy-informed embodied rituals can provide an opportunity for self-growth, leading to peace and healing (integration) in women who are suffering following an abortion. As a way to frame the therapeutic process, and bearing in mind my interests in sense of self and identity I hinged the structure of the workshop on two main questions:

- How do women who perceive their abortions as a cause of distress express and manage this experience?
- How can embodied drama therapy techniques help integrate a negative experience of an abortion into a life story?

My findings were firstly, that creating a space for, and explicitly talking about abortion provided a sense of relief for women who felt that they had no right to talk about their abortions. The very idea that such a process existed, restored a sense of dignity to people who had internalised a sense of shame, and for some, lived with a growing sense of anger and resentment at the system (circumstances and people) that had silenced them. Participants were excited and amazed that the tertiary institution had allowed me to approach people to engage around abortion. I found this corresponded to my own research journey process, where both staff and fellow students were either amazed, shocked or in some way thought me brave to address this issue. This reaction from educated, urban, predominantly female colleagues and friends, reinforced my determination to continue with this research. Again and again, I was struck by how abortion is only discussed as a political issue and how people’s lived experience of abortion is somehow unacceptable. I was emboldened to continue this research by some key reactions, initially from an external examiner who spontaneously reacted to my proposal idea with anecdotes of people she knew who in their sixties and had suffered for decades because of the silencing of their abortion experience; and the swiftness with which the ethics committee approved my application. This combination of the stories women carry within them based around their abortion experience and the acknowledgement that researching this phenomenon was academically acceptable and needed, was most welcome. Linked to this finding was the isolation many participants felt when a sister, friend or women on social media expressed a different experience of their abortion, somewhat invalidating their own experiences.

My second finding was that the choice to abort has no bearing on how distressed a woman may feel afterwards. All the participants said that they did not regret the choice at all, but all of them felt that the action had somehow damaged them. In most cases, it was some other dysfunction or damaging

relationship that had led to the choice to abort. It made sense then that each woman expressed her distress from an abortion differently: one participant could not get past anger at her former partner, one participant felt that God was punishing her through a series of miscarriages subsequent to her abortion, one participant was depressed and unable to establish meaningful romantic relationships and one was numb and detached from herself. A further finding was that sharing one's own experience and listening to someone else's was powerfully therapeutic and a final finding was that creative forms of therapy are highly effective, and even preferable to talk therapy to women suffering distress or grief from an abortion. And finally, there is a strong sense of metaphysical uncertainty resulting in a pervasive sense of confusion. None of the participants felt clear about what they believed about the nature and purpose of human life or what happens after death. Living in a society which tries to hold both African Traditional cultural practices alongside Western science and with access to global religions means that participants had a vast knowledge of belief systems and traditions (from cleansing ceremonies to tarot cards) but had no firm idea of what each of them believed in. Linked to this finding was that cultural embodied rituals which were enacted by half the participants, had no therapeutic effect at all whereas drama therapy embodied rituals were perceived as beneficial. Creative, symbolic and imaginative processes were found to be useful. The overall result was that an embodied workshop model that aims to address feelings of distress after an abortion, that uses drama therapy informed techniques and works within a transpersonal framework, is brief, effective and acceptable. The theoretical framework will show how these findings fit into transpersonal work with grief using a drama therapy informed approach. For the purposes of this research, I am equating the kind of grief or distress experienced by women after an abortion as complicated grief resulting from trauma.

Chapter 2: Literature review as theoretical framework

In the transpersonal paradigm, the world is viewed as consisting of interconnected sentient beings, where life and death are dual (not opposing) concepts and where the essential core self of every living person can communicate with the dead (Myers, 1985; Lewis, 2005). As Linden describes it, the transpersonal approach thus facilitates an exploration of a person's inner reality within "a consciousness of a larger reality beyond our immediate selves" (Linden, 2009, p. 212). Another assumption that underpins this approach is that everyone has a core, or essential "self", that is unaffected by life's traumatic events, and which can be accessed through embodied healing processes such as breathwork, sound, performance, roleplay and role reversal. The therapeutic aim is to enable the sense of self to be transformed from what Linden calls the "history-bound" identity, shackled by the complex feelings of any lived trauma, to a broader, larger and more connected "essential self" which is untouched by traumatic effects, and can bring about peace and healing within an individual (Linden, 2009, p. 212).

Linden describes her transpersonal drama therapy approach as a process using several techniques to facilitate embodied work in a safe contained space in which a person can be released from their "limited history-based sense of self to an experience of their essential soul self" (Linden, 2009, p. 228). The word "experience" is key to this form of therapy. Experiencing something implies that one is immersed in it, body, mind and spirit. If trauma is located in the body, as Bessel van der Kolk explains in his seminal work "The Body Keeps The Score" (Van der Kolk, 2015), drama therapy techniques such as breathwork and sound work, body mapping, and embodying archetypes from ancient drama can access and potentially transform the embodied trauma to embodied healing. The traumatic memories replayed in the mind can be externalised, explored, and ultimately managed and integrated through narrative work (Carr, 1998; Ncube, 2010), roleplay and role reversal techniques (Moreno, 1987; R. J. Landy, 1992; Kellermann, 1994). And the spirit, the core essence of self in the transpersonal paradigm is nurtured and given expression through symbolism, ritual and connecting to others and the greater universe in a group setting (Garrick, 1994; Sas and Coman, 2016; "Mizuko": Visual Exploration of the Grief & Search for Healing in Mizuko Kuyo, a Ritual for Unborn Children', 2020).

In this way, the disrupted relationships between the agent of disruption and the rest of existence brought about by trauma or violence can be restored (Lewis, 2005; Hartelius, Caplan and Rardin, 2007). As Linden explains, the experiential process is facilitated by the therapist acting variously as "healer, artist, educator and shaman, or spirit guide" (Linden, 2009, p. 214) and allows a person to find their own healing, using their own understanding of themselves and the world.

The reason for which the transpersonal approach might be appropriate for post-abortion drama therapy is that, medically, an abortion disrupts a process of life formation and, psychologically, it can be said that abortion brings “a sense of disruption to women’s lives in terms of their bodies, their emotional states, their images of who they were and how they function in a relationship” (Botha, 2011, p. 142). Botha notes that “this sense of disruption appears to be present irrespective of whether the emotional outcome is perceived as positive or negative” (Botha, 2011, p. 142). The aim of transpersonal drama therapy is to heal such disrupted relationships. Embodied drama therapy approaches of healing, with the potential of bringing a woman back into a healthy relationship with others, self and the universe as a whole, might be salient when there is acknowledgment of the fact that abortion is an embodied act.

The transpersonal approach might be appropriate for the South African context in particular as it is consonant with the traditional African worldview. African cosmology places humans within a hierarchy of connected beings (Myers, 1985; Kanu, 2013; Karangi, 2019) from a Supreme Being to higher order spirits, ancestors, living humans and then spirits located in nature – animals and plants “everything interrelated in an undivided universe”(Edwards, 2014, p. 1). In this worldview, all life has sentience, and this includes a foetus. Myers talks of this concept of the “extended self ... (which) includes all of the ancestors, the yet unborn, all of nature and the entire community”(Myers, 1985, p. 35). If this “yet unborn” person is part of the “extended self” and is therefore meaningful to a woman, it is understandable that an abortion could cause her distress and problems moving on in life.

Of particular interest is the use of ritual in transpersonal drama therapy. Aborted foetuses in South Africa are not buried according to traditional burial rituals (Martin *et al.*, 2013; M.D, 2022). In fact, at present, the only culture that utilises socially-sanctioned healing rituals after abortion is the Japanese (*Mizuko Kuyo: Grieving for the Stillborn*, 2016; “‘Mizuko’: Visual Exploration of the Grief & Search for Healing in Mizuko Kuyo, a Ritual for Unborn Children”, 2020). The Mizuko Kuyo is a series of rituals involving prayers, offerings, decorating a symbol of the aborted child and, finally, installing the doll in one of many public memorial gardens, to be visited by the whole family (LaFleur, 1994). Transpersonal embodied rituals, much like those used in the Mizuko Kuyo, which evoke personhood such as those of naming, externalising and memorialising a person (LaFleur, 1994) could provide integration of the abortion experience because it leads the client through the steps of acknowledging and expressing sorrow to the missing child (LaFleur, 1994) in a tangible way.

This study was located in the transpersonal paradigm, for the reasons provided above. Moreover, because this study was conducted in South Africa, where the majority of women are African, it is necessary to view the abortion experience from an African perspective (Kanu, 2013; Ekore and Lanre-Abass, 2016; Karangi, 2019). Thus, Afrocentric worldview as expressed in transpersonal theory serves as the framework for my research. African cosmology can be considered compatible with the

transpersonal worldview, in which the whole is seen to be greater than the sum of its separate parts and the inter-connectedness of all sentient things is acknowledged and valued. “The sacredness of life”, says Linden, “is about realizing our essential connection to all of life’s creation”(Linden, 2009, p. 208). The aim of adopting a transpersonal approach to drama therapy is to release a person from “history-bound” trauma (Linden, 2009, p. 232) to release the essential core self, which is healthy, creative and generative, and to enable the woman re-story her personal narrative “into new stories that offer perspectives for healing” (Linden, 2009, p. 210). The detailed underpinnings of this theoretical framework are enumerated in the following sections.

The transpersonal Afrocentric paradigm

In her work on transpersonal theory in the late 20th century, Myers noted the close alignment of African cosmology and the transpersonal paradigm. She asserted that “the unity and integration of knowledge that we seek in the transpersonal paradigm has a framework (that is) already existent in the African worldview” (Myers, 1985, pp. 33–34). Reality, in transpersonal theory, is “shaped by an underlying system of beliefs ... that serve as ... self-prophetic organisers of experience” (Myers, 1985, p. 31). This implies that the lived experiences of abortion can differ hugely across cultures. In African cosmology, a person is a person through other people (Kanu, 2013; Mucina, 2013; Karangi, 2019), implying that a person is “not just an individual person, but one born into a community whose survival and purpose is linked with that of others” (Kanu, 2013, p. 551). There is a more extensive body of work exploring African Cosmology which is out of the scope of this study.

For the perceived disruption of abortion to be integrated into a life story, the foetus can be acknowledged as a potential person in the narrative (Nwoye and Nwoye, 2012; Molefe, 2020). Through invoking and restoring this relationship in an embodied, symbolic and dramatic form, women can potentially find healing, self-forgiveness and integration. This is exactly how the Japanese developed the Mizuko Kuyo rituals, considering the Buddhist principles of protecting all forms of life. The resulting rituals, prayers and invoking of the aborted child represent an example of how a culture can incorporate new phenomena into ancient worldviews (LaFleur, 1994). Forgiveness is a central concept of the transpersonal approach (Lewis, 2005) and healing is found when there can be a moment of reconciliation and communication between the “guilty” and the “injured” parties. According to transpersonal theory, this is done by establishing the personhood of the other as a separate entity to oneself and then communicating forgiveness both ways (Lewis, 2005).

Transpersonal drama therapy

Narrative re-storying and role expansion are both core principles of drama therapy (R. J. Landy, 1992; Jones, 2007) that are used in the transpersonal drama therapy approach developed by Saphira Linden

and Pam Lewis. Designed and nurtured over three decades through their Omega Theatre work, transpersonal drama therapy is premised on the assumption that each individual has a core of health, wellness, peace and connectedness within, and that life events such as abuse or trauma can block the person from their own inner healthy self (Linden, 2009). Using techniques such as symbolic archetypes defined by Jung, psychodrama conversations between the living and deceased that require roleplay and role reversal, storytelling, breathwork and sound healing, the transpersonal approach helps people to move from the problems defining their identities, through transformation, to new narratives that describe new possibilities for being (Linden, 2009). Embodied work such as breathwork, sound baths and body mapping help the participants to locate the distressing events in their lives in the body, thereby providing a way to control and transform them. Narrative therapy techniques of externalising problems, personifying, and talking to problematic beliefs and making them works of art, are used in transpersonal drama therapy to provide new life stories. Linden's approach calls for the therapist to move between the roles of "healer, artist, educator and shaman" (Linden, 2009, p. 214). In considering the drama therapist as a shaman, Dr Susana Pendzik offers a definition of drama therapy that constitutes a useful approach to the proposed research. She calls it "the intentional use of the dramatic medium for the purposes of healing, integration and growth" (Pendzik, 1988, p. 82). Pendzik posits that shamanism is a pre-historic practice out of which theatre itself was born and is therefore an intrinsic part of drama. The power of shamanistic ritual is that it opens up a space for a person to experience reality and unreality, "not me" and "not not me". This disassociation – or distance - can facilitate transformation, or re-story a distressing narrative (Pendzik, 1988; Sajjani and Johnson, 2014; Jones, 2015). The potential for dramatic expression to explore these metaphysical conditions becomes evident.

Griefwork therapies

Just as women experience abortion in varying ways, so grief is also not a "one size fits all" process (Maddrell, 2016). Grief theory is extensively researched in other studies, and has essentially developed over the decades from Elisabeth Kubler-Ross' linear arrangement of the stages of grief, to dual simultaneous process models (where grief is described as a process moving between two nodes) through concepts focusing on emotional coping mechanisms (loss orientation) or solution-oriented models which focus on problem solving (Hamilton, 2016). Grief theory further developed to look at post grief resilience theories which explore post traumatic growth (Hall, 2014). For the purposes of this study I have located grief around an abortion within the concept of "complicated grief" which brings together the psychological state of the client at the time of a traumatic event or loss, number and intensity of earlier adverse life experiences, current support systems and previous experiences of bereavement and the coping thereof (Hamilton, 2016; Nakajima, 2018) and continuing bonds theory,

which further extends grief therapy into the exploration of connections between the bereaved and source of the bereavement (Klass, Silverman and Nickman, 1996).

Grief should thus be approached as a non-linear, context-based experience, rather than as a linear set of steps to be processed until acceptance occurs (Klass, Silverman and Nickman, 1996; Maddrell, 2016). Avril Maddrell (2016) highlights the spatial dimensions of grief. She asserts that any individual's grief can be mapped in the physical spaces of everyday life, "embodied-psychological spaces" (Maddrell, 2016, p. 166) and digital and other communal spaces. This mapping reflects processes of "bereavement, mourning and remembrance" (Maddrell, 2016, p. 166). This physical notion of grief is the basis of using embodied work to express it through ritual and performance. In his chapter "A healing ritual in grief using drama therapy" Vincent Dupolos describes how embodied work can resolve forms of grief by addressing 'what could never have happened' (Dupolos, 2015, p. 323). It is in the exploration of what didn't happen that drama therapy and grief work co-incide. Drama therapy allows for stepping into the un-lived; playing out the un-experienced parts of grief. Enacting the 'what didn't happen'. In creating a ritual of grief that contains elements of reality, the client can exercise some kind of emotional catharsis or control over the events surrounding a loss. By ritualizing what was denied a grieving person, they can express the fullness of the loss. This chapter defines the spark that ignites the creative spirit in dealing with grief through drama by exploring alternative scenarios (Dupolos, 2015). Essential to these rituals are elements found in drama therapy such as symbols, created objects and imagined scenarios which are enacted towards a conclusion or integration.

The narrative approach to griefwork

A narrative approach to griefwork enables the client to integrate the disruptive experience into a life story in a way that opens up new ways of being in the future. Nwoye calls this "re-anchoring" (Nwoye, 2005; Nwoye and Nwoye, 2012), which begins with memory healing. "Memory healing (is the) part of the solution to the grief work ... (that) involve(s) some attempt to bring healing to bear on the principal components of the autobiographical memory of the client, which is often grossly unsettled in circumstances of traumatic bereavement" (Nwoye and Nwoye, 2012, p. 140).

An element of a sense of culpability in an abortion tends to complicate the grieving experience (Angelo, 1992; Curley, 2014). Psychologist Robert Neimeyer (2011) posits that "sense-making and benefit-finding" are vital processes in order for someone to recover from pathological grief (Robert A. Neimeyer, 2011, p. 332). Meaning making, he suggests, is how humans recover from tragedy or loss. This process occurs naturally as we live our lives by the way we continually construct our personal narrative (Robert A. Neimeyer, 2011, p. 333). "Stuckness" occurs when that narrative no longer makes sense to the individual and intervention is needed (Grauerholz *et al.*, 2021). Using concepts

familiar to drama therapy, Nwoye works with narrative to help the bereaved (Nwoye and Nwoye, 2012) through re-framing personal stories.

Ritual and griefwork

A key embodied practice linking loss and drama therapy is ritual. Ritual is a strong means of expressing grief, as well as incorporating the individual's grief into a broader, communal system of belief (Garrick, 1994; Sas and Coman, 2016, 2016; Wojtkowiak, Lind and Smid, 2021). Ritual is expressed in one of two ways: as a ceremonial, socially embodied practice or as a performative process (Garrick, 1994). In the African context, ritual relating to death is important. The African indigenous perception of an unnatural death includes the failure to bury a deceased person appropriately, potentially resulting in a "wandering spirit" (Ekore and Lanre-Abass, 2016, p. 3) or "misfortune" (Sebola, 2021, p. 1), which is similar to the Taiwanese concept of "the haunting foetus" (Moskowitz, 2001). Airoboman and Ukaga (2018) note the central focus of causality in African traditional medicine is when a sufferer asks, "Why me and not someone else?" This sense of personal responsibility for one's situation indicates the patient's need to perform rituals which "appease or appeal to the benevolent forces ... or seek their help" (Airoboman and Ukaga, 2018, p. 108).

Ceremonial funerary rituals used to prepare the body, commemorate the person and then dispose of the body, although varying across cultures in their form, are widely accepted to be necessary processes for integrating the death of a loved one into the present and future narratives of those who remain behind (Garrick, 1994; Martin *et al.*, 2013; Van der Geest, 2013; Wojtkowiak, Lind and Smid, 2021). Thus, as Garrick argues, using such a ritual in drama therapy is similarly "intended or is expected to have, transformative consequences that extend beyond the time, place and frame of the performance" (Garrick, 1994, p. 89). These rituals change the relationship between the living and the deceased. The transpersonal drama therapist, when facilitating rituals, can be understood to be taking on the role of shaman, or spiritual guide (Pendzik, 1988; Linden, 2009).

Group work, community and witnessing.

The therapeutic power of witnessing as part of groupwork is one of the core principles of drama therapy (Jones, 2015), confirming that, as human beings, we seek a sense of belonging and acceptance by other human beings. Drama therapy explores the many ways we interact with one another. The conflicts, the loves, the indifferences, the judgments, the mischievousness, the joy of human interactions are all part of the stories we use to make meaning of our lives (Pendzik, 2006). We make meaning of ourselves through the responses and relationships of other people. Addicts, the anxious and depressed, and family members of people with various disorders, have long known the power of peer groups (Abuhegazy, 2017; McLea and Mayers, 2017). Healing is therefore found not only

through the individual's work, but through the witness and acceptance of the group (Garrick, 1994). An African funeral for example, is a community event, not a private one, underscoring the importance of a wider, collective shared experience of ritual (Van der Geest, 2013). At a funeral, the community (whatever it looks like) in an expression of transpersonal belief, bears witness to the loss, consoles the bereaved, honours the dead and, through power of sheer physical presence, commits to holding the bereaved until grieving is over (Nwoye, 2005; McLea and Mayers, 2017; Wojtkowiak, Lind and Smid, 2021).

The study aimed to explore how, within a transpersonal framework, drama therapy-informed embodied activities can provide an opportunity for self-growth, leading to peace and healing (integration) for women who are suffering following an abortion. In light of this aim, the following objectives were formulated; firstly, to ascertain whether women who perceive their abortions as a cause of distress can express and manage this experience through a transpersonal drama therapy process, and secondly to determine whether and how embodied drama therapy techniques can help integrate a negative post-abortion experience into an integrated life story.

Chapter 3: Methodology

This study explored a transpersonal approach to drama therapy techniques for embodied grief work with women who experience loss and distress from an abortion, with a focus on how women who perceive their abortions as a cause of distress express and manage this experience, and an aim of trying to identify how embodied drama therapy techniques help integrate a negative experience of an abortion into a life story. The assumptions I began with when developing the methodology were that a) embodied activities would allow for a more spontaneous, perhaps revelatory expression of the distress experienced by participants, and b) by sharing their personal stories with, and listening to the stories of other women in a group setting, participants would be able to make negative emotions after an abortion more manageable.

Inclusion of researchers subjectivity

I chose a qualitative approach based on Interpretative Phenomenological Analysis (IPA). Qualitative research works well with drama therapy because it allows for researchers to apply and test their own “interpersonal and subjectivity skills to their research exploratory process” (Alase, 2017). Having experienced an abortion as a student in my twenties, I lived through almost three decades of post-traumatic stress which profoundly, and also unconsciously, shaped my interpersonal relationships and sense of self negatively. I only know this because after I participated in a weekend long embodied healing workshop for post abortive women, I deeply felt and intellectually KNEW the profound sense of relief and peace that has since allowed me to re-discover my true self, acknowledged my true worth and claim my space in the world. I never felt safe enough to discuss my abortion in talk therapy, I never disclosed it to anyone, and I understood that talking about it was not an effective way to express the experience. It was only when I began studying psychology in my late forties and then drama therapy in my Fifties, that I realised the deeply freeing effects of non-verbal therapies. Rituals, processes, creative expression, all serve a purpose in allowing someone to communicate something uncommunicable; to grieve the “ungrieveable” and to re-connect deeply with a higher, bright and healing sense of self that has been buried under payers of shame, self-loathing, fear of rejection, isolation or defences. I knew that as a researcher, I was also emotionally bound to the issue and that I would need to apply a process that allowed for researcher input and interpretation. Alase describes IPA as potentially advantageous “because of the bonding relationship that the approach allows for the researchers to develop with their research participants” (Alase, 2017, p. 9). I was not sure how many participants I would be able to find who were ready and willing to commit to sharing their abortion experience in a drama therapy process, and so I knew I would need a methodology that was participant-focused and that mined a single phenomenon with deep, rich data from a few participants, as opposed to a method requiring a large and wide-ranging diverse sample. Phenomenological

research, according to Alase, is also seen as being, at its centre, concerned about the psychological wellbeing of participants. While drama therapy, a relatively new discipline, has not yet been fully accepted within the health sciences as a valid psychological approach, it is steadily growing in reputation. I can only hope that this small effort of mine will contribute to the evidence base of its psychological validity. IPA explores the meanings people make of the phenomenon under research, and this approach fits well with drama therapy techniques, as these are drawn from theatre concepts of role and story making. Story and role have long been accepted as the units' human beings use to make meaning out of their lived experiences through narratives. We have stories because we describe our lives in stories. And the therapeutic power of stories is that most stories are built around moments of transformation. A character changes during the course of a story. When designing my method, I knew I wanted a process that allowed participants to change something about their personal life stories.

Healing in sharing of common experiences

Finally, I wanted a method that promoted the healing power of witnessing. There is evidence that sharing previously uncommunicated, traumatic aspects of one's life as a narrative provides relief in that the organising of the experience into a story makes the emotional effects of that trauma manageable (Gonçalves, Matos and Santos, 2009; Ncube, 2010; Nwoye and Nwoye, 2012). In an article about the importance of understanding patient's narrative for mental health nurses, Joanne Hall and Jill Powell state "Asking "what is your story?" will provide more knowledge about a person than asking "How are you"?" (Hall and Powell, 2011). In discussing how transformation can occur through the creation of "new narratives" within psychotherapy, Gonsalves et al talk of the danger of the "single voice story", a condition where a person cannot see beyond a state of depression or stuckness (Gonçalves, Matos and Santos, 2009, p. 3). In a similar way, hearing, or bearing witness to, other people's stories within a group setting can transform perceptions of a lived experience through validation (Garrick, 1994). Sexual trauma, substance use, and other "shameful" events can be released by the power of hearing that you are not the only person to go through this. And so, I chose a group setting for my study. Group work is appropriate for this research because of the therapeutic effect of witnessing and connectedness. A group of women who all understand what the others are dealing with is a powerful way to address shame and the secrecy that keeps women silent (Botha, 2011). Peer support groups have proved highly successful in removing stigma, allowing open expression and strengthening a sense of self-worth in people who have been hiding behaviours or events in their lives as evidenced by the 12-step programme developed for Alcoholics Anonymous (Frakt and Carroll, 2020). The power of the group lies in the shared lived experience, and so everyone in the research process would be a woman who had experienced an abortion. I know some healing events include men whose partners aborted, or parents of women who aborted, but for my purposes I wanted women

with a shared experience to sit together in a room and feel connected, supported and ultimately, changed.

Safety and protection of participants

For ethics clearance to be provided I developed a distress protocol (Appendix A) which described the steps that would be taken should anyone become overwhelmed or feel unsafe. A clinical psychologist made her services available for a limited number of free sessions should anyone require more support post workshop.

I chose purposive sampling to identify participants. The aim of this research was very specific and limited to a particular population, namely women who have had abortions, and who perceive their abortion as a source of some distress. The call for participants deliberately used the umbrella term distress, as opposed to loss or grief, in order to appeal to women who could not quite identify the feelings of unease or sadness or anger that have accumulated after an abortion and do not seem to pass. Purposive sampling is crucial to the therapeutic effect of witnessing, as well as the most ethical choice for this study. By bringing together individuals (participants and researcher) who have all experienced a similar experience and all claim to be suffering as a result of that experience, the group already provides a strong sense of safety and non-judgementalism.

I created a Gmail address healingworkshopwits@gmail.com and set up forms to be sent and received from that email address. After obtaining ethical clearance and developing the requisite participant information sheet and consent forms, I sent out an email call for participants through the University of the Witwatersrand's database. Because of the vulnerability of many first-year students at University, I limited the email recipients to second year and above students and staff. I received 25 responses of which 18 seemed genuine. Using the email addresses by which the participants had responded, I sent a googleform link with columns to be filled in to check selection criteria: these were:

- Are you interested in attending a workshop on post-abortion healing?
- How should I get hold of you to chat further?
- Please provide your preferred contact number or email address
- Have you had an abortion?
- If yes, how long ago was your abortion? (added later)
- How old are you? (added later)
- Do you feel that your abortion has caused you distress?
- The workshop will be a Saturday and Sunday in Johannesburg. Would you be able to attend both days? (food will be provided)
- Would you prefer the workshop be in August or September?
- Is there anything you are concerned about, or would like the facilitator to know about?

I contacted all 18 who fulfilled the criteria and after that follow up message 9 responded positively and seemed very keen. One potential participant later stopped communicating, and after I sent her one gentle reminder, I left her out. Eight people continued discussions online with me and seemed committed to attending, and I therefore planned and catered for 10 people (including myself and an assistant for logistics). As stated in the Participant Information Sheet (Appendix B), I offered each participant R150 ewallet cash for transport for the two days, 4 of whom accepted the offer. The age range was between 19 and 38.

The final number of participants was four because on day one the following occurred:

- 1) One participant overslept and wanted to join late which was not possible due to the ritual group bonding I had designed
- 2) One had lost her phone and forgotten where the venue was
- 3) One didn't have transport money and didn't see that I had offered R150 for each participant to get there
- 4) And one came down with flu. All demonstrated interest in a follow-up workshop.

All four participants were black, female, post graduate students at the University of the Witwatersrand. They were aged between 21 and 35. They had had their abortions between 10 months and 15 years prior to the workshop. All signed consent forms (Appendix C) prior to the start of the workshop.

The workshop

My research method was a two day in-person workshop, arranged over a Saturday and Sunday at a neutral and central location in Johannesburg. The structure of the workshop was such that the participants would be “inducted” into the group and “released” from the group through ritual, to frame the process with a start and an end. This was to make explicit the group-ness of the workshop. The workshop design was drawn from several sources; the existing Rachel's Vineyard workshop structure, drama therapy activities presented to me during my two years part-time master's course that I had found useful for trauma release and griefwork, and untested ideas (discussed with my supervisor) drawn from Saphira Lindens Omega Transpersonal drama therapy Approach.

The activities of the two days were split into two main formats: embodied drama therapy informed activities; and recorded group discussion conducted separately. The workshop was presented as both an opportunity for healing and a research study. No one was pressured into speaking at any time. I wanted participants to be free to share reflections during the drama therapy activities without

censoring themselves for the research process, and so in order to avoid anyone being inadvertently recorded, I used two separate spaces within the one large workshop room – one for each type of activity. When in one part of the space, the participants were surrounded by colourful beanbags, arts materials, and various artefacts. In the research space, there were chairs around a small table on which was my phone recording the conversations. Each space therefore reflecting the type of mode we would be working in – either creative or academic. Once each activity had run its course, we grouped around the table to share the experience of the activity and allow people to continue talking about any insights that may have arisen during the process. The final step of data gathering was in the form of a google survey sent out two weeks after the workshop, asking participants to reflect on the workshop after they had experienced some distance from it, and to comment on the efficacy of various activities. This survey was also designed to capture a start and end point of each participant's story so that I could capture any transformation.

To respond to my two research questions the workshop aimed to make manifest the expression and style of management of each participants abortion experience through the embodied activities and the shared discussions (both speaking and witnessing) to facilitate each participants personal narrative as it unfolded over the two days.

I chose the embodied exercises based on the theoretical underpinnings of the Omega Transpersonal drama therapy model, and my own personal experience both in healing and grief workshops and in class as a master's level drama therapy student.

The structure of the workshops each day is shown in the session plans below. I include this level of detail because it illustrates the design and aim of each activity in a concise manner. Session plans also allow the reader to follow the activities and understand the way each day was structured so that the later transcribed interviews can be understood in context.

Session plan day 1

[illegible]

	The Rock 5 Mins	THE ROCK 5 mins: Explanation: Each of us is carrying around with us a weight. It could be the weight of guilt, of sadness, of brokenness, of broken relationships. You feel this weight with you always. It's possibly a weight which says "I am not worthy; I am not good enough ". Pick up one of the rocks. This is your personal weight. You must carry it with you over the weekend. Toilet, shower, bed etc. At any point in the weekend, when you feel ready to let it go, you can come and place it at the "altarpiece" and share what you are feeling (what made you feel ready to give up the rock?) Introduce the journal. Here is a place where you can make notes, write anything. We will also use it for various activities over the weekend. If you want to share anything from your journal, please feel free to do so when we do sharing sessions.	which opens the participant to innovation. The element of surprise and challenge hints to participants of the type of work to come – which is tactile, sensory, symbolic and always supported in a safe group space.	MUSIC: Peaceful Yoga Music
	My story 20 mins writing with prep questions in journal	20 mins: Lead into the narrative: This is the hardest part so let's tackle it first. For many of you this may be the only time you have ever told your story. Know that everyone here sits in non-judgement and solidarity with you. In your journal you have some guide questions about what to consider when telling your story. We will now spend twenty minutes thinking and making notes about the abortion we had. After which we will return to this space and share.	The reason for being here is this story. For many people this is the first time it has been told. The telling and the hearing of the others bonds the group and creates a great sense of safety.	4 Rocks
	My story 1,5 hours: narrative	20-minute break to write story 2 hrs: NARRATIVE: My story - one by one, each person tells their abortion story. There are short guidelines to help keep it on track i.e., Briefly describe your family situation. Family beliefs and values, the relationship that led to pregnancy, the abortion - details of what you recall - colours, smells, attitudes, - feelings - if any. The days or years after the abortion.		Guidelines for writing your story, journals and pens

12h00 – 12h30	RESEARCH SPACE: 30 mins: Reflection and sharing.	Recorded discussion at table		Table, chairs, water, phone to record
		LUNCH		
13h30 – 14h30	Warm up – 10 mins Body Mapping Reflection on body mapping	10 MINS WARM UP: Walk around space – consider body parts you lead with, now exaggerate them, now shrink them, now try leading with a different body part, now exaggerate it, now shrink it. How do different parts the body affect how you walk? Or behave in the space? 40 MINS: BODY MAPPING - getting in touch with body/getting out of head: where does the pain lie now? In pairs, lie on a giant piece of paper and one partners outlines the others one's body very broadly. Using paint, kokis and coloured pencils, wrapping paper, glue, each participant now draws on the image of the body outline, responses to the prompt questions. 10 MINS: walk around and look at each body map, what do you notice/SEE (not interpret) about each one. Share if you want to. Owner of image can respond and also write in journal what they felt or realised as others were talking about their images.	Embodied activity to bring awareness to the body. Makes manifest internal processes and emotions. The creative process allows for unformed thoughts and feelings to emerge. Makes conscious the unconscious	Large pieces of paper, marker pens, paints, tins of water, brushes, fabric, scissors, glue, wrapping paper, cotton wool, various
14h30 – 15h00	RESEARCH SPACE: 30 Mins reflection and sharing	RESEARCH SPACE: 30 MINS: Each person will then share with group one by one what the body mapping exercise brought to the surface, what came up during the exercise? Any insights that arose when looking at their final product?		Table, chairs, phone for recording,
15h00 – 16h00	Broken relationships	30 MINS: BROKEN RELATIONSHIPS - SOCIOMETRY: Think about the other people involved in your abortion – it could be parents, the father, friends, the medical staff, anyone. Do you have unfinished business with any of them? Unspoken resentments or	Sociometry is a visual way to identify common patterns or themes,	Pieces of paper with words written on them,

	Sociometry Letter writing	pain that you want to communicate with someone else? What do you wish you had said? We often feel that we shouldn't have negative feelings about others, that shows a weakness of character in us, that's it's not charitable. Yet we do experience negative feelings. Now is an opportunity to express those feelings. If you want to. On the floor are pieces of paper with the following feelings: Shame, guilt, anger, resentment, jealousy, rage, fear, numbness. Stand next to the feeling that best describes how you are feeling about other people in your abortion story. If you have two feelings, move papers around and stand with one foot on each. Brief sharing of who it is and what the main feeling is. Pick the one person who you feel strongest about. 30 MINS: In your journal, write a letter to that person explaining your feelings. Keep them in your pack.	and outliers, within a group. Embodied action is a distanced method that allows safe entry into talking about difficult emotions. By offering a limited choice of emotions the psychic energy required to unpack difficult relationships is reduced and the participant is freer to start exploring.	notebook paper and pens
16h00- 16h30	Final reflection	30 MINS: open time to share anything that has come up, any rocks abandoned etc. 10 MINS: Instructions for home: • You may feel isolated and out of synch with people you live with, that's normal. Tell them if you need some space. • Try not to socialise or be around lots of people tonight. • Keep rock with you at all times (Unless you have given it up) • Don't feel pressured to tell people about the day's workshop - unless you want to. Take a journal and write your impressions and any feelings that arise		Table, chairs, phone for recording

Session plan Day 2

Time allocation	Activity	Details	Motivation	Materials
08h30 – 09h30	Meet, coffee Research space: discussion about the night before and how people are feeling	Once everyone has arrived and had a cup of tea, we move to the research space for a recorded session where people can share how the night went, any strong feelings, any insights. If anyone wants to, they can also abandon their rock if they feel it is time	Bring the group together, debrief from the night apart, allow for individual experiences to be shared	Table, chairs, phone to record, tea, coffee and biscuits
09h30 - 12h00 Doll making.	Warm up Doll making Naming and memorializing Letter writing Performance	10 MINS warm -up: VISUALISATION – into the cave (Appendix E). 50 MINS: doll making. THE CHILD: Each person gets a doll frame - sticks and a cloth head. There are scraps of material and fabric to decorate and build up a doll representing the child. 20 MINS: NAMING: You may know the gender of your child, or you may not, it doesn't matter. Give the child a name, which can be symbolic such as "my love", or "angel". Write it on label and stick it on doll, place doll on table and light a candle for your child. 30 MINS: Write a letter to the child. Sit somewhere comfortable and write a letter. It can be short or long. Write it in your journal. Say anything you feel you want to say. Focus on speaking to the child. 30 MINS: Each person comes up one by one and reads their letter to their child (if they want to), then places doll in the basket with all the others. Sits down. Leave the candles burning. (I will keep the dolls and bring them to the meeting in a month's time)	Passive listening allows the participant to relax and not have to think The content of the story introduces the core concept of day 2 – the relationship with their children Naming and memorializing are grief rituals aimed at acknowledging the loss and achieving closure Letters are embodied ways to tell someone about your relationship with them, including how you would like the relationship to be in the future	MUSIC: Buddha Flute/the sound of inner peace Sticks, masking tape, fabric, scissors, glue, wool, ribbon, stuffing, plastic bags Paper and pens Candles, matches.

12h00 – 12h30	Breathwork	15 MINS: VISUALISATION: The children in the meadow – Now that you have seen and named your child, we can say farewell.. Get comfortable in the space, close your eyes or soften your gaze and become aware of your breathing. Don't force your breath, just notice how the air enters your nose, circulates into your body and is breathed out gently through nose or mouth. With each breath in, imagine a golden light entering into your head and swirling there. With each exhale the light stays in your skull. With the next inhale the golden light moves further into your body, into your chest, down your arms, into your fingers, into your pelvis, your legs, your feet, with each exhale, only air comes out, the golden lights is swirling inside you.	Breathwork regulates the parasympathetic nervous system and brings any overwhelming emotions under control	MUSIC: Ultra relaxing music to calm the mood/Tibetan healing flute meditation
	Visualisation	The children in the meadow: guided imagery (Appendix F). When you are ready, slowly become aware of your breath. Bring your mind back into the space. And slowly open your eyes.	The story content manifests the idea of existence beyond the curtain, thereby allowing the participants to continue a relationship with the child after the workshop, or if they so wish, to trust that the child is at peace and the participant can move on with their lives	
12h30 – 13h00	RESEARCH SPACE: 30 Mins reflection and sharing	Reflection on the entire process looking at the relationship between each participant and her child/children	Allows for sharing of new insights, listening to others allows for diversity of experiences within the safety of the group	
13h00 – 14h00		LUNCH		
14h00 – 15h30	Check in Letter burning	15 MINS: Check-in are there any rocks still being held? 30 MINS: FAREWELL, BURIAL AND CLOSURE: We place the letters of unfinished business and the child's letters in a large brass bowl with incense granules and burn them outside. As the	The rock ritual must be concluded. Burning notes, letters, allows for letting go. The power is given to participants to decide	Rocks Pottery bowl Matches

		smoke rises, we say goodbye for now. If anyone wants to keep their letters, they are welcome to burn something else. 15 MINS: GROUP CLOSURE: Group share drink of freedom - each person describes a positive feeling and pours it from their glass into the jug, then I pour into all glasses, and we all drink to our shared healing.	what to do with the written artefacts of the workshop Echoing the opening ritual – gives a strong sense of closure and ending. Securing the workshop experience within a frame, in this space.	Jug, grape juice, glasses, tray
15h30 – 16h30	RESEARCH SPACE: Reflection and sharing	1 HOUR: Final reflection and sharing. Does anyone have anything pressing to raise. What stays with you? What most resonated with you? What was hard? What did you enjoy? Not enjoy?		
	Closing of event	Final instructions before departing: • Thank participants for their bravery and explain how their willingness to participate will be helping other women. • Discuss date and place to meet in about a month. • Invite anyone to contact me about obtaining their artworks or dolls. • Remind people about clinical psychologist who is available if they feel this process has brought up issues which need attending. They can contact me to set up sessions with the psychologist. • Discuss WhatsApp group where people can stay in touch. • Invite anyone to send me voice notes of anything that arises, or anything they think of that I may need to be aware of • Invite and answer any questions about the research process from here on	Reminder that this is a research process and there are avenues for support after the workshop.	

In designing the workshop structure, I looked to Saphira Linden's Omega Transpersonal Dharma therapy model for a framework. What follows is an outline of the key elements of Transpersonal drama therapy that I explored in this workshop, with varying levels of success:

a) the age of multi-dimensional expression (is) born"(Linden, 2009, p. 205)

The Transpersonal paradigm encourages us to approach the human being as a multi-dimensional entity – material, spiritual, mental, psychological, emotional; existing and engaging in relationship with others both in time and space (the present life) and outside time and space (the spiritual world/the afterlife). My overarching frame was therefore a dance between material and spiritual realities. Body mapping was the main activity focusing on material reality and expression of lived experience, and the doll making was the main activity focusing on connecting to a spiritual dimension. The visualisation exercises, placed before key activities, were a combination of breathwork to ground the body, bring the mental focus into the here and now, and the narration of story worked to free the imagination and enter into an imaginative, spiritual space.

b) "creating a special engaging environment" (Linden, 2009, p. 206)

I spent a lot of time imagining and then trying to create an environment with a particular sensibility. I wanted to engage all the senses. Using PINTEREST, I collected images of rooms which I felt reflected the kind of space I want the participants to enter into. I wanted something that was first and foremost comfortable, private, spacious and also curated – separate spaces for the "research" parts of the workshop and the drama therapy activities. I selected various pieces of music which I played at a very soft, but audible level during the embodied exercises to create a mood, or musical frame for the exercise.

At one end of the drama therapy space, I placed a low shelf, covered with a cloth. It was under a window and as we were on the second story of an old restored early Johannesburg house, the windows all looked out onto the landscape around us – a curious mix of sloping hillside, scattered with sleeping people, scholars resting on the steep walk uphill, and drifts of bits and pieces of litter from the densely packed flats around us. There was a low buzz of people going about their daily business in the streets below us, mixed with birds from the trees surrounding the building.

In front of the shelf I placed rocks. All around the space I had boxes of materials: fabric, paints, tins of water, boxes of tissues, pens and pencils, scraps of coloured paper, rolls of white paper, and slouchy, coloured beanbags. The space combined both the daily reality of the external environment (inner city Hillbrow) and the magical potential of drama (the fabrics, music, colours and textures of the arts materials). Accessed only by a steep wooden staircase, the room was 'set apart' from the rest of the building, while still feeling connected to the environment.

c) A combination of “...psychological and spiritual disciplines in a healing experience...”

(Linden, 2009, p. 207)

In her early spiritually based therapy, Linden used Sufi Healing breathwork “..... based on the healing energies of earth, water, fire, and air, as an underlying framework for change” (Linden, 2009, p. 207). Breathwork is an activity that is focused on the intake and exhalation of the breath. It is used to regulate the parasympathetic nervous system, particularly when people are anxious or overwhelmed. In trauma situations, focusing on counting the seconds between inhaling and exhaling can divert the brain from panic mode into rational mode through the activity of counting. Breathwork is used in therapy to bring awareness into the body. By imagining the flow of air from the nose into the lungs and around the body, and then out again, the client is forced to let go of excessive thoughts of other things. Breathwork can be a good way to introduce people who have never done embodied work into a body-ready state. I built the other elements into the workshop in the following ways: the **water** was the shared drink we drank at the start and close of the entire session, all drinking from the same jug into which we had each poured our individual desires. The tree and the cave meditation were based in the **earth**. The tree visualisation aimed to allow the participants to ground themselves internally as strong rooted trees in the earth. This was a safe internal symbol they could return to if they ever felt overwhelmed. The cave visualisation served a different purpose. Here the participant was invited to enter a secret, dark space inside the earth, a private hidden space where they would be meeting their child. The cave acting as both a womb and a protective shelter from the judgements of self and the outside world. **Air** is used in breath work – to both relax the mind and body by drawing attention to the breath patterns and to regulate the parasympathetic nervous system through directional breathing if necessary. The **fire** was used as the last activity, to burn up the letters and messages created during the workshop.

d) Interconnectedness: “the sacredness of life is about realizing our essential connection to all of life’s creation”(Linden, 2009, p. 208).

Two particular exercises were about relationships with others: the “unfinished business” activity, and the “letter writing”. Unfinished business was a space for participants to explore one relationship that they felt had been particularly damaged by the abortion – a partner, a parent, God, a friend, a sister etc. The exploration into this relationship began by identifying the strongest emotion connected to the broken relationship – out of a choice of : SHAME, RAGE, GUILT, FEAR, ANXIETY, HATE. There were two letter writing opportunities: one to a person affected by the abortion and one to the child. The imaginative world created by the visualisations was a frame of the natural world – the elements of earth, stone, water, wind, flowers, caves, trees and was a consistent grounding of the (Pendzik, 1988, 2006; Jones, 2007). I then worked within a drama therapy informed structure to facilitate the workshop. According to David Read Johnson, Renee Emunah and Penny Lewis in their work

“Current Approaches In Drama Therapy”, most people who practice drama therapy do so because they believe that drama is closely associated with healing (Johnson and Emunah, 2009). The activities of a drama therapist are fluid, moving between a creative director, a facilitator and a shaman/healer. My focus became to shape my own role in the workshop because I was acting as both facilitator and researcher as well as fellow participant. As with many modalities of mental health therapies, drama therapy emphasises the quality, sensitivity and reactivity of the therapeutic alliance over the experience, knowledge or qualification of the therapist (Henson and Fitzpatrick, 2016; Stubbe, 2018). In drama therapy, the intensity of the therapeutic relationship is managed through distancing. Knowing my own professional style, I knew that too much preparation as to HOW TO run the workshop would result in a false sense of achievement; successes - and mistake; or failures. I knew that in order to pitch myself at the right level of distance to make the participants feel safe I would have to trust my gut once the group was gathered together and that in order to run the workshop effectively I had to closely monitor what was happening in the room. This approach allowed me to let go of the stress of worrying about the four people who did not arrive. I could instead focus completely on the four people who did. It meant I had to ask and listen empathetically and probingly to those four people in order to make sure I extracted enough data for my study. In this way the role of “researcher” made me a better facilitator. This sense of being constantly attuned to what’s happening in the room also allowed me to easily drop planned activities if I sensed they were not fitting of the mood.

I was careful to use the word abortion and not substitute euphemism such a procedure, incident or event. This was a very conscious choice on my part having discovered in the months leading up to my research that the specific naming of a traumatic phenomenon is crucial to managing it. By naming the abortion it becomes objectified, no longer a part of the inner self, and as an object can be manipulated and transformed through new narratives (Carr, 1998; Ncube, 2010). In my personal experience, I suppressed any traumatic effects of my abortion by refusing to ever speak of it, even to myself. If I never named it, then I could go on living as though it never happened. No name, no reality.

I approached the workshop as brief (i.e. of short duration), semi-directive trauma work, assuming only to address the abortion as source of distress while being aware of any other contextual factors that may emerge as contributing to trauma.

Chapter 4: Data Analysis

Different forms of data collected.

Because we are touching on physical and spiritual realities, cultural and creative expression, I needed to obtain various types and forms of data, including my own personal observations and perceptions of the workshop experience. Reflecting the multi-dimensional aspect of the transpersonal, and true to phenomenological research, the data collected was collected in four different forms: The first was the recorded discussions. These were in the form of unstructured interviews to avoid any guiding questions. These were recorded on my phone. The second form was notes from my own observations during workshops and in between activities. These were in the form of jotted thoughts and reflections written in my personal notebook or typed into a document on my laptop during the setting up process and after each day of the workshop. The third form of data collection was visual data from body maps and doll making. These items were referred to by participants in the recorded discussions and I also used them for my own observational notes. Body maps were made on large sheets of paper, and the dolls were made from sticks, tape and fabric. The final form of data was collected from a structured digital survey sent as a link two weeks after the workshop via WhatsApp to each participant to obtain specific responses to the various elements of the workshop after distanced consideration.

Data analysis methods

The audio recordings were copied onto my laptop and transcribed using software called Transcribear. After adjusting the transcriptions for errors as a result of accents, the texts were completely anonymised. The textual data was then analysed using WORD to find patterns and themes pertaining to sharing their experience (witnessing), embodying the experience in ritual, and integrating their abortion into their personal narrative. This is a form of Thematic Analysis which finds patterns between participants experiences that can be extrapolated as “universal” within this sample, but also points to the uniquely personal aspects of each participants abortion experience.

Once I had the themes, I then used narrative analysis to try and describe how the abortion experience was integrated into each of the participants life stories (Petty, Thomson and Stew, 2012) after the embodied experiences. This was done by piecing together a narrative for each participant over the two days, bringing in any details shared whether in recorded sessions or during the embodied activities (not recorded). For this I relied on my session notes and any text conversations conducted outside of the workshop.

In terms of narrative analysis, I was interested in finding what narrative therapists call a Unique Outcome, which indicate “small but significant changes in the narrative text” (Gonçalves, Matos and

Santos, 2009, p. 5), allowing for a revised dominant story for each participant. Together, these forms of analysis elicit a rich exploration of four women's abortion experience that is appropriate for an interpretative analysis to determine whether this model is effective in any way as a therapeutic intervention for women suffering distress after an abortion.

Chapter 5: Analysis And Discussion

I have divided my analysis and discussion in response to each of my research questions because the methodology and approach to each question was slightly different. The first question is concerned with the internal, often unconscious processes of the psyche and the second, is concerned with the conscious creation of a life story from lived experience.

Expressing and managing experience

In order to respond to my first research question which is concerned with how women who experience distress after abortion express and manage their experience, I needed to identify themes or patterns of recurring phenomena, emotions or concepts that emerged during the workshop activities and workshop reflections. On reviewing the transcriptions to find patterns or common threads, the following themes emerged (in no particular order of importance); regret or no regret – feelings about the choice to abort, the impact on other children, the impact of partner attitude and behaviour, the relationship to their own fathers, a sense of experiencing abortion differently to friends/sisters/other women, unrelenting anger, stuckness, resignation to a life of sadness, overwhelming emotions, attempts to manage, justify or ignore feelings, and cultural pressures and belief conflicts. These themes arose out of discussions with the whole group between activities and were facilitated in a non-directive way. I made a conscious choice not to step in as a therapist at any stage in these discussions, playing the role of the researcher only. This means that the content which was explicitly discussed was top of mind for each participant and was communicated as a direct response to an embodied activity beforehand or in response to something mentioned by another participant in the discussions.

Bringing these themes into one description presents a picture of a woman who is angry but disempowered to act on the anger by a strong sense of resignation to a life of sadness, of unexplored feelings. “*OK, so when I first came in, I didn't know what to expect. I didn't know exactly what we're going to do. So, I was I didn't have any expectations. But then, now that we have done the morning session already, I feel like I'm able to uncover a lot of feelings about my abortion that I had buried deep. I thought I was OK. But then now I can see that it has affected me. I was just, you know, I don't know if I can say blind to it or I chose to suppress it. But then I have a lot of feelings and I don't know, I really don't know how to, how I'm going to like, you know, go about these feelings*” (Day 1 Audio recording, 2023). Or as a second person said: “*There was a time when I was really depressed and then over time, I did not really get over it, but I've learned to integrate it in my life*”.

This composite woman cries a lot. She has trouble sleeping. This person feels isolated from other people (particularly male partners or former partners and female friends who have had a different abortion experience) “*... for a very long time I wondered if there's just something wrong with me or*

maybe I'm the weak link because I do have a friend who has had an abortion and what she explained was that it's just some medical procedure, so she had it was done and she's fine and couldn't understand how I'm so emotional over it, like I can't get over it". She feels the weight of responsibility for her abortion as something inescapable and incomprehensible; "And then I'm like, I was the one making bad decisions and how was it my baby causing all these things? These are the consequences of my actions. So, it happens to everyone who makes bad choices. But then I wanted to know what the child is actually saying, because everyone is saying something and it's confusing. When you are not really settled, it gets to you" and " ... for me, yes, I'm not depressed, but I don't know how to think about it" (Day 1 Audio recording, 2023).

Evidence from this particular group indicated that this woman has sought mental health support through traditional channels such as talk therapy/counselling and/or medication and through cultural rituals specific to her family or extended family's belief system. Each of the participants had tried other forms of healing before responding to my request. The overall management style of their distress is to get on with life as a post graduate student while maintaining a status quo that is dissatisfactory; *"Normally it's easy for me to just block it. I just work how I deal with things as a ignore and I just work, and I just work and I work and I keep myself busy" (Day 1 Audio recording, 2023).* The unexpressed feelings and unexplored source of distress means this composite woman suffers erratic and uncontrollable emotions. One day she feels fine and the next she is depressed. Her response to her trauma has been to suppress it, which she is managing, but she is also aware of growing isolation from others as a result of suppressing her true feelings: *" Umm, the sharing of the stories was comforting because I don't have anyone who's experienced abortion. And for me it was scary because my first time also. So, I don't know what I was going to go through and sharing each story, hearing that it was actually physically and mentally draining. Because you'd see it on social media. Like, I'll just see people going for abortions, abortions, "it'll be OK" and when I went through it. I was like I was not OK. I couldn't move on, couldn't do anything. So, hearing each and everyone's story, it's like, it's OK to feel this way. It's OK to experience the pain and the hurt that you're feeling...(Day 1 Audio recording, 2023)"* and the persistent feeling of anger which is continually blocked by a sense of resignation, *"...I don't know what's going to happen to me because it just means that this thing is more like a life sentence" (Day 1 Audio recording, 2023).*

This composite woman embodies what narrative therapists call the problem saturated story (Gonçalves, Matos and Santos, 2009). As long as she describes herself in terms of this story, change or healing is not possible. My aim was to investigate whether through imaginative, embodied activity, this woman could find new insights into her experiences and in doing so, start to imagine a different future. To drop things. To let go of what isn't helping her. I found that this happened quite quickly, and in most cases literally overnight; When asked how the night was on the morning of the second day, the responses were *"Much better than I expected, honestly. Yeah. So, I went to bed because of*

load shedding. I went much earlier and then I woke up that I was not emotional or anything like that. I think I woke up because I slept very early, not because I was so sad. So, I was fine. I expected to be all emotional, but I wasn't. It was good”, “Honestly I thought I was it was weird because I thought the same way. I was like I was actually feeling much more relieved. Like I just processed something, you know, and lighter in a way”, “For me, when I got back, I just wanted to distract myself for a bit, so I was just like let me do laundry, let me clean up and stuff like that. And as soon as I got into bed I was I thought I was going to start crying. But then surprisingly I was fine. I just switched off my phone because I didn't want any distractions from anyone, and I slept OK”(Day 2 audio recording, 2023).

In terms of the transpersonal approach, I hope that the new significant discoveries would also bring each of these women closer to her inner self, that part of her that is true to herself, and in the transpersonal framework is connected to the whole of creation. This essence of true self is productive in terms of expanding her way of being in the world as explained in drama therapy through role expansion (Landy, 1992) and in developmental psychology and psychoanalysis as a healthy ego (Côté and Levine, 1987). Whatever the lens through which we view this transformation, it means gaining a healthier attitude towards her emotions and improved skills in managing emotions: *“I want to think about it in a positive light. I don't want to be all emotional when I think about it” (Day 1 Audio recording, 2023)* and yet, *“It also gives closure in the idea that the feelings you have are valid and normal to express, “... then I also thought about my baby daddy, me ex. And I was like, I don't want to be mad at him anymore. Like he's not worth it. It's not worth the energy, not worth the feeling, “Last night I felt...I think I was a little bit overjoyed. Somehow in me I felt like this revelation, or I had moments of feeling like actually they there is light coming. And what I thought, remember when we spoke yesterday, and you asked me what would happen if you stopped wondering? Last night it felt like actually I think I'm going to stop wondering because it felt good to not think, but to be content with my feelings, with just being. I felt like I had a lot of sweets and chocolates, and I was jolly. I was excited” (Day 2 audio recording, 2023).*

Integrating an experience into a narrative

My second research question was how women could integrate their abortion experience into a life story. In order to directly answer this question, I began to shape the data into a “before” and “after”. A person’s narrative is generally told in chronological order, and past, present and future are key concepts in understanding one’s own experiences and finding healing (Carr, 1998; Gonçalves, Matos and Santos, 2009) . In developing her transpersonal drama therapy approach, Linden talks of how a person gets trapped in the historical traumas of their lived experience – literally trapped in time. She wanted people to find a state of being that was vaster than time, and she believed that in our imagination we can mine this state and from it develop many and various images of self that are

regenerative, productive, whole, and outward looking (Linden, 2009). Robert Landy developed role theory along a similar trajectory, with the aim being exploring roles and expanding ones role repertoire to be more flexible and more responsive to life events (Landy, 1992; Haen and Lee, 2017). To build resilience. To be able to engage with the question “what if..” and find surprising answers. All these therapeutic approaches require a storyline of events out of which a participant makes sense of her lived experience. And the power of narratives is that they can change, even if subjective experience cannot.

Using data from the before and after structured surveys, I was able to form a framework for each participant, identifying each woman’s start and end point. During the workshop, participants voluntarily shared insights into their own life journey and where the abortion sits with their journey. The aim of a narrative process is to make available a future possibility for the participants that allows for a transformed attitude, free from the weight of feelings that have been attached to their story from the abortion experience. For each woman, putting down the rock (as mentioned in the session plan) was a symbolic moment in which she acknowledged and let go of a weight she had been carrying since the abortion.

One participant had become stuck wondering if her abortion had resulted in God punishing her by a series of subsequent miscarriages. Her inability to fall pregnant became her defining role – the woman who is being punished. She perceived other people’s comments about her as all pertaining to her being pregnant or not pregnant. Her distress was causing her to comfort eat and she had put on weight around her belly and was then constantly retraumatised by people touching her stomach and asking if she was pregnant. She was unable to move past this story where she kept describing herself as “I keep wondering if I am being punished for my abortion and will never have children”. During the workshop she experienced a unique outcome moment when she was encouraged to try to “stop wondering”. This simple invitation ‘what of you stopped wondering?’ stayed with her overnight and the following day she reported a transformed narrative, and she gave up her rock: She let go of being the punished woman and started talking about exploring adoption and other forms of becoming a mother. *“As for The Rock, I realise it's too much weight for me. It's a weight that I need to let go because if I continue holding it. It's gonna just put me down. It's gonna weigh me down. So yeah, I'm ready”* (Day 2 audio recording, 2023).

Another participant had tried many ways to make peace with her abortion; from counselling to medication, to art – creating a painting of her foetal scan and submitting it to an artist who was curating an abortion exhibition. She found herself in a constant state of anger. Finding no lasting relief from therapy or medication, she turned to the supernatural, following threads on social media about communing with the wandering spirits of the dead and tarot card readings, convincing herself that her child had special powers to either bless her with good fortune or curse her with bad. Her anger was

exacerbated by the seemingly random way her child brought down both good and bad luck on her. The more she tried to manage her feelings, the deeper her rage grew because everything was so random, so inexplicable. During the workshop processes, her anger was directed at the man who had impregnated her. But in the break between the two days, she texted me about her abusive father and her dread that she had picked an abusive man who would subject her unborn child to the same trauma she had grown up with. It was her absent father she was most angry with, and possibly her mother as well, for not protecting her. She had a significant insight into her anger that allowed her to put down her rock: And this gave her back some control over the feelings. *“I was like I was actually feeling much more relieved. Like I just processed something, you know, and lighter in a way. Because then I also thought about my baby daddy. And I was like, I don't want to be mad at him anymore. So it was much better. I slept. I slept like a baby. ...it was peaceful.*

Q: So just in light of what you said. What do you think about your rock?

I think it's time to say goodbye” (Day 2 audio recording, 2023).

A third participant had two abortions and one subsequent child. In her story she was stuck in a pattern of picking the wrong man, becoming pregnant and the man deciding he did not want children, resulting in her aborting. She had the decisions made for her by the man and she followed his lead, suppressing her anger and sadness each time. The third time, however, she decided not to go through it again. The man had left her, and she was a single parent, young, still studying. She found herself feeling misdirected anger towards her child because she was convinced that no man would ever want a girlfriend who had a child. The need to be in a partnership was strong, but she was resigned to the fact that now she was alone forever. This made her angry and sad. She had been in counselling and was on medication, which she said did help her greatly. She wanted to be free of the pattern. She had a unique outcome in the body mapping exercise when she identified her words as lightning - sharp and cutting. She talked of how she kept hurting people around her with her words, even her own child. And she expressed how she wanted to be able to communicate softness, peace and love which was in her heart in the body map. By painting her harshness, she externalised her negativity and hurtful words, and in doing so, made them objects that could be discarded, changed, transformed. Once we have seen ourselves, we can change the way we see ourselves (Jones, 1991). But we have to see first. Creative embodied work (such as body mapping) makes visible that we are trying to see. She also found a way to manage her rock” *I'm not sure about letting it go, but I think for now I should have a much smaller one. Yeah, I should have a much smaller one.... Half rock. OK (Day 2 audio recording, 2023)”.*

The novel experience of drama therapy

Because my research is concerned with healing, I also explored the therapeutic value of the embodied activities as drama therapy in action. The analysis revealed themes pertaining to drama therapy specifically as a novel approach, of which all participants had no previous exposure. The following are a list of what was found to be effective or insightful in the process: hearing someone else put words to an unarticulated feeling or thought, hearing one's own story spoken by someone else, *"..hearing other people's experiences and hearing a lot of similarities, even though we did not have so much time to talk about everything because we were very emotional. But you could tell that this is similar to that, this is similar to this, and it made me feel normal in a way"* (Day 1 Audio recording, 2023), using colour and form; *"... I thought, ...it means I'm OK. But ... today when I gave you the colourit amazed me"*, *"... Yeah, I love the colour of the hearts, so light and fluffy and, you know, soft ..."*, *"... But when with the dark colours, the red and the black, I was trying to say there was a question. Where's the weight? It's still here..."* *" Then the green and yellow on my tummy. It was the effects of the abortion itself"* (Day 1 Audio recording, 2023), and the power of closure or letting go *"...I was able to pinpoint where exactly I got because I just did it generally like in life, I was just generally feeling everything. But when I was able to just pinpoint that, OK, here and here and here is where I feel these emotions or these experiences, then it just felt like some part of my weight was lifting off the shoulders"* (Day 1 Audio recording, 2023).

The post workshop google form also invited reflections on the process and its effects and these are noteworthy because of the unanimous sense of unexpected relief. When asked "what has changed in how you feel about your abortion the responses were: *"I really didn't expect to confront my feelings or thoughts about my abortion, but I did. I'm now glad this workshop forced me bring myself down to the level of meeting my emotions face to face. After the workshop, I chose to forgive myself and I still don't regret my decision and I choose to accept this feeling, I no longer feel bad for not regretting.."* *"I understand that crying about it doesn't reflect weakness. It's not something I should want to "get rid" of"* *"I felt like all the worries and the what ifs had been shaved away, I no longer harbour the pain that I felt before, pain caused by people who were around me at the time"* and *"I could accept what had happened and understand the people around me and the roles they played during and after that experience. I feel more comfortable with the abortion, and it made me realize that I need to move on in a more healthy way"*. There was also strong sense that drama therapy is something new and welcome and should be advocated for and be more widely available: *"I truly enjoyed the workshop because it allowed me to face the reality of something that had happened to me but in a more colourful and expressive way. I truly believed the incorporation of the activities and discussions allowed me to understand what I was doing and how it relates to my abortion experience"*, *"I wish I could recommend this type of therapy to other people. It should be marketed more"*, *"I've realised*

that I would much rather try to deal with any obstacle I may have in a more creative light rather than one in which I won't make much effort".

Chapter 6: Findings

The lived experience of abortion is under researched and under treated. People who feel stuck under an emotional weight of some sort after an abortion, find no relief from talk therapy, medication and/or cultural rituals as long as they feel isolated and alone in their experience. The public rituals associated with mourning are not applied to abortion which is often a secret. “Yet...if we recognise the primary space of mourning as embodied by the mourner, ...(we) carry grief within and can potentially be interpellated by it at any juncture of time -space” (Maddrell, 2016, p. 170). This theme of the presence or separate identity of the grief was reported by all participants, who felt they were living alongside a nameless shapeless sense of doom or ill being that they couldn’t shake.

The shared group experience, in which a woman can tell her story and listen to others has proved to be extremely therapeutic. The creative activities used in the model allow the woman to explore various aspects of their own being where they feel they need to grow. The model provides agency to women experiencing distress after an abortion because it allows the individual to work on their own private wounds while feeling supported and not alone within a group. The ritual aspect provides a sense of closure that each woman can take a step towards a future unburdened by the weight of suffering previously carried.

The physical location of grief was a theme emerging from the body mapping exercise where all participants identified parts of their bodies as sites of some level of distress. One woman located it in her womb, one woman found it was her words spoken to others (mouth), one felt it was her thinking (brain), and a third found that her hands were a location of significance. The fourth was reluctant to engage with the body mapping exercise at all, doing a very quick and perfunctory activity and then declining to comment afterwards. This might indicate a complete distancing from the body. This sense of retreating into the mind as a way to escape a traumatic experience are common responses to trauma such as a distressing abortion (Sajani and Johnson, 2014; Van der Kolk, 2015). By isolating her thoughts from the body, she is protecting herself from the negative effects of the procedure. Her responses to the final survey however showed that she had found some level of relief and insight and the activities presented her with a challenge that she could take on in the future, when she is ready (Linden, 2009).

Three out of the four participants mentioned a cultural ritual after the abortion (or miscarriage). “ *It is a big thing in our community. Because apparently you buy a chicken or and then you slaughter it and then you go to the river and then you get cleansed at like 4:00 in the morning. You make your way to the river and then you have to buy the baby clothes, food and snacks or whatever, like basically make a party for the child and then give them a name and then. Yeah. And then then it's over. And then you're cleansed*”(Day 2 audio recording, 2023). Some were discussed with other family or

friends “... after I went through the abortion last year, I when I told my friend about it. The friend who took me to Marie Stopes - we talked about an abortion cleansing and actually entertained the idea and the thought that I need to go for a cleansing so that they can pass on - to go to the other side”(Day 2 audio recording, 2023). One initiated her own ritual with her partner out of a sense of need to perform some type of ceremony for closure “ So my boyfriend and I talked and we're just like ... we named the baby and then we just prayed about it and then, yeah, we decided that was sufficient.because then she'll have to understand we were students, and you have to pay money to the healer so that they can like buy the stuff and ...we paid for the abortion and then you have to pay for the cleansing. And it's not sustainable because we're students”(Day 2 audio recording, 2023).

Participants reported that the idea of a traditional ritual was not effective in any way because they themselves did not believe in the efficacy of such rituals. In fact, most of the group was not sure what they really believed in. “Umm, because I don't come from a very cultural background, so I think I'm not. So, I don't really have that belief of this ancestors and stuff like that. So that's why I think I moved, looked at it as a rational thing, right? It's just scientific and stuff like that. I didn't look at it religiously or culturally, so. Yeah, from here and from what they are saying, you know what, the wandering spirit. I always feel that there is something there, you know? But I don't pay too much attention to it. That's why I just brush it off”, “I first believed that its, yeah, it's just blood. But the amount of effort that was put to just remove blood was quite indicative that it's not just blood for me and just that I never wanted to entertain the thought that it's somewhere else..”, “I thought that maybe it .. means that my child's spirit is wandering somewhere because I have not done a process of telling my ancestors about them and all those things. And I do not believe in that, but I wondered if it's something that I should have done or not. it leaves me in a place where it just it conflicts everything that I believe in and it's a scary thought to say that, okay I thought I was doing what is best for my child, but now I dumped them somewhere and now they're wandering...” (Day 2 audio recording, 2023). This sense of confusion further complicates the grief or sadness felt about the abortion because there is no central core belief system holding the experience in place in creation and allowing them to find a way to integrate the abortion and the relationship with the child into their lives.

Belief in the efficacy of a system did not however affect the workshop; all four had no experience with drama before the workshop and reported levels of scepticism that a drama-oriented workshop would do anything either. The post workshop survey shows quite plainly that all four found the process surprisingly effective, even though they had no belief in the process beforehand. The element of play (or imaginative distance) that is intrinsic to drama therapy was effective in that it allowed the participants to explore their experience from various angles without having to label or name every feeling. While on the face of it, no one would expect to “play” with a traumatic experience, in practice the more creative expansive and imaginative approach of drama therapy frees the experience from its

weightiness. When encouraged to be imaginative around the abortion, the client can start to imagine a future. This new transformed vision, of a life after abortion, confines the distress and the abortion into the past, as a life experience, but not as the end of life's experiences.

Having four people allowed for more intimate, in-depth discussions. The group bonded well, and all enjoyed being able to talk freely. The atmosphere was open, safe and conducive to sharing deeply intimate experiences. One participant stopped herself from revealing information about her upbringing but she WhatsApped me later that day to tell me the story that she did not want to share in the group. This demonstrated that the safe distance provided by ritual and imaginative exploration brings up insights that give the woman agency in expressing and sharing her trauma experience. Many women in South Africa suffer trauma as young girls and women either through sexual or physical abuse at school or in the home, or as a result of deprivation and poverty (McLea and Mayers, 2017). High levels of stress and anxiety in households, often managed by single mothers, can result in emotional and physical neglect, leaving girls vulnerable to predators. The additional isolation and distress of an abortion can also reinforce a girl's sense of unworthiness, self-loathing and resignation to bad things happening to her. Dysfunctional relationships with fathers in particular emerged as a new theme. Women whose fathers were abusive, sometimes seek out partners who behave in a similar way. This is because developmental psychology teaches us that we learn how to behave in relationships from our relationships with our parents. For at least two of the women, the pregnancy brought out behaviours in their partners that echoed abusive fathers, and the abortion was a way to avoid subjecting a child to the same kind of abuse experienced by the women. Anger towards men was consistent across three of the four participants, either because of abusive behaviour, unsupportive attitudes, or overt rejection of the pending fatherhood, all contributing to the decision to abort. In these cases, the decision to abort is a reaction to another person behaviour and not completely the choice of the woman. This results in feelings of anger and disempowerment, requiring the woman to make peace with her decision.

Another source of anger was reactions from significant females in their lives: one woman was upset by her best friend's insistence that her own abortion was simple and easy, and she couldn't relate to the distress felt by her friend, and one participant felt the judgement from her female in-laws in her subsequent inability to fall pregnant.

Fractured relationships further isolate a woman suffering after an abortion. In her circle, she can feel totally alone and misunderstood. The power of listening to other women experiencing the same thing is reassuring and comforting and gives the woman strength to continue to live her life outside of the group, knowing that there are other women who share her experience.

The workshop used rituals of group bonding in order to create a micro-community in which the participants could belong totally while sharing feelings and actions that they could not divulge to

other communities in which they lived. Anecdotally, I heard about individuals who would conduct their own abortion rituals such as preparing and burying a set of baby clothes for the child. The Mizuko Kuyo of the Japanese is the only societally based ritual that brings an abortion experience into the main form of worship (Buddhism) through dressing and decorating of a small concrete statue to indicate the child, offering food and prayers to the statue of Buddha within a public temple and then planting their own individual child statue in dedicated parks for the Mizuko Kuyo (water children) which can be visited publicly as one would do a grave in a cemetery. The absence of any publicly accepted community-based rituals connected to abortion further separates the woman who aborts from her community. This is exacerbated by the confusion of beliefs within each participant. All participants reported feeling isolated even from female family members who had also had abortions because of the difference in experience. The structured rituals performed in the workshop such as the opening jug of bitterness shared drinking ritual, the ritualised sharing discussions occurring at a separate space after each activity, the writing of messages to various people as letters, the burning of the letters in a shared clay bowl, the carrying of, and letting go of the rocks, and the closing shared jug of hope are all processes designed to create connection. This makes the participants what Garrick calls validation witnesses (Garrick, 1994). Each one performs their small part and the other group members watch and validate the performance. The act of being both a spectator (witness) and a performer expresses total acceptance and fulfils our universal basic human need for affirmation. The performance of these group rituals creates uniquely personal bonds within the group that facilitate healing.

In Garrick's article on ritual in griefwork, he attributes the efficacy of witnesses to ritual in that a, the participant is free to name what it is they are mourning, and b, the witnesses all affirm the mourners self-disclosure (Garrick, 1994). Each of the four participants mentioned how this was indeed particularly powerful for them, having never spoken of, or expressed in any way, the abortion and its ramifications in such a group setting before this. The striking effectiveness of merely facilitating a space wherein a group, connected by a shared phenomenon that is taboo, can explore and communicate whatever they want to about their experience of this phenomenon as validation witnesses is what stays with me as the real power of this type of workshop. Garrick talks too of the other type of witness, which is the licensed witness. This is a person with a special relationship to the participants such as a therapist, a traditional healer, or a notary. This is someone who has been publicly acknowledged by society as having special powers within a specific ritual context, such a witness at a wedding, or an elder at an initiation ceremony. I took on this role of licensed witness in certain moments within the workshop providing yet another layer of validation and acceptance to the participants. The workshop was structured like a ceremony – with an opening and a closing, and specific activities (performances) along the way. The underlying idea of ceremony, witness and ritual is transformation – a person begins a ceremony as one thing and emerges at the end transformed. In

this case, the women began the ceremony as wounded individuals seeking relief, and left the process stronger, lighter, and more optimistic.

How did the research address the research questions?

The first research question is exploring how women in distress after an abortion express and manage their experience. The workshop facilitated two main ways for women to express their experience: the embodied or creative based activities such as body mapping and dollmaking, and the discussions and reflections, which is a narrative form of expression.

Creative activities allowed the participant to explore any unconscious aspect of their current distress without having to name it or try and understand it. Insights were personal. Everyone experienced their distress in a different way and the imaginative processes allowed them to express differently. One of the participants struggled to embody her feelings about her abortion but found agency in the discussions. The sharing and group discussion provided a safe, secure space in which to narrate conscious thoughts and feelings about their experiences in a way that was perceived as validating during which every participant felt heard.

The responses after two weeks indicated that all participants felt a release and lightness and had a renewed sense of future. The process of imaginative, embodied exploration allowing them to secure the abortion in the chronological past while also imagining a future life.

What the research showed is that exploring trauma in the imagination allows a rehearsal of feelings. In this case, all participants were pleasantly surprised that they were not as traumatised by their feelings as they thought they would be. After the first day, all participants reported sleeping well and not being as upset or weepy as they had expected.

What were limitations of this research?

While Interpretative Phenomenological Analysis only requires one or two participants, the sample size of four could be seen as a limitation of the research. Typical South African challenges impacted the initial group of 8 such as lack of money for transport, (even though transport was provided), and lack of data and loss of cellphones for communicating via WhatsApp. Not every message got through on the WhatsApp channel. The demographics of the group are definitely another limitation as all the participants were post graduate students at an urban university in a major city. Some of the Eastern based activities such as visualisation and focusing on breathwork were also not effective, and perhaps a more vocal or instrumental form of activity could have been used as is common in African rituals, such as dancing, singing, and making music. The duration of the workshop should also be examined as some felt two days was too long, and that the whole workshop should unfold over a day, which would be easier and more manageable; or be carried out over two days but be shorter in duration each day.

What recommendations for future research?

Future research should be conducted with a group outside of a university. It would be interesting to see if a rural group would have different reactions to traditional cleansing rituals to this urban educated group of women to gain better insight into the efficacy and availability of cultural rituals for post abortive women. It would also be interesting to see whether rural women felt more stigma around an abortion and whether indeed there are many rural women who have had secret abortions that no one knows about and are never spoken of.

Focus on the emergence of true self: I would be interested to see how some imaginative explorations of “true self” could work in managing trauma. This could be done through painting, dancing, writing, role expansion exercises and ultimately performance of a piece. Role expansion activities are something I think could be useful in exploring and playing out difficult relationships through role reversal and then also in rehearsing new ways of being in the world that are more in tune with the inner true self.

The colour based activity (body mapping) was well received and perhaps a more symbolic activity could be included such as Ncalzelo Ncube’s map-making metaphorical journeys to help young people deal with trauma (Ncube, 2010).

Because the healing power of being witnessed was so evident, but also limits the drama therapists time and resources in terms of exploring deeply each individual story, I would recommend a parallel process of individual and group work. This would allow for the “true self” work alluded to earlier as well as capitalising on the affirmation and relief found in listening and sharing within the group.

Finally, based on the results of the research, I will formulate a guideline to serve as a model that can be used by drama therapists with groups of women who are suffering emotional and cognitive distress from their abortions, indicating the strengths and limitations of this study.

Thus, while the framework will be specifically designed for a South African context, future researchers on other continents could use the findings as a basis to develop such frameworks for their particular contexts.

Conclusion

The phenomenon of abortion is a common yet unspoken of experience among South African women. Women who therefore find themselves in emotional turmoil, confusion or grief after an abortion find they have no one to turn to for relief. Women know why they abort a pregnancy, and this is not the factor that distresses them, it is the sense of isolation, being in a state they cannot communicate with other, and a sense of confusion, being exposed to people and social media who have had different

experiences of their abortions. In South Africa, where African traditional beliefs exist alongside those of Western ideology, women could find themselves unable to believe in any particular religious or cultural ritual to provide relief. In this two-day drama therapy workshop, I incorporated embodied work with reflection and group discussion. Participants found insight, connectedness and healing through embodied activities. The transpersonal framework looked at the person as an entity in relation with others – including others with whom they have strong negative associations, with those they are most angry with, with relationships that have been damaged by the abortion, and finally, with supernatural entities such as God, ancestors, and other forms of life beyond the physical world.

Finally, a narrative structure in the form of telling one's story, allows for transformation of the trajectory from the present day into the future. This form of holistic approach, when facilitated in a distanced way, allows participants to find the knots most tangled in their emotional and psychological lives, and start to unravel them. They discover what it is they are prepared to let go of in order to find peace. They find acceptance and validation of their feelings among similar minded people, and they are given agency to imagine a new future for themselves, having integrated their lived experience of abortion into their past. The workshop proved effective as brief therapy for managing distress from trauma and opens up options for future therapeutic work. Recommendations for future research include applying similar methods to a cohort outside of a university setting, a longer therapeutic process design comprising both individual and group work, in which emergence of true self can be explored, and inclusions of more arts-based modalities such as clay work, painting, or playmaking. The current model can be adapted to be used by therapists to explore and address lived experiences of women after an abortion.

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APPENDICES

APPENDIX A: Distress protocol

APPENDIX B: Participant information form

APPENDIX C: Consent form

APPENDIX D: Tree visualisation

APPENDIX E: Cave visualisation

APPENDIX F: Meadow visualisation

APPENDIX G: Ethics clearance certificate

APPENDIX A: DISTRESS PROTOCOL for ETHICS CLEARANCE

There is a medium risk of distress in this research workshop, and these are the steps I have taken to mitigate this risk:

BEFORE THE WORKSHOP:

1. Recruitment is done by extending an invitation and waiting for participants to contact me.
2. In a phone call prior to the workshop. I will talk to each individual about the nature of embodied work and ritual.
3. During this conversation I will ascertain when each participant had her abortion and how ready she is to talk about it.
4. I will also tell each person about the psychological services available for free for participants through a clinical psychologist.

DURING THE WORKSHOP:

5. There will be a research assistant who will be present both days to assist should someone need to leave the process at any stage.
6. I will have a separate private space available with art supplies and comfortable seating where an emotional participant and the observer can sit and recover or talk through their overwhelming emotions.
7. Should a participant wish to sit out the process but is not in distress, I will wait for the end of that day, then I will have a private conversation with them to give them the opportunity to tell me why they left. I will ask permission for me to audio record their feedback as part of the reflection and discussion on each activity.
8. Should anyone wish to leave the workshop altogether, the observer will accompany them out, ensure they get home safely and also request permission for me to contact them at the end of the day to discuss their experience.

AFTER THE WORKSHOP:

9. One month after the workshop I will call the group together again at a venue near the university. Those that cannot attend can join via a zoom link. I will request permission to audio record this session as well. This session is to capture any shifts that have occurred, any other insights or experiences and to check in on the group.

APPENDIX B: Participant Information Sheet



Dear Madam

My name is Gillian Brollo, and I am a mature master's student in Drama therapy at the University of the Witwatersrand, Johannesburg. My supervisor is Ms. Margie Pankhurst. I am conducting a research study about how drama therapy rituals can support healing and offer relief for women who are experiencing distress after an abortion. The study title is **A transpersonal approach to drama therapy techniques for embodied grief work with women who experience loss and distress from an abortion.**

I am inviting you to take part in a 2-day workshop with other women who are experiencing similar distress after their abortions. If you decide to take part, your participation in this research study will last for two eight-hour days with one follow up meeting for two hours one month after the workshop. The workshop will take place in a private space at the Windybrow Arts Centre sometime in August or September 2023. The workshop involves coming together as a group, sharing our stories, followed by an appropriate, safe and contained experiential creative process offering you the space to reflect your experience of abortion, to explore ways of healing, and then to express your reflections on the workshop itself through group discussion.

With your permission, the process and the discussions after each activity will be audio recorded. You may use a false name and I will also remove all identifying features from any transcriptions of the audio recordings. No names will be noted. This data will be stored on a password protected computer in my personal google drive folder for five years and then deleted. No names will be stored and only the researcher will have access to the data.

During the research activity, I will need to ask for some personal information about you, including your abortion story, which can be as long or short, as detailed or as brief as you wish. We may also discuss other people who were involved in your abortion experience, but names are not necessary. Because there is a group of women, confidentiality and anonymity cannot be guaranteed. We will discuss confidentiality (not sharing anything with any third party outside the group) and you are welcome to use a false name throughout the workshop should you desire. The research report itself will be anonymous as when I share the results of the study, I will not include your name or anything else that could identify you. Your name and any personal information will not be used or passed on.

Participation is completely voluntary. You do not have to take part. You can stop being in the study at any time. You do not have to answer any questions if you do not want to. Taking part in the research study will not cost you anything. You will not be paid for being in this research study, but food, snacks and tea and coffee will be provided for both days. Your travel costs to attend the workshop will be reimbursed to a maximum of R150.

Some of the questions asked may make you feel sad or upset. If you feel overwhelmed and need to leave the process, there will be an assistant who will accompany you and you will not be pressurized into sharing more than you are comfortable with. If you need some support or counselling services following the workshop these are available free of charge from Dr Yvette Esprey, a Clinical Psychologist whose contact details will be shared on the first day.

This research study will be written up as a research report. If you would like to receive this report, I will be happy to send it to you. If you have any questions during or afterwards about this research study,

feel free to contact me or my supervisor on the details listed below. If you have any concerns or complaints about the ethical procedures of this research study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za.

Yours sincerely,

Researcher: Gillian Brollo - 8603969W@student.wits.ac.za

Supervisor: Margie Pankhurst - margiepankhurst@gmail.com

APPENDIX C: CONSENT FORM

RESEARCH TITLE: A transpersonal approach to drama therapy techniques for embodied grief work with women who experience loss and distress from an abortion.

Researcher: Gillian Brollo 8603969W

I,, agree to participate in this research project. The research has been explained to me and I understand what my participation will involve. I agree to the following:

(Please circle the relevant below)

I agree to participate in a two-day workshop as part of a small group	YES	NO
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I, understand that my anonymity cannot be guaranteed in the group and in the resultant research report, but am aware that the report will not disclose my name or other details which can easily identify me.	YES	NO
---	-----	----

I agree to refrain from sharing any information from/about other participants in the workshop with a third party	YES	NO
--	-----	----

I agree to take part in discussions after activities	YES	NO
--	-----	----

I agree that the researcher may use anonymous quotes. in her research report	YES	NO
--	-----	----

I agree that the process may be audio recorded and transcribed. for data capturing purposes	YES	NO
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I agree that the researcher may take photographs of some inanimate objects/creations but not people	YES	NO
---	-----	----

I agree that the audio recordings will be stored on a password protected. google drive	YES	NO
--	-----	----

..... (Signature)

..... (Name of participant)

..... (Date)

..... (Signature)

..... (Name of person seeking consent)

..... (Date)

APPENDIX D: TREE VISUALISATION

Sit or lay down somewhere you feel most comfortable and cozy. Take a few deep breaths. Feel the air entering your lungs. Filling your body with nourishing oxygen. If it helps, try to close your eyes. Or soften your gaze. To further descend to a state of calmness inside you and away from the world outside.

Now tell your imagination and focus on the middle part of your body from top to bottom. As you're focusing inside. Imagine the middle axis of your body as the centre of the world around you. And notice that everything in the external world happens outside of you in a far distance. See or feel the core of your body is untouchable and a safe distance from everything else that happens in the world.

Let your imagination take you one step further. Imagine yourself as a beautiful tree. The axis of your body that you imagined yourself to be is now the trunk of the tree you have just imagined. Take a moment to become one with the tree so you can become the tree. Feeling your body as a tree? Focus on your roots. Check to feel them in the warm and moist, nourishing soul of the earth beneath you, helping you being safe and grounded.

Let the energy of the mother Earth flow through you. Like a warm and calming light filling your core. Now as you have fully embodied the trunk of the tree and connected to its roots, turn your attention to your many branches, how they extend outward from you to give you access to air and the sun. See them as parts of your being, each having their own unique shape and depth of reach into the air. Notice how your branches have grown toward the outside world as if they are parts of you that interact more with the external world happening around you in distance. Also notice that some of your branches may pointing down toward the ground. And some have risen to reach higher levels. Maybe there was a reason they happened to grow as they did.

As you feel yourself as this beautiful tree, open your mind to any thoughts or feelings that you have left behind in the beginning of this meditation. Allow them to come and see you as a tree. And invite them to become one of your branches so you can see and feel them closer. Stay connected too and get to know them better. Allowing your feelings and thoughts to merge with your branches.

Take a moment to feel or visualize the fact that you are the trunk, and all your thoughts and feelings are now separate branches around you. They are all a part of you and connected to you as unique branches with own shape and history extending artwork from you. You're different from them. Because you are the trunk of the tree. Well, grounded through your roots and deeply connected to the energy of the earth.

Take a mental image of this view or feeling as the core centre of your being. And all your thoughts, feelings, and everything else that represents your life, being your branches and connected to you.

Pick one of these thoughts and feelings most important to you and feel or visualize its branch. What do you notice about it? Does the branch feel or seem healthy, or rather weak and burdened on the load? Extend your care and curiosity toward the branch as if you are redirecting the nourishing energy of the earth from your trunk to this branch. Let the branch with the feeling it represents know that you see it as a part of you, and you're interested to know more about its story, especially if you see the branch burdened or bent.

Also extend the same care curiosity and pledge to all other branches around you. They are all a part of you and have stories to tell you about the time they came about and how they got to this point. As you extend your curiosity to all your branches that now collectively represent all your feelings and thoughts, let them know you're here and see them as a part of you, and that you're interested to

know more about them and what they do for you. Let them know they are a valuable part of you, and you want to work with them to help them heal any broken branches for a better future together.

Take a deep breath. And save the mental image of your point of view as a trunk looking toward your branches and feeling connected to them. It is useful to remember this relationship and connectedness. Say goodbye to all and slowly open your eyes or break your gaze to come back to the outside world.

APPENDIX E: CAVE VISUALISATION

I now invite you to get comfortable where you are. Close your eyes or soften your gaze. Become aware of your breathing but don't force it. PAUSE. Take your mind back to yesterday to the tree, the solid, strong tree with roots and branches. You are standing facing your tree. You feel a soft breeze against your face. It is warm and cool. You are feeling totally safe and protected. You start to walk along a path next to the tree, you pass your tree, but you still feel safe and protected. Nothing disturbs you. The grasses growing along the path are swaying in the breeze. Everything around you welcomes you. You stoop to pass beneath trees growing on either side of the path, making a kind of roof over your head. The light fades, but you still feeling safe and strong. You arrive at some large rocks. You see an opening, the mouth of a cave in the largest rock. You walk towards it. It's so large you don't have to bend down to enter. Inside the cave is cool and comforting. It's dry. Some light slants in from above where the cave opens to the sky. You walk further into the cave, it gets darker, but your eyes have adjusted, and you can see all around you the smooth stone, the dry walls, the air feels fresh, and you are not afraid. At the back of the cave, you see projected onto the rock wall, an image of a child. The child is familiar to you. The child smiles gently as you walk closer to the image. You sit down in front of the rock wall and watch the child's image as it dances across the stone, smiling. You know this child, this being. You reach out a hand into the light of the child image, and you feel warmth and peace. You sit for a while, in the cave, together. Your eyes close as the music gently rocks you to sleep, protected and safe. To dream.

When you awake, you are back outside the cave. You feel strong and at peace. You walk back along the path until you reach your tree. You sit beneath your tree and open your eyes.

We are now sitting beneath our tree. And we are going to make a doll of the child we saw in the cave. Doll making is an ancient art, and children across different cultures have always found ways of making dolls to play with and keep them company. Let's play too.

APPENDIX F: MEADOW VISUALISATION

I invite you to see your tree in the middle of a forest. The forest is very dark. The air is damp and cold. Maybe you are familiar with the discomfort of this place. Here the tree has been battered by storms and wind; branches broken bent and broken. Bruised and feeling like the winter will never pass; and when it does the tree anticipating the next storm. Maybe the tree has been here for a long time. Tired. And weary of the darkness.

Suddenly there seems to be a light. It might feel unfamiliar because of the anticipation of the winds. But instinct and spirit calls; something deep within seems to lighten. As the light strengthens, there is an awareness of birds singing and the sweet scent of new grass and wildflowers. The end of darkness is near.

There is a clearing. Unused to this bright light, the tree needs a moment to adjust. There is a stream to feed its roots, sun to warm its growth upwards. It can be nourished safely. In the centre of the clearing there are children playing. The sound of their laughter rings soul and brings peace. The smell of the wildflowers permeates the air with a fragrance. The tree recognizes a child with a recognition that comes from deep inside its core. Of course, he would have this smile, her eyes, a facial expression so familiar to you. It holds the image the little one against its heart.

When both are ready, the children all run off, called by a sound of love. Faces of people are recognized, faces full of love and joy. The children are safe, they are loved, they are part of a family, they children live! They will wait to meet the tree again. They are part of something that is holy and pure.

The sound of children's laughter begins to fade. This moment will never be forgotten. The tree knows deep within that it is no longer alone. You are not alone.

APPENDIX G: ETHICS CLEARANCE CERTIFICATE



Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Brollo

CLEARANCE CERTIFICATE

PROTOCOL NUMBER: H22/11/04

PROJECT TITLE

A transpersonal approach to drama therapy techniques for embodied grief work with women who experience loss and distress from an abortion

INVESTIGATOR(S)

Mrs G Brollo

SCHOOL/DEPARTMENT

Wits School of Arts/

DATE CONSIDERED

18 November 2022

DECISION OF THE COMMITTEE

Approved
Risk Level: Medium

EXPIRY DATE

10 April 2026

DATE

11 April 2023

CHAIRPERSON


(Professor J Watermeyer)

cc: Supervisor : Prof M Pankhurst

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and A SIGNED COPY returned to the Secretary electronically. Unreported changes to the application may invalidate the clearance given by the HREC (Non-Medical)

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure be contemplated from the research procedure as approved I/we undertake to submit an amendment of the protocol to the Committee. I/we agree to completion of a regular progress report. For Minimal and Low Risk studies, this is due annually on 31 December. For Medium and High Risk studies, this is due twice annually on 30 June and 31 December.


Signature

12, 04, 2023
Date

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES