

MOTIVATIONAL FACTORS OF POST-ABORTIVE WOMEN WHO SEEK  
PSYCHOLOGICAL HELP:

A Self-report Study using Rachel's Vineyard Retreats

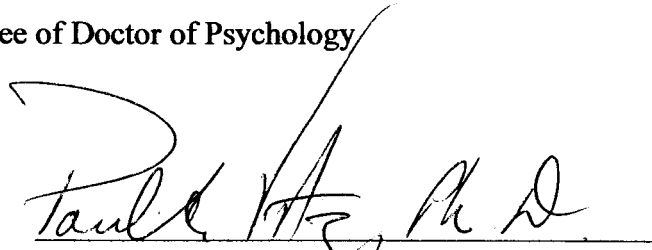
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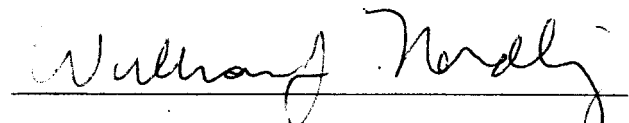
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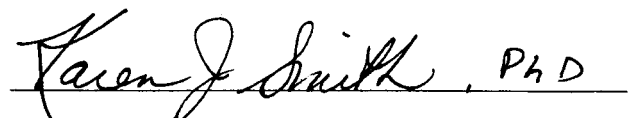
Submitted to the Clinical Psychology Program and the faculty of  
The Institute for the Psychological Sciences in partial fulfillment of the requirements  
for the degree of Doctor of Psychology



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Date Submitted: 11/2, 105

## Acknowledgements

I would like to acknowledge my gratitude to my teacher and committee chair, Dr. Paul Vitz. He has willingly given of his time, wisdom, and knowledge in many aspects of my graduate studies. He has encouraged me to persevere in my research and writing projects even when they seemed unattainable.

Dr. Bill Nordling has served as my academic advisor, teacher, and co-committee chair. I will be forever grateful to him for providing me with many opportunities to become skilled as a clinical psychologist. Dr. Nordling has provided a learning environment that has shaped both my clinical and writing skills.

In addition, a special thanks goes to my committee member and friend Dr. Karen Smith, for her time and contributions towards this dissertation. Her expertise and feedback regarding post-abortion healing has been invaluable.

I would also like to thank my parents, who died before its completion, for their encouragement and support in furthering my education.

Most especially, I would like to thank my husband, Pat, to whom this work is dedicated. Pat joyfully sacrificed many opportunities for socialization and family time in order for me to complete this project. In addition, he has been an unremitting cheerleader, voluntary play partner, financial supporter, and unselfish prayer warrior throughout graduate school.

Finally and most importantly, I would like to thank my Father in heaven for His boundless mercy and love without whose grace I would be lost.

## TABLE OF CONTENTS

TABLE OF CONTENTS.....	iii
Tables .....	vi
Figures .....	vii
ABSTRACT .....	viii
CHAPTERS	
I. INTRODUCTION.....	1
II. REVIEW OF LITERATURE.....	4
Self-Determination Theory and Basic Psychological Needs .....	4
Relatedness to others (relatedness) .....	5
Human Motivation .....	6
Intrinsic Motivation .....	7
Women and abortion .....	9
Abortion, society and silence .....	10
Abortion and social support .....	11
Abortion and help-seeking behaviors .....	13
Abortion and self-disclosure .....	14
Abortion healing in the context of group support .....	15
Abortion and Rachel’s Vineyard (RV) Retreats .....	17
Summary .....	19
Hypothesis.....	20

III.	METHODS . . . . .	22
	Participants . . . . .	22
	Type of Design. . . . .	23
	Instrument . . . . .	23
	Selection Process . . . . .	25
	Data Collection Procedures . . . . .	26
	Introduction . . . . .	26
	Summary of Steps . . . . .	26
	Specific Instructions . . . . .	27
	Distribution . . . . .	27
	Retrieval . . . . .	27
	Debriefing . . . . .	28
	Other considerations to do no harm . . . . .	28
	Coding. . . . .	28
	Data Analysis . . . . .	28
IV.	RESULTS . . . . .	30
	PART I . . . . .	30
	Demographic Information . . . . .	30
	Previous Counseling Information . . . . .	32
	Pertinent Abortion History . . . . .	34
	PART II . . . . .	39
	Past and Present abortion related information . . . . .	39
	PART III . . . . .	43
	External motivation factors for attending RV Retreat . . . . .	43

PART IV	45
Intrinsic/Extrinsic motivational factors for attending RVRetreat.	45
V. DISCUSSION	51
Intrinsic vs. Extrinsic Motivations	51
Relatedness satisfaction	55
Past and Present data	57
Time variances in seeking help	59
Limitations of the Current Study	62
Implications for Future Research Directions.	63
Programmatic Implications.	64
References	67
Appendix	73
Facilitator Cover Letter	74
Facilitator Instructions	75
Greeters Instructions of RV staff member	76
Participant Questionnaire Instructions	77
Participants Cover Letter	78
Participants Informed Consent	79
Rachel's Vineyard Retreat Survey (RVRS)	80

## LIST OF TABLES

Table 1	Number of years since first abortion . . . . .	37
Table 2	Number of people participants told about their abortion . . . . .	38
Table 3	Marital Status of participants' . . . . .	39
Table 4	Abortion beliefs of participants' . . . . .	41
Table 5	Intrinsic/Extrinsic Motivations by participants' age distribution. . . . .	48
Table 5a	Age distribution 20-29 . . . . .	48
Table 5b	Age distribution 30-39 . . . . .	49
Table 5c	Age distribution 40-49 . . . . .	49
Table 5d	Age distribution 50-59 . . . . .	50

## LIST OF FIGURES

Figure 1	RV retreat locations which participated in the study . . . . .	23
Figure 2	Age distribution of participants . . . . .	31
Figure 3	Participants previous counseling history . . . . .	32
Figure 4	How participants heard about RV retreats . . . . .	34
Figure 5	Number of abortions per participant . . . . .	36
Figure 6	Religious beliefs of participants . . . . .	42
Figure 7	External Motivating Factors that led participants to RV retreats . . . . .	44
Figure 8	Intrinsic motivational factors of participants . . . . .	45
Figure 9	Extrinsic motivational factors of participants . . . . .	46
Figure 10	Intrinsic and Extrinsic motivational factors of participants: A comparison . . . . .	47

Abstract

Individuals are motivated to seek psychological help for different reasons. They can be motivated because they feel a personal commitment to improve themselves or because they feel coerced by another person. These are examples of intrinsic vs. extrinsic motivations. Deci and Ryan (2000) have concluded that relatedness satisfaction (feeling connected to others) is a basic psychological need necessary to enhance an individual's intrinsic motivations for seeking help which results in good mental health (ibid). In other words, the effects of a stressful life event can be buffered when one feels connected to family and friends. Higher relatedness satisfaction can be an essential determinant of intrinsic motivation and internalization of extrinsic motivation (Ryan and Deci, 2000b). Research supports the findings that a person's desire to be integrated within a social sphere provides a main thrust for internalization (ibid.). This project examines motivational factors of women who sought psychological resolution to an abortion through Rachel Vineyard Retreats (RV). Results suggest that post-abortive women were primarily motivated by intrinsic motivations. This finding did not hold across all age groups as results showed that extrinsic motivational factors were primary motivators for ages 50-59. In addition, the findings in this study suggest that relatedness satisfaction, a determinant of intrinsic motivation, facilitated post-abortive women's help-seeking behaviors.



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Chapter I

INTRODUCTION

Many women can identify with the pressures of finding themselves in an unplanned pregnancy. Some of these pressures may include: abandonment by a partner, temporary unemployment or even loss of career, being put out of one's home, fetal abnormalities, and wide ranging ignorance (ambiguity and lack of education) which can lead to increased uncertainty and therefore anxiety (Burke, 2000). Furthermore, a woman may be struggling with the violent after effects of incest, rape, and/or abuse which resulted in the unintended pregnancy. For women who are experiencing such pressures, the decision to abort rather than to carry the pregnancy to term may seem like an obvious choice. However, the consequences of that decision are not so apparent.

This research project however, investigates the motivational factors of post-abortive women who seek psychological help through Rachel's Vineyard (RV) weekend retreats. RV retreats are therapeutic support groups, primarily developed for Catholics that offer a confidential and non-judgmental environment where women and men can express, release, and reconcile painful post-abortive emotions that have surfaced as a consequence of their abortion choice.

Self-determination Theory (SDT) supplies the principals guiding this research project. According to SDT, human beings' innate psychological needs are the foundation of their self-motivation and personality integration (Ryan and Deci, 2000). Ryan and Deci (1985; 2000) postulate that when three innate psychological needs — competence, autonomy, and relatedness to others — are satisfied, enhanced intrinsic motivation and mental health result. Competence is described as, “an innate propensity to create effects, explore, and seek out challenges and novelty” (Ryan & Couchman, 1999, p.235). In other words, competence is a basic need to successfully negotiate the environment (Little, Hawley, Heinrich, and Marshland, 2002). The basic need of autonomy is viewed as the person choosing to act without coercion or other external incentive (Ryan & Couchmann, 1999). Research revealed that threats and imposed goals lessen intrinsic motivation while genuine approval with internal and external forces that influence one's behavior increase intrinsic motivation because one feels a sense of autonomy (Ryan and Deci, 2000). Relatedness is simply defined as the need for automatic acceptance by one's social peers or group (Ryan and Deci, 2000). The effects of stressful life events can be buffered when one feels connected to family and friends.

Enhanced intrinsic motivation is the natural inclination toward mastery, assimilation, and exploration necessary for healthy social and cognitive development throughout one's lifespan (Ryan, 1995). Social environments can enhance or frustrate intrinsic motivation by supporting versus thwarting individual's innate psychological needs of competence, autonomy, and relatedness (Ryan and Deci, 2000). Given that a higher relatedness satisfaction can intrinsically motivate one to seek help when needed, the innate psychological need of relatedness will be discussed for the purpose of this study. In the case of a post-abortive woman, her relatedness satisfaction will either facilitate or

inhibit her help-seeking behaviors amidst unexpected emotional distress (Ryan and Deci, 2000).

This study therefore, examines whether post-abortive women's motivations for seeking psychological resolution to an abortion through RV retreats are predominantly either intrinsic or extrinsic. In particular, help-seeking behaviors of post-abortive women who have participated in RV Retreats will be reviewed in the framework of the innate psychological need of relatedness to others. In addition, social conditions will be reviewed as having either facilitated or inhibited a women's intrinsic motivation to seek help for psychological resolution to her abortion by either sustaining or thwarting her innate psychological need of *relatedness*.

Unfortunately, difficulties such as societal stigma and interpersonal sensitivity concerning abortion have in the past seriously hindered the collection of precise information pertaining to motivational factors for psychological help-seeking behaviors of post-abortive women. Approach versus avoidance factors of general help-seeking behaviors associated with psychological treatment will be discussed in an attempt to identify women's motivational factors for seeking psychological help through RV retreats after an abortion.

## Chapter II

### REVIEW OF LITERATURE

#### *Self-Determination Theory (SDT) and Basic Psychological Needs*

SDT employs traditional empirical methods to better understand human motivation and personality development. SDT is an organismic-dialectical theory that considers human beings' natural or intrinsic functioning (personality development and behavioral self-regulation) as proactive and engaged. Alternately, SDT sees human functioning as passive and alienated, as a product of the social conditions in which individuals develop and function (Ryan & Deci, 2000). In other words, individuals commonly make choices based on their social context in order to fulfill their needs. SDT posits that three innate psychological needs (competence, autonomy, and relatedness to others) are the basis for an individual's healthy self-motivation, personality integration, and positive social development. The development of any one of these needs can be thwarted by an antagonistic social environment. Healthy psychological development normally occurs when these needs are fulfilled; but, limitations to self-motivation, growth, and integrated functioning occur when these needs are not satisfied (Ryan & Couchman, 1999). A further explanation of the innate psychological need of relatedness to others is discussed in the following section.

*Relatedness to others (relatedness)*

In order to feel connected and develop close emotional bonds with others, the innate psychological need of *relatedness* is a necessity according to Little, et al. (2002). Deci and Ryan (2000) suggest that *relatedness* stems partially from attachment. According to attachment theory studies of infants and mothers, have revealed that infant security and maternal support can predict more exploratory behaviors in infants (p. 71). SDT theory claims that a similar process of *relatedness* occurs over the lifetime of an individual. *Relatedness* provides the basis for social internalization, i.e. the predisposition by which one tends to assimilate the practices and values of one's social group (Deci & Couchman, 1999). Satisfactory integration of the basic need of *relatedness* also fosters psychological well-being. Baumeister and Leary (1995) refer to *relatedness* as, "the desire to feel connected to others – to love and care and to be loved and cared for" (p. 231). Relatedness does not mean that a person is psychologically healthy because he/she has a relationship with others. Relatedness is more than that. It is the knowledge that his/her relationship is a secure bond. Only then will one feel secure enough to shift attention away from a stressful situation in order to focus on an activity that one can take pleasure in. In other words, people who feel connected to others also sense they have resources that reinforce their general sense of well-being. Without adequate integration of *relatedness*, a person's self-worth, competence, and sense of integrity do not fully develop. Individuals who do not feel connected and/or who may feel rejected by others can withdraw and isolate from them. This withdrawal and isolation from others can lead to depression and other forms of psychopathology. Therefore, if the basic need of relatedness is not adequately satisfied, Ryan and Couchman (1999) suggest that instead of *relatedness* to others, individuals may *seek approval* from others. In the case

of abortion, many women admit that they choose to abort their fetus in an attempt to gain approval from a primary support figure. In fact, many women are “emotionally dependent on or easily influenced by, parents, boyfriends, husbands, counselors, employers, or others who may want them to choose abortion far more than they want to choose it for themselves” (Burke, 2002, p. 224). Seeking approval from others can in fact subvert their natural tendency for *relatedness* as their motivation can be viewed more as an extrinsic rather than intrinsic reward. SDT theory suggests that an individual’s psychological well-being can in fact be undermined when a person is excessively motivated by external factors. Finally, fulfillment of the basic need of *relatedness* secures a psychological protection (defense) that is a prerequisite to healthy exploration and intrinsic motivation (ibid, p. 237). In addition, relatedness is not only important for the development of intrinsic motivation but even more important for internalization and integration of extrinsic motivation (Deci and Ryan, 2000).

### *Human Motivation*

In the field of psychology, human motivation has been a key topic of inquiry. According to Deci and Ryan (2000), motivation is at the core of biological, cognitive, and social regulation. Motivation involves energy, direction, and persistence. Motivation produces consequences in our daily lives. There are different reasons why individuals can be motivated. Individuals can be motivated because they value an activity or because they are experiencing strong external coercion. They can be motivated to behave in certain ways from a sense of personal commitment to improve or from a fear of being punished. Each of the above situations represents cases of individuals having internal versus external motivation. Research has shown that comparisons between indi-

viduals whose motivation is internally driven (authentic, self-authored or endorsed) and individuals whose motivation is externally driven (coerced, controlled by another) suggest that individuals whose motivations are intrinsically driven have more self-confidence, interest, and excitement about an activity. As a result individuals have enhanced performance, persistence, and creativity as well as heightened self-esteem and general well-being (Deci & Ryan, 1991). Interestingly, these results hold even when individuals have the same level of perceived competence or self-efficacy for the activity (Ryan & Deci, 2000).

### *Intrinsic Motivation*

Intrinsic motivation is defined by Deci as “the inherent tendency to seek out novelty and challenges, to extend and exercise one’s capacities, to explore, and to learn” (p. 70). This inherent tendency is a natural inclination toward mastery, assimilation, and exploration. Intrinsic motivation can provide a source of enjoyment and well-being throughout one’s lifespan (Ryan, 1995). According to developmentalists, individuals receive this natural gift of being intrinsically motivated at birth. Ryan and Deci (2000) refer to a study by Harter (1978) claiming that children can be active, playful, and inquisitive without specific rewards. However, unless this natural tendency to be intrinsically motivated is nourished in a supportive environment, maintenance and enhancement will not occur (Deci and Ryan, 2000).

Ryan and Deci (2000) developed a sub-theory of SDT called Cognitive Evaluation Theory (CET). CET was developed to determine specific factors explaining variability in intrinsic motivation. These variables are framed in terms of social and environmental factors that either support or weaken intrinsic motivations, working under

the assumption that intrinsic motivation will be activated when conditions are conducive to its expression. Deci and Ryan (2000) cited two studies supporting this variability.

1. Anderson, Manoogian, and Reznick (1976) studied children who worked on an interesting task in the presence of an adult stranger who ignored them and who refused to engage the children when solicited. Results indicated the children experienced a very low level of intrinsic motivation.
2. Ryan and Grolnick (1986) observed low intrinsic motivation in students who perceived their teachers as cold and uncaring. Ryan is careful to clarify the results of this study by noting that proximal relationship support does not suggest low intrinsic motivation in student's performance as some tasks can be happily performed in isolation. He does emphasize that a secure relationship base does appear to be critical for intrinsic motivations to be activated (Ryan & Deci, 2000).

Therefore, according to Deci and Ryan (2000), the CET framework within SDT theory suggests social environments can enhance or subdue intrinsic motivation by sustaining or thwarting an individual's innate psychological need of *relatedness* to others.

Having set the framework for SDT, this paper will further examine the social conditions of women who have had an abortion. These social conditions will be reviewed as having either facilitated or inhibited a women's intrinsic motivation to seek help for psychological resolution to her abortion by either sustaining or thwarting her innate psychological need of *relatedness*.



*Women and abortion*

Women generally experience abortion in a very personal way. When a woman chooses an abortion to end her pregnancy a cognitive dissonance can occur between the societal legitimacy of the act of abortion and the trauma of destroying her own pregnancy (Burke, 2000). SDT theory would suggest that these social conditions would reduce a woman's natural intrinsic motivation to seek counsel in this life altering decision-making process by repressing her innate psychological need of *relatedness*. In other words, even if a woman may desire to seek counsel, negative social and environmental factors may weaken her natural intrinsic motivation because the social conditions are not favorable. Regardless of her motivation to seek or not seek counsel, the consequences of her decision to have an abortion are traumatic according to Julius Fogel, M.D.

Fogel, although an advocate of abortion rights who has personally performed 20,000 abortions, comments as an obstetrician and psychiatrist:

Every woman – whatever her age, background or sexuality – has a trauma at destroying a pregnancy. A level of humanness is touched. This is a part of her own life. When she destroys a pregnancy, she is destroying herself. There is no way it can be innocuous. One is dealing with the life force. It is totally beside the point whether or not you think a life is there. You cannot deny that something is being created and that this creation is physically happening... often the trauma may sink into the unconscious and never surface in the woman's lifetime. But it is not as harmless and casual an event as many in the pro-abortion crowd insists. A psychological price is paid. It may be alienation; it may be a pushing away from human warmth, perhaps a hardening of the maternal instinct. Something

happens on the deeper levels of a woman's consciousness when she destroys a pregnancy. I know that as a psychiatrist (McCarthy, 1971, 1989).

### *Abortion, society, and silence*

Abortion is perceived by the majority of society as being an acceptable though unfavorable alternative to giving birth. As a result, abortion is not commonly discussed by most women principally because of the stigma they feel society attaches to it (Major, 1999). This noticeable contradiction in society's perception about abortion is apparent in some research studies.

For example, Major conducted a study following 442 women for a two-year period from the day of their abortions. The study claimed that 1 in 5 women of child-bearing age is abortive, and given the great opposition to abortion by society, most women conceal their abortions. Of those surveyed, many considered abortion morally wrong and even those who supported abortion did so under limited conditions, such as: 30% considered it acceptable to have an abortion if it would affect their career; 50% considered abortion equivalent to the murder of a child; 58% know someone who had an abortion and of those 24% thought abortion was wrong (Major, 1999).

Stigmatization leads to fear of social disapproval, which is the leading reason people keep a significant life event a secret (Lane & Wegner, 1995). Major's study suggests that 47% of the women surveyed agreed they would be stigmatized if others knew of their abortion (Major, 1999) and 44.9% said they must keep the abortion a secret from their family and friends. According to these findings, society actually encourages women to remain silent so they are not socially devalued, ostracized, and denigrated by

others if their abortions become known. In the case of abortion, society suppresses the innate psychological need of *relatedness* to others.

Women also keep abortion a secret to avoid social conflict, especially when they perceive no support from loved ones. They are more likely to be distressed if they tell their secret and do not receive support than if they keep it a secret. By not telling, women believe that their interpersonal relationships are not going to be threatened. However, secrecy can lead to isolation and isolation can cause the eventual loss of a social network and social support - an important mechanism in coping strategy (Tait & Silver, 1989).

Secrecy requires considerable energy to inhibit disclosure of emotions. Active inhibition of emotions generates cognitive processes of suppression and intrusion that can persevere long after the secret is gone and that can be detrimental to psychological health. Further, when secrecy is actively engaged, the cognitive ability to fully process the traumatic event is constrained; the event (abortion) will likely resurface at a later date in the form of ruminations, dreams and intrusive thoughts (psychopathology) (Major, 1999). Such “unintended intrusive thoughts related to a previous stressful life event are considered to be one of the symptoms of posttraumatic stress disorder” or PTSD, according to the American Psychiatric Association, 1994 (Major, 1999, p.736).

#### *Abortion and social support*

A study by Major demonstrated that self-efficacy mediates the relationship between adjustment to a stressful life event and perceived social support. Major measured women’s depression, mood, physical complaints and anticipations of negative support during a 30-minute recovery period following an abortion (Major et al., 1990). As

predicted, when perceived social support was positive, higher self-efficacy in women correlated to better adjustment psychologically, especially when support was high from family, friends and partners. When a woman's perceived social support was negative after revealing her decision to abort, poorer psychological adjustment occurred after the abortion than either for women who did not tell anyone, (remained silent) or women who told and perceived positive social support (Major et al., 1990; 1997, 1998).

Therefore, according to Major's study when support is anticipated to be negative immediately following an abortion, remaining silent leads to better psychological adjustment post-abortion, at least in the short term.

In another study by Major (1998), she argues it is *how* the woman seeking abortion construes the situation that will determine how well she copes with her decision. Her ability to appraise the situation is "shaped in part by the personal resources the woman has to draw upon, including personality attributes such as self-esteem and perceived control as well as the support of significant others" (Major, 1998, p.749). People with high self-efficacy experience less anxiety and their immune system functions at optimal levels when working on difficult tasks or reconciling conflict (Ryan and Deci, 2000). Whether or not people interpret a situation as stressful can be determined by how much control they feel they have over the events. Perceived control generally is associated with better health and adjustment to illness (ibid, p.69). When one perceives little control over one's social network, pressure will increase and make adjustment to stressful events more difficult. Controlling the stressful situation by remaining silent may reduce dissonance and decrease tension (Vogel and Wester, 2003).

Both advocates and opponents of abortion agree social support, i.e., relatedness (acceptance), is critical to reducing psychological distress after an abortion. But as we

have seen, if the social network is perceived to be negative, a woman tends to remain silent rather than face adversity and condemnation. Simply remaining silent can be harmful, and emotional disclosure can be beneficial in an environment that is perceived to be safe and neutral.

#### *Abortion and help-seeking behaviors*

If emotional disclosure is more beneficial in a neutral and safe environment, why don't more women seek professional counseling in order to obtain psychological resolution to their abortion? Research on help-seeking behaviors of post-abortive women was not available for the purposes of this study, but according to Vogel & Wester (2003), only about one third of people who could likely benefit from psychological treatment actually seek such treatment. They report that people in general only consider psychological counseling as a last resort after all other options of support have failed. Past research has shown that motivational factors such as gender, prior help-seeking, perceived social support, and level of psychological distress can account for about 25% of those who do seek psychological help (Vogel & Wester, 2003, p. 351).

Most studies of help-seeking behaviors have focused on approach factors for seeking help, but Vogel and Wester (2003) have determined that avoidance factors account for as much help-seeking variance as do approach factors. They cite research by Komiya et al. (2000) who determined that "individuals who are closed to their emotions" (p. 141), in other words, individuals who avoid disclosing their emotions, "perceive greater stigma associated with receiving psychological treatment" (p. 141). In fact, the results of Vogel and Wester's study (2003) indicated avoidance factors of distress

disclosure was a “direct predictor of both attitudes and intent, and neither psychological distress nor social support were unique predictors” (p. 358).

In generalizing this finding to women who have had an abortion, a post-abortive woman’s comfort with emotional self-disclosure might affect her decision to seek help (Vogel & Wester, 2003). The combination of a post-abortive women’s willingness to disclose her abortion to a professional counselor and her willingness to self-disclose her emotions concerning the trauma of the abortion may also be important in understanding her motivation to seek or not to seek psychological resolution to her abortion. This willingness to disclose could also determine the context in which a post-abortive woman might choose to seek that help.

#### *Abortion and self-disclosure*

Willingness to disclose emotional distress may be predictive of help-seeking behaviors. In addition, emotional disclosure can lead to healthy emotional resolution. Several studies show a positive relationship between revealing stress related emotions and thoughts and psychological and physical health (Major, 1999). A model by Pennebaker (1989, 1997) suggests that talking or writing about emotionally traumatic events reduces the frequencies of intrusive thoughts since it helps make sense out of the event (Major, 1999). Other theorists like Horowitz (1986; Major, 1999) claim a person who cognitively assimilates a stressful event by working through it causes intrusive thoughts to subside. According to Major (1999, p. 737), “emotional disclosure may moderate the relationship between intrusive thoughts and mental health.”

The above research has shown the importance emotional disclosure can have in maintaining psychological health. This research has also indicated emotional disclosure

is more likely to occur naturally in an environment that is perceived as safe and neutral. CET posits that social and environmental conditions supportive to intrinsic motivations can be activated when individuals are in such conditions conducive to its expression. Unless an individual's innate psychological need of *relatedness* is nourished in a supportive environment, maintenance and enhancement of that need will not occur (Ryan and Deci, 2000).

#### *Abortion healing in the context of group support*

Emotional disclosure is more likely to be beneficial in the context of a safe or neutral setting (Major, 1999; Vogel & Wester, 2003). Because women who have had an abortion fear social censure and moral condemnation from others, they are torn between wanting to release their hidden secret in a neutral setting and remaining silent because they perceive their social support network to be hostile due to the stigma associated with abortion.

What determines a supportive environment needed to nourish a women's psychological need of *relatedness*? The perceived presence (real or imagined) of one person can affect the behaviors of another and group research shows that this effect can be positive. Group social support has played a major role in helping members' deal with major forms of stress, trauma and pain. People turn to others with similar concerns and problems to deal with their own isolation, loss of control, alienation and desperate feeling that nobody understands them (Koop, 1992).

Mutual help groups are a powerful and constructive means for people to help themselves and each other. The basic dignity of each human being is expressed in his or her capacity to be involved in a reciprocal helping exchange. Out of this

compassion comes cooperation. From this cooperation comes community (CenterSite, LLC, 1993-2003, p.1; Silverman, from Introduction to the “Self-Help Sourcebook,” 1995, p.24).

Research studies of self-help support groups have reported positive outcomes through reciprocal helping exchange. Bereavement group studies have shown that members who actively became socially involved with their members outside the group increased their comfort in discussing their bereavement with others and reduced anger directed at self. One organization called Compassionate Friends (CF) reported “group involvement had increased their self-confidence, sense of control, happiness, and freedom to express feelings and decreased their depression, anxiety, guilt, anger and isolation” (CenterSite, LLC, 1993-2003, p.7)

In another study results suggest that people with early stages of skin cancer who join a support group increase their chances of survival threefold over a five-year period. Two-thirds of the patients who were in the professionally assisted support group showed a <25% increase in natural killer cells, which are cancer killing cells in the immune system, compared to the control group where no increase was found (Fawzy, Canada, and Fawzy, 2003).

Alcoholics Anonymous is another type of self-help group with an environment of confidentiality, anonymity and the feeling of not being judged when sharing one’s story. The encounter of meeting others in a group is a chance to experience others who are safe and trustworthy. Such support takes away the stigma experienced by social rejection. It allows people to give meaning to their own experience and look forward to



the future. New sources of social support, with increased opportunities for *relatedness* to others in a group setting, can help rebuild the trust once lost and restore the dignity of the human person.

Some psychologists who were concerned that many women may not have consciously grieved the losses brought on by their abortion because of a reluctance to express themselves to others about their experience, began to link psychological and physical symptoms to abortion. Self-help groups began to develop and today can be found in the context of weekend retreats, weekly bible studies, recovery groups, or in a structured online discussion group (Burke, 2002). These psychologists stressed the relevance of the innate psychological need of *relatedness*.

#### *Abortion and Rachel's Vineyard Retreats*

Theresa Burke founded The Center for Post-abortion Healing in 1986 where the first therapeutic support group began for women who were grieving the loss of a child through abortion. At the time she had been facilitating support groups for people with eating disorders. She came to the realization that the majority of the women in the group were post-abortive. She noted that perhaps these women had been suppressing their feelings for so long that it manifested in different forms of food based disorders.

Rachel's Vineyard Retreats (RV) began to spread in 1994 when Theresa wrote a manual for counselors to follow as part of the group process: *A Psychological and Spiritual Journey for Post-abortion Healing*. RV is currently a grass roots national outreach and offers post-abortion weekly support groups in 46 states and 14 countries and its programs have been translated into five languages. It offers weekend retreats that are Christian; they are offered in interdenominational, Catholic, and ecumenical formats. RV

also has a monthly e-newsletter called “Vine and Branches” which can be found on its website, [www.rachelsvineyard.org](http://www.rachelsvineyard.org) and sponsors an annual national Leadership Conference. In addition, clinical one-day training sessions are offered for group facilitators throughout the country.

Theresa Burke in her book *Forbidden Grief* (2002) describes how group social support is the key to normalizing the stigma of abortion by breaking the silence.

It is as though an emotional key turns, simultaneously releasing all the muck and grime and weight of past abortions while opening a door to a fresh new future...Tears of sorrow are mixed with tears of joy as women and men experience their first taste of freedom after years of cruel bondage. But such healing can only happen when the isolation and secrecy are dismantled, and one’s story is revealed to others who do not seek to judge or condemn. Only then is it finally possible, with the support of a small community of others who compassionately affirm the loss and respect the grief, to grieve one’s losses to their fullness. The importance of social support to the grief process reflects an important aspect of our human nature. Though we are individuals, we are inescapable social beings. The lack of social support will degrade or destroy our well-being. Conversely, the experience of social support, in even a single relationship, can strengthen our well-being. For most of us it is only when we have the support of others who will not judge or condemn us that we feel safe from social rejection. This support makes it easier for us to confront and explore the deepest part of our souls. With it one learns how to accept forgiveness to oneself and others. And with it, one discovers how the most difficult, soul-breaking experiences imaginable can

be used as the foundation for building a richer deeper and more meaningful existence (Burke, 2002, p.246).

Former Surgeon General Koop agrees; self-help groups have shown positive benefits in breaking the silence and releasing secrets that have remained hidden for many years.

My years as a medical practitioner, as well as my own first-hand experience, has taught me how important self-help groups are in assisting their members in dealing with problems, stress, hardship and pain...Today, the benefits of mutual aid experienced by millions of people who turn to others with a similar problem to attempt to deal with their isolation, powerlessness, alienation, and the awful feeling that nobody understands (CenterSite, LLC, 1993-2003, p.1).

### *Summary*

Abortion is a very personal and sensitive issue in today's culture. The decision to have an abortion can be motivated by either intrinsic (value of an activity) or extrinsic motivations (strong external coercion). The social environment in which one is formed can either enhance or subdue one's intrinsic motivation by sustaining or thwarting one's innate psychological needs. The innate psychological need of relatedness, in particular, is relevant to this study. Without adequate integration of *relatedness*, one's ability to seek help for psychological resolution to an abortion is compromised. In addition without successful integration of *relatedness*, one's self-worth, competence, sense of integrity and autonomy cannot adequately develop. As a result, when one faces a difficult deci-

sion in one's life, like having an abortion, a fear of losing support from one's primary support group may occur. This fear of losing support and rejection can lead to isolation, withdrawal, and eventually psychopathology. Without adequate support for relatedness, this fear may lead to co-dependency. Co-dependency can become an extrinsic motivation that is based solely on the need for approval by others no matter the consequences.

Intrinsic motivation is an inherent and natural inclination toward mastery, assimilation, and exploration. Intrinsic motivation in contrast with extrinsic motivation can provide a source of enjoyment and well-being (Ryan, 1995). It can be activated when interpersonal conditions are supportive, non-judgmental and loving (Deci and Ryan, 2000). Intrinsically motivated help-seeking behaviors can lead to psychological healing.

The aim of this present investigation is to detect patterns of intrinsically motivated help-seeking behaviors that may serve as functional components within post-abortion healing. The motives that are reported for seeking help through RV retreats during the course of each survey questionnaire will be interpreted within the preceding theoretical context.

### *Hypothesis*

The descriptive nature of this research, in combination with the lack of information that exists in the literature, limits the strength of hypotheses that can be advanced. As a result, only one hypothesis will be addressed.

This paper suggests that both intrinsic and extrinsic motivations are expected in important decision making issues. This sample will explore the degree to which intrinsic motivation is important in the decision making process to seek help after an abortion.

Therefore, this paper hypothesizes that the majority of women who seek help for psychological resolution to their abortion through Rachel's Vineyard Retreats are triggered by intrinsic motivations.

The analysis of this self-report study of post-abortive women categorizes motivational factors for seeking psychological resolution to an abortion through Rachel's Vineyard Retreats into intrinsic and extrinsic motivators.

### Chapter III

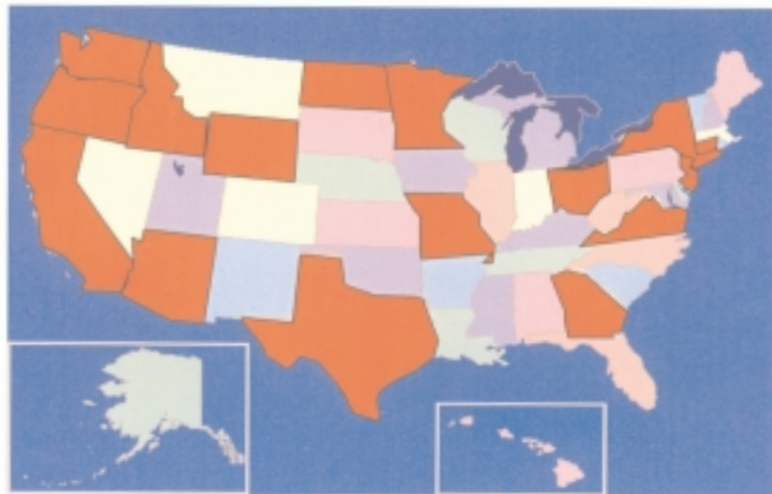
### METHODS

#### *Participants*

The data for this study were drawn from a self-report study of post-abortive women seeking help for psychological resolution to their abortion through Rachel's Vineyard Retreats. A RV retreat weekend is a unique opportunity for a post-abortive woman to get away from all the daily pressures of work and family and identify all the ways an abortion may have affected her. RV weekend retreats occur in a supportive and non-judgmental environment. There are a number of exercises which allow the individual to experience grief and sorrow they may feel as a result of their abortion. The retreat exercises help individuals accept forgiveness for themselves and others. There is also an opportunity to re-connect with the children that have been aborted on a spiritual level, to give them honor and dignity through many special and creative spiritual exercises as well as in a memorial service ([www.rachelsvineyard.org/weekend/retreats/index.htm](http://www.rachelsvineyard.org/weekend/retreats/index.htm)). Typically, four to eighteen adult (18 years and above) individuals (male and female) may attend a weekend retreat. The RV retreats are currently offered almost every weekend throughout the year in different cities and states throughout the U.S. RV retreat weekends are also offered internationally in several countries and languages around the world.

RV weekend retreats are not just available for women who have had abortions but are also available to men. This study utilized a sample of post-abortive women (N=137) (ranging 22-73 years of age) who attended 25 Rachel's Vineyard retreat weekends. These weekend retreats occurred during a five month period from January through May 2004 from 16 of the 50 United States. (Figure 1)

**Figure 1:** *Orange states represent RV retreat locations which participated in this study*



#### *Type of Design*

This is a Qualitative Descriptive Research Study, not a controlled study.

#### *Instrument*

The instrument used in this study to measure motivational factors for seeking help for psychological resolution to an abortion through RV retreats is called the Rachel's Vineyard Retreat Survey (RVRS) instrument developed by Lynch (2003). All items are shown in Appendix A.

The RVRS instrument is a 22 question self-report survey querying retreat participants regarding their motivational factors for seeking psychological resolution to an abortion through Rachel's Vineyard retreats. These items were adapted from two sources. The first source was a pilot study (January 2003) of post-abortive women who had already sought help for psychological resolution to their abortion. During this process the instrument was screened for provocative questions that could alienate the responder. It also identified relevant questions that have been experientially valuable to the women. The second source used for developing the instrument were therapists who counseled women who have sought help for psychological resolution to their abortion through therapy (Burke, 2000; Smith, 2003). These experts helped to refine the instrument. In creating the RVRS, to reduce memory bias, a mixture of retrospective, contemporaneous and prospective questions were selected as part of the survey questionnaire. These items were selected in order to reflect the range of motivational factors potentially relevant to women who have sought help for psychological resolution to an abortion.

More specifically, questions addressed motivational factors which can be categorized into extrinsic (obtain external rewards, e.g., please partner; and avoid external consequences or punishments) (Ryan & Deci, 2000a); or intrinsic (obtain internal rewards, e.g., forgiveness, e.g., guilt, fear, anxiety) (Ryan & Deci, 2000a) motivational factors. Question #17 is a 14-item scale that measures external motivational factors for attending the Rachel's Vineyard weekend retreat. Participants were asked to read each item and rate how much they believe each to be true for them on a five point scale: 1="Not at all" to 5="Totally True." Higher total scores are considered to indicate external motivations to seek help by attending the Rachel's Vineyard Retreat weekend. Question #16 is an open-ended measure of intrinsic and extrinsic motivational factors. This question asks:



**What led you to decide to attend Rachel's Vineyard retreat this weekend?** In order to measure the continuum of motivational factors, the responses to this question were analyzed in three categories for each intrinsic and extrinsic motivation. Intrinsic motivations were divided into emotional, spiritual, and psychological factors. Extrinsic motivations were divided into people or powerful others, printed information, and audio/visual information.

### *Selection process*

A selection process was implemented over a five month period from post-abortive women nationwide who contacted selected locations of RV retreats. The selection process was determined according to two criteria. The first criterion was demographic. RV sites were selected from various cities around the US in an attempt to gather a representative national sample. The second criterion was based on RV facilitator expertise in giving retreats. Expertise was judged according to the number of past retreats facilitated and those with more experience were selected.

The RVRS instrument was distributed to a sample (n=215) of participants who attended these retreats. RV retreatants were given the option to voluntarily participate in this study. Those who agreed to voluntarily participate in this study completed their questions and placed their individually sealed envelopes containing their questionnaires into the provided self-addressed priority envelope. At the conclusion of the RV weekend retreats, the priority envelopes were directly posted to the researcher. So as to ensure confidentiality the priority envelopes from each of the RV retreat sites (25) remained sealed and placed in a locked safe until the data could be analyzed.

*Data Collection Procedures*

The protocol for group administration of a self-administered questionnaire was followed (see below). An intake package was given to all retreat participants in selected locations nationwide (Kansas City, MO; Richardton, ND; Willimantic, CT; Portland, OR; Atlanta, GA; Rancho Palas Verdes, CA; Deer Park, NY; Auburn, WA; Sonoma City, CA; Richmond, VA [2]; Prescott, AZ; Temecula, CA; Youngstown, OH; Dallas, TX; Casper, WY; Brooklyn, MN; Oklahoma City, OK; Fairfield, CT [2]; Monroe, CT; Newark, NJ; Rockville Center, NY; Denton, TX; One unidentified site) consisting of the following:

Introduction: An identical introduction was provided to all groups containing these elements (Appendix A)

1. An expression of appreciation for what they are about to do.
2. A brief description of the task (completing a questionnaire) and content.
3. A cover letter.
4. A brief description of the anonymous nature of the questionnaire (coded from beginning with a number identifying information so survey does not have the name of the person).
5. The necessity to sign an informed consent form, which can be signed with first and last name.

Summary of the steps participants were asked to follow:

- Read the cover letter
- Sign Informed Consent

- Take the questionnaire out of the envelope
- Complete the questionnaire
- Immediately put it in the envelope and seal it for sending to the processing office ensuring confidentiality.

Special Instructions were given to the participants as follows:

“This is not a test with right and wrong answers but intended to help others as a result of your own personal experience. As soon as you have answered the last question, please be sure that you put the questionnaire immediately into the envelope, seal it, and put it in the priority envelope marked “questionnaire” **before** the beginning of the retreat.” (Lynch, 2004)

Distribution: The facilitator of the RV retreat was asked to give each participant a packet (Appendix A) consisting of the questionnaire inside an unsealed envelope, which doubled as a return envelope, and a cover letter clipped to the front of the envelope.

Retrieval: Participants were instructed to place questionnaires into a sealed envelope. When they had completed their survey questionnaire, participants were instructed to place their sealed envelope into a prepared priority envelope marked “Questionnaire”. Informed consent forms were collected by a RV volunteer staff member. Informed consent forms were kept separately from the sealed envelopes containing the questionnaire to ensure anonymity.

Debriefing: Once the RVRS was placed in the priority envelope marked “Questionnaire”, the RV facilitator was instructed to express appreciation once again to participants. If there were any questions from the participants at that time, facilitators were instructed to answer them as fully as possible.

Other considerations to do no harm: In consideration of the sensitivity of the subject matter of abortion, every RV retreat had a licensed counselor to handle any issues or concerns that might come up during the course of the RV weekend that might have been triggered as a result of the RVRS questionnaire.

### *Coding*

At the time the data were analyzed each priority envelope was opened and the data were coded. In order to ensure participants’ confidentiality, each of the 25 participating retreat sites was given an alphabetical code according to the date of their retreat weekend (the earliest retreat weekend was coded “a”). The individual priority envelopes from each retreat site were subsequently unsealed and the sealed response envelopes inside the single priority envelope were counted. The completed confidential questionnaires of the participants were then unsealed and coded numerically according to their new alphabetically coded retreat site.

### *Data Analysis*

Data are presented in a descriptive analysis of multiple choice and open-ended responses. The descriptive analysis of multiple choice responses focused on demographics, marital status, religious beliefs, education background, previous counseling experi-

ences, number of people they told about their abortion, the number of abortions procured, and the number of years that had passed since their first abortion. The descriptive analysis of open-ended questions focused on post-abortive women's intrinsic vs. extrinsic motivations employed for seeking help through RV retreats in an attempt to gain psychological resolution to their abortion.

The first descriptive analysis separated the multiple choice responses into two sections. The first section of analysis described the participants' demographic information. This section also distinguished between retreat participants who were post-abortive and those who were attending in support of someone else. In addition, this section described information concerning how they heard about RV retreats and pertinent abortion history. The second section in this method of analysis compared previous and current information related to their abortion through multiple choice questions.

The second descriptive analyses of open-ended questions were likewise divided into two sections. The first section of the analysis described external motivational factors that led participants to attend the retreat weekend. The external motivational factors were rated in rank order according to importance of motivating the participant to attend the retreat. The second section of open-ended questions compared intrinsic and extrinsic motivational factors that led participants to the retreat. Intrinsic motivational factors of participants who attended the RV retreat weekend were summarized from a continuum of motivational descriptors that were analyzed into three categories: emotional, spiritual and psychological. Extrinsic motivational factors were likewise summarized from a continuum of motivational descriptors. The three categories of extrinsic descriptors were labeled: people or powerful others, printed information, and audio/visual information.

## Chapter IV

### RESULTS

This study focused on the intrinsic and extrinsic motivations of women who have had an abortion and sought help for psychological resolution to their abortion through RV retreats. The results of this study are divided into four parts. The first part addresses some multiple choice responses describing the participants' demographic information, previous counseling experiences, and pertinent information concerning their abortion history. The second part addresses multiple choice responses that compared past and present information related to the abortion. Section three presents descriptive data from questions answered on a Likert scale (range 1 to 5), indicating participants' extrinsic motivations that led them to attend the RV retreat weekend. The final part focuses on open-ended questions that gave descriptive information about intrinsic and extrinsic motivational factors that led participants to the retreat.

#### PART I

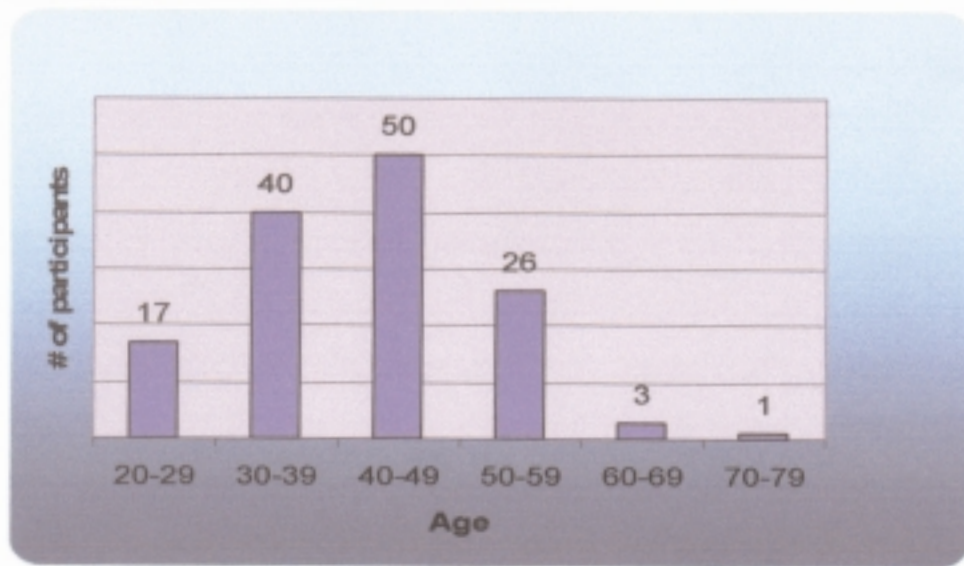
##### *Multiple Choice Responses*

###### *Demographic Information*

The first descriptive analysis separated the multiple choice responses into two sections. The first section of analysis described the participants' demographic information.

The mean age of all female participants (N=137) was 41.5 years old (Figure 2), consequently the majority of participants were between the ages of 30-49.

**Figure 2:** *Age distribution of participants*

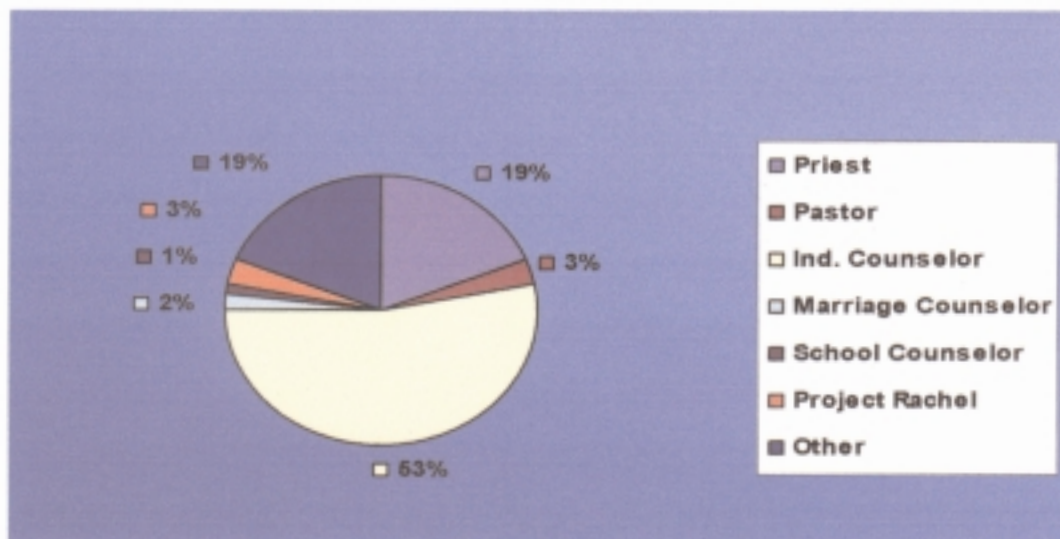


Racial distribution for the female participants (N=134) who responded to this question identified themselves as follows: 82.8% Caucasian, 7.5% Hispanic, 3.7% African American, 3.0% Asian, and 3.0% other. The questions of education and previous counseling experiences (professional and non professional) were obtained through multiple choice answers. Participants (N=136) classified themselves into five levels of educational experience: Some graduate level coursework 30%, college graduate 25.0%, some college 13-15 years 28.8%, high school 12.5%, and less than 12 years of education 3.7%.

### *Previous Counseling*

In regards to previous counseling experiences (#12), participants selected from seven possible multiple choice answers. Of the 137 subjects who responded to this question 45.3% (N=62) claimed that they had not sought any outside help regarding their abortion. In comparison, 54.7% (N=75) claimed that they had. In a follow-up question, (#13) participants who responded positively to question #12 were asked to select the first outside source of help they sought specifically regarding their abortion. Four participants selected two choices. The following pie chart (Figure 3) summarizes these results: 19% priest, 3% pastor, 53% individual counselor, 2% marriage counselor, 1% school counselor, 3% Project Rachel, and 19% Other. Some of the responses that were given for Other included: “Sisters of Life,” “friend,” “Post abortion grief counseling,” “Crisis Pregnancy Center” (CPC), “Doctor,” and “prayer group.”

**Figure 3:** *Participants previous counseling history*





An additional follow-up question (#14) was asked (open-ended) in order to determine the amount of time elapsing between the abortion until they first sought outside help. Given that the responses of individual counselor and priest (#13) typically characterized the first source of outside help sought after an abortion, results for these two choices will be highlighted in the follow-up question (#14) denoting amount of time from their abortion and first seeking outside help. Sixty-seven percent of participants who selected the choice of priest as the first outside source of help indicated that they waited an average of 8.6 years after their abortion. The remaining 33% of participants who chose the response of priest as their first outside source of help did not specify the number of years since their abortion.

Forty-five percent of participants who selected the choice of individual counselor as their first outside source of help indicated that they waited an average of 3.6 years. It is worth mentioning that several of the participants who selected the choice individual counselor voluntarily clarified their response by signifying that they initially sought individual counseling for issues other than their abortion. While other participants stated, "I never have had counseling that brought me true closure to my grief," "this last counselor I was referred to was the very first one in all of my years even previous to this who wanted to talk to me about my abortions. It was through her caring and experience that I learned about RV and after beginning to read *Forbidden Grief* I knew this was exactly what I needed to do next."

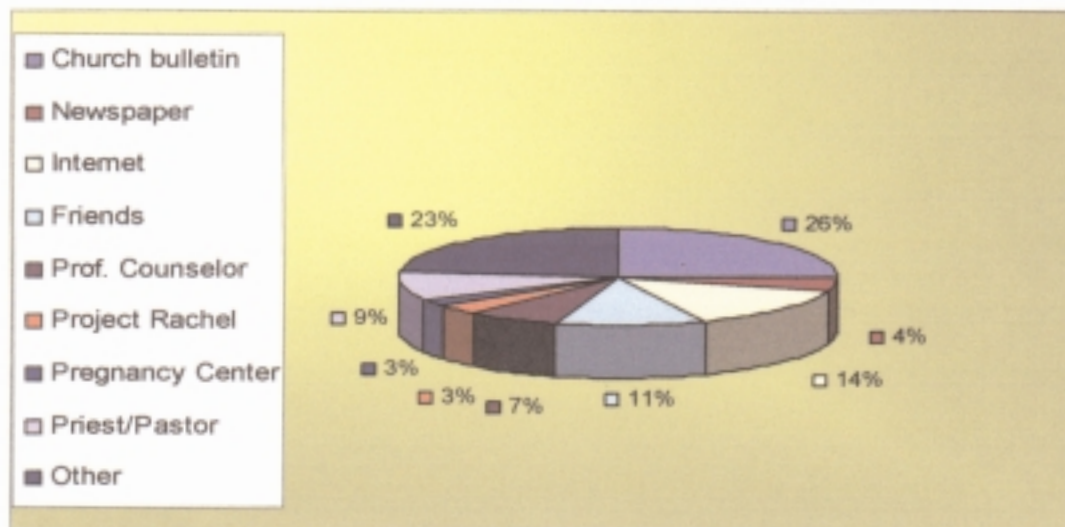
This section also distinguished between retreat participants who claimed that they were post-abortive and those who stated that they were attending the RV retreat in support of someone else. Twelve participants indicated that they were attending the RV retreat in support of someone else. Three of the twelve participants stated that even

though they were attending the RV retreat in support of someone else, they were post-abortive themselves. The remaining nine respondents were unclear as to their own abortion history so their data were not analyzed in the results.

### *Pertinent Abortion History*

In this section, three pieces of information are presented. The first concerns how participants heard about RV retreats (#11). One person chose not to respond to this question. Ten participants of the 136 who responded to this question chose multiple responses resulting in 149 selections signifying how they heard about RV retreats. Figure 4 describes the results: Church bulletin 26%, newspaper 4%, internet 14%, friends 11%, professional counselor 7%, Project Rachel 3%, pregnancy center 3%, priest or pastor 9%, and Other 23%. The choice Other included responses such as EWTN (Eternal Word Television Network), radio (The Delilah Show), Catholic Charities, the book *Forbidden Grief*, and church testimony.

**Figure 4:** *How participants heard about RV retreats*



Participants were then asked in open-ended questions (#4b, 16) what led them to attend the RV retreat this weekend. Responses demonstrate that relatedness satisfaction played an important role. Some responses given were: "I wanted to talk/connect w/others who understand what I've been dealing w/in my heart and head," "realization that I am not alone," "I have the emotional support of my family members now. I didn't have the courage to attend without it," "I had an abortion many years ago and now realize how not grieving this loss has affected my relationships in every way," "I had an abortion and want to share and learn from others who have experienced the same," "to be w/others that have gone through what I've gone through-for comfort, validation of my grieving process. To feel less isolated," "I need to feel again, and for the walls to come down in my heart. I feel so distant from all my relationships," "I read Dr. Burke's book, *Forbidden Grief*, and as I read I became aware how extensive the damage was from having had three abortions. It affected every relationship. It was why I chose to live a very lonely isolated life. It was when everything hurt all the time. When I read about the retreats I immediately wanted to go b/c I thought there might be hope for me. When I read how it had helped other women. I was encouraged to believe this awfulness might not have to be forever," "my priest told me it would help me and I believe it will," "I wanted to confront my having an abortion and needed to go to a place that I was allowed to discuss what I had went through," "I found that I was unable to deal with this by myself and I needed to come someplace for support, forgiveness and understanding," "After listening to the testimonies of these women I realized I needed to bring my shame out into the light. Address the pain I toughed and get healing once and for all," "I wanted to connect w/others who have experienced my pain-confusion, guilt, shame and to try to finally let go and forgive myself," "I met a new friend that I could confide

in and she suggested it,” “my friend gave her testimony at Church and it ‘opened up’ something in side,” “it is great to get support from others.”

The second piece of information presented here summarizes some of the participant’s abortion history. Subjects were asked the number of abortions they have had (#19), and the number of years since their abortion (#20). Figure 5 presents the number of abortions per participant. Figure 5 indicates that 218 abortions were acknowledged among the participating respondents (N=137). The breakdown (Figure 5) is: 61% of participants acknowledged having one abortion, 25.3% claimed two abortions, 9.4% indicated three abortions, 1.4% admitted four abortions, 2.2% listed five abortions, and .7% reported having seven abortions.

**Figure 5:** *Number of abortions per participant*

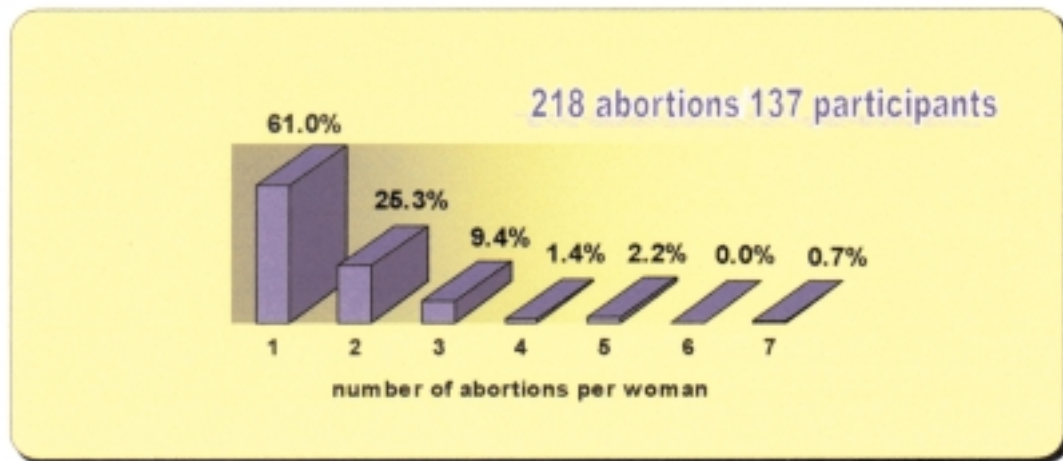


Table 1 compares the number of abortions a participant acknowledged and the number of years since their first abortion. Thirty percent of participants reported that it had been ten years or less since their first abortion, as compared to seventy percent of participants who indicated ten years or longer. The majority of participants waited

almost 20 years (19.9) before seeking psychological resolution to their abortion through RV retreats.

**Table 1** *Number of years since first abortion*

# Abortions	>1 year	1-2 years	2-5 years	5-10 years	10-15 years	15-20 years	20-25 years	<25 years	Total
1	8	4	3	9	9	17	15	19	84
2	1	1	5	6	6	4	4	8	35
3	1	0	2	0	2	4	4	0	13
4	0	0	0	1	0	0	1	0	2
5	0	0	0	0	0	1	1	0	2
6	0	0	0	0	0	0	0	0	0
7	0	0	0	0	1	0	0	0	1
<b>Total</b>	<b>10</b>	<b>5</b>	<b>10</b>	<b>16</b>	<b>18</b>	<b>26</b>	<b>25</b>	<b>27</b>	<b>137</b>

The third piece of information relates to the participant's ability to disclose their abortion history to a primary support figure. In other words, to what degree did they keep their abortion a secret? Question #18 asked who they have told about their abortion. Table 2 reveals the results as follows: 2.2% claimed that they have told no one about their abortion; 9.6% indicated that they told one person about their abortion; 76.5% reported telling only a few people about their abortion; 6.6% acknowledged that most people knew about their abortion; and 5.1% selected the response Other. The response Other was defined by some participants as follows: "many strangers, some family, some friends," "whoever I felt needed to know," "a lot of people know," and "family, close friends, and Church friend."

**Table 2:** *Number of people told about the abortion*

No one	2.2%	(n=3)
One Person	9.6%	(n=13)
Only a few	76.5%	(n=104)
Most people know	6.6%	(n=9)
Other	5.1%	(n=7)

The majority of participants (n=104) who responded to this question reported that they told “only a few” people about their abortion. Participants who responded to this question (#18) were asked in an open-ended format to list the types of acquaintances that they have told about their abortion. Those respondents who chose “only a few” for their response listed some of the following types of acquaintances: group 3.9%, counselor 5.8%, priest 8.8%, husband 23%, family 24.5%, and 34% friend. Participant’s who chose telling one person or less stated: “I carried the burden for 30 years, only the father and one referral person knew” “before coming to the retreat I have never shared my abortion details or the fact that I had one w/anyone.”

## PART II

*Multiple Choice Responses**Past and Present Data related to an Abortion*

This section presents multiple choice responses that allow comparison of past and present data relevant to participant's abortion. Tables' 3 and 4 compare responses associated with marital status and abortion beliefs. Figure 6 compares participant's current and past religious beliefs.

**Table 3: Marital Status of participants**

Marital Status	Time of abortion (n=140)	Time of RVretreat (n=137)
Single	66.4% (n=93)	16.8% (n=23)
Married	19.3% (n=27)	56.2% (n=77)
Never married	5.7% (n=8)	6.6% (n=9)
Divorced	5.7% (n=8)	16.1% (n=22)
Separated	2.9% (n=4)	3.6% (n=5)
Widowed	0.0% -	0.7% (n=1)

All participants (N=137) responded to the question of current marital status at the time of the RV retreat weekend (Table 3). Current marital status was reported as follows: 16.8% single, 56.2% married, 6.6% never married, 16.1% divorced, 3.6% separated, and .7% widowed. Four participants did not respond to their marital status at the time of their abortion. In addition, four participants selected two choices for marital

status at the time of their abortion. Those participants who chose two responses to this question likely had multiple abortions and held different marital states at the time of each abortion. Marital status at the time of the abortion was reported as follows (Table 3): 66.4% single, 19.3% married, 5.7% never married, 5.7% divorced, 2.9% separated, and 0% widowed.

In an effort to assess whether there is a relationship between being married and attending the RV retreat, a chi-square statistic was performed. The relationship of being married and attending the RV retreat was statistically significant at  $p = >.005\%$  (chi-square=40.27, 1df). There are different probabilities of being married at the time of the abortion than at the time of the RV retreat, specifically the odds of being married at the time of the abortion were lower than at the time of the RV retreat. That is, there is a tendency among participants to be married at the time of the RV retreat.

Relatedness satisfaction appears particularly relevant for this population in regards to motivational factors for seeking psychological resolution to an abortion as indicated by some married participants' responses for attending the RV retreat: "looking for healing in my marriage as a result of my abortion," "I had an abortion at age 17 and never told my parents, the baby's father, or any friends. Within 1 week I attempted suicide twice. Last May the baby's father contacted me and I told him about the abortion. We had an affair and my husband found out. I finally told my family and realized I was in crisis. I decided I needed to deal w/this issue and sought help," "I want to be a better mom, and a better wife to my husband," and "I had 2 abortions 10 years ago and my husband and I are seeking healing."



**Table 4:** *Abortion Beliefs of participants*

Abortion Beliefs	Time of abortion (n=132)	Time of RV retreat (n=136)
Pro-life	12.1% (n=16)	55.9% (n=76)
Pro-life w/some reservations	7.6% (n=10)	15.4% (n=21)
Pro-choice w/some reservations	10.6% (n=14)	13.2% (n=18)
Pro-choice	28.8% (n=38)	7.4% (n=10)
Uncertain	25.0% (n=33)	6.6% (n=9)
Other	15.9% (n=21)	1.5% (n=2)

The participants (N=136) reported their current abortion beliefs as demonstrated in Table 4: 55.9% pro-life, 15.4% pro-life with some reservations, 13.2% pro-choice with some reservations, 7.4% pro-choice, 6.6% uncertain, and 1.5% Other. Since four participants failed to report their abortion beliefs at the time of their abortion the N=132. Abortion beliefs at the time of the abortion are as follows: 12.1% pro-life, 7.6% pro-life with some reservations, 10.6% pro-choice with some reservations, 28.8% pro-choice, 25% uncertain, and 15.9% Other. One participant chose not to respond to either question (#9 and #10) concerning abortion beliefs. Some participants who selected Other (N=21) as a response to their abortion beliefs at the time of their abortion qualified their answers as follows:

“It must be ok if it’s “legal” -otherwise I never thought about it (abortion 1974).”

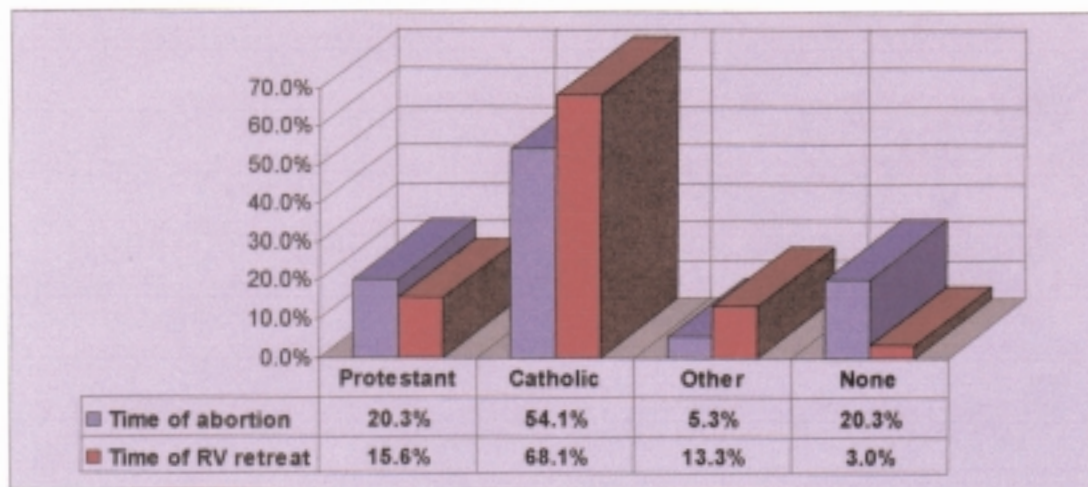
“I had no opinion because how can you know what you believe until you are tested.”

“Didn’t care.”

“Whatever got me out of trouble.”

In an attempt to assess whether there is a relationship between being pro-life and attending the RV retreat, a chi-square statistic was performed. The relationship of being pro-life and attending the RV retreat was statistically significant at  $p > .005$  (chi-square 39.41, 1df). Therefore, the odds of being pro-life at the time of the abortion are lower than at the time of the RV retreat.

**Figure 6:** *Religious beliefs of participants*



Multiple choice questions (#8 and #9) asked participants to give their current religious affiliation as well as their religious affiliation at the time of their abortion. Figure 6 shows the comparison.

Religious affiliation at the time of the abortion was left blank as a response by four participants, therefore  $N=133$ . Religious affiliation at the time of the abortion was: 20.3% Protestant, 54.1% Catholic, 5.3% Other, and 20.3% no religious affiliation. Religious affiliation at the time of the RV retreat was answered by all participants but

two (n=135). Results were as follows: 15.6% Protestant, 68.1% Catholic, 13.3% Other, and 3.6% no religious affiliation. Participants who selected Other as a response at the time of the RV retreat indicated various religious affiliations: “Christian,” Episcopal,” Eastern Orthodox,” “Lutheran,” “Assembly of God,” “Baptist,” “Unitarian,” “Apostolic,” and “Christian/Messianic.”

In an attempt to assess whether there is a relationship between being Catholic and attending the RV retreat a chi-square statistic was performed. The relationship of being Catholic and attending the RV retreat was statistically significant at  $p=2.5\%$  (chi-square=5.52, 3df), therefore there is a tendency among participants to turn to Catholicism at the time they attended the RV retreat.

### PART III

#### *Likert Scale Response*

##### *External motivation factors for attending RV Retreat*

Question #17 required 14 answers on a Likert scale ranging from 1-5. The participants were asked to rate the significance of factors that influenced them to attend the RV retreat by circling a number from 1-5. The number 5 was to be circled if the participant **totally** agreed that the motivational factor led them to make the decision to attend the retreat. The number 4 indicated **mostly** agree, number 3 **moderately** agree, number 2 **somewhat** agree, and number 1 indicated that the event did **not at all** motivate them to attend the retreat.

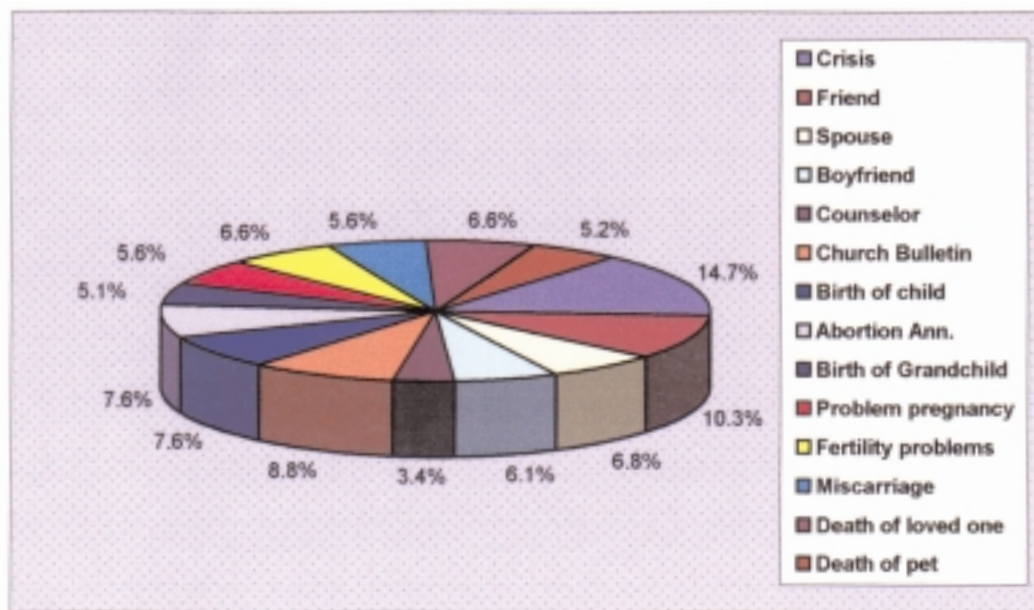
**Figure 7:** *External Motivating Factors that led participants to RV retreats*

Figure 7 identifies the fourteen external motivating factors that led participants to attend the RV retreat. The external motivational factors were rated in rank order according to importance. The retreat participants (N=137) rated their responses as follows: 14.7% rated “crisis in my life,” 10.3% indicated “friend,” 8.8% noted “ad in Church Bulletin,” 7.6% chose “anniversary of the abortion,” and “birth of a child,” 6.8% selected “spouse,” 6.6% picked “death of a loved one,” and “fertility problems,” 6.1% singled out “boyfriend,” 5.6% chose “miscarriage,” and “problem pregnancy,” 5.2% indicated “death of a pet,” 5.1% noted “birth of a grandchild,” and 3.4% responded to “counselor” as their motivation for attending the RV weekend.

Extrinsic motivation responses associated with relatedness satisfaction in seeking psychological resolution to their abortion through RV retreats totaled 64.7%. Additional relatedness satisfaction responses can also be extracted from the number one response

given by participants to this question, i.e., “crisis in my life” (14.7%). Responses such as: “Marriage falling apart,” “my sick newborn grandson,” “my mother,” “marriage and family problems,” and daughter-in-law problems.”

#### PART IV

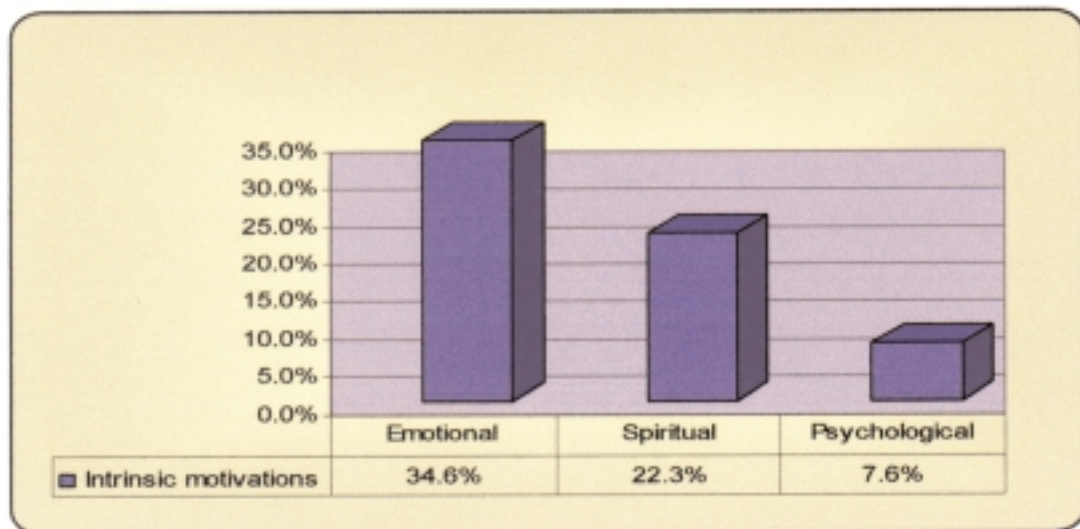
##### *Open-ended responses*

##### *Intrinsic/Extrinsic motivational factors for attending RV retreat*

Motivational factors were analyzed into two types, intrinsic, that is internally driven (authentic, self-authored or endorsed) and extrinsic involving external motivation that is coerced, controlled by another.

First, a bar graph (Figure 8) was created to measure intrinsic motivational factors (#16) of participants who attended the RV weekend. Intrinsic motivations were analyzed into three categories: emotional 34.6%, spiritual 22.3%, and psychological 7.6%.

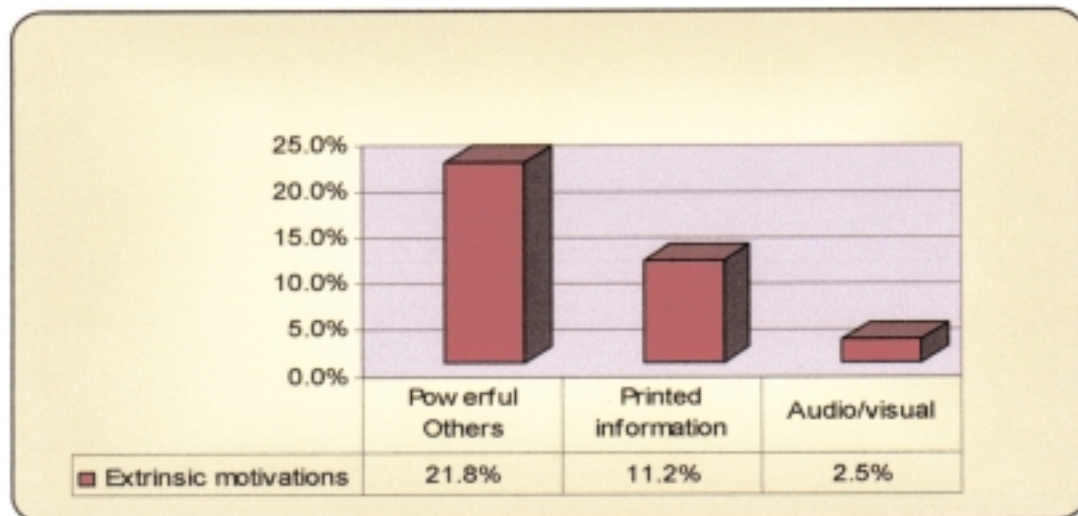
**Figure 8:** *Intrinsic motivational factors of participants*



Emotional responses indicated by participants that were interpreted as intrinsic motivations included: “to be happy,” “to deal with guilt and shame,” “to heal from emotional pain,” “to grieve,” “to find hope,” “feel safe,” “be honest and open about abortion,” “to be whole,” and “to find joy.” Responses by participants that were categorized as spiritual included: “accept God’s love,” “reconciliation with God,” “return to church,” “to receive God’s mercy,” “to be forgiven by God,” “have God back in my life,” “to be used by God,” “moral support,” “led by God,” and “find peace.” Psychological responses noted by the RV participants included selections such as: “can’t move on without outside help,” “have healthy relationships,” “destructive behaviors,” “hard to disclose abortion, not sure what to expect,” “seek support and connect with others,” “confide in others,” “connect abortion with bad behaviors,” and “feel good and whole.”

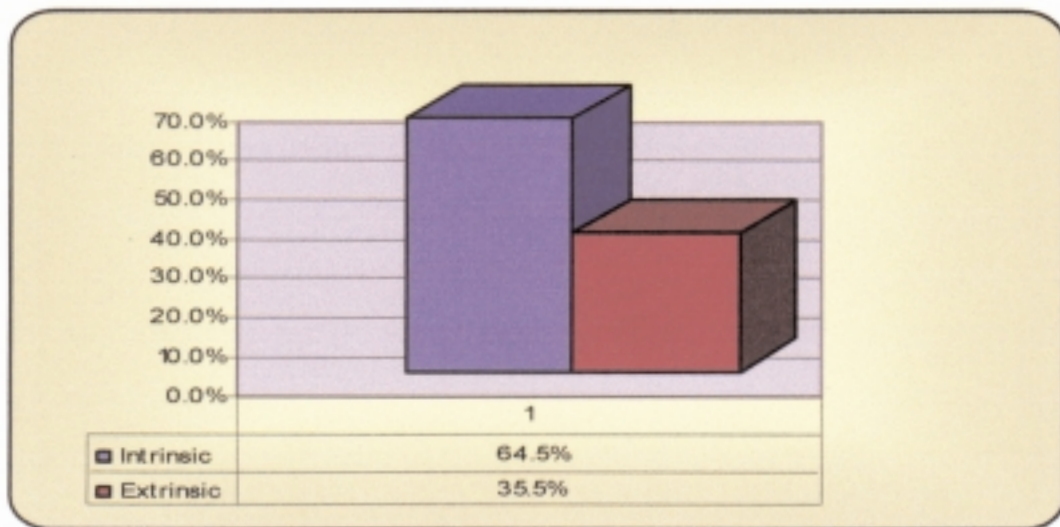
Extrinsic motivational factors are shown in Figure 9. Three categories of extrinsic motivations were developed to analyze participants’ responses. Categories of extrinsic motivations are: People or Powerful Others 21.9%, printed information 11.2%, and audio/visual related information which measured 2.5%.

**Figure 9:** *Extrinsic motivational factor of participants*



The extrinsic category of people or powerful others was determined by responses such as: “intervention by family members,” “counselor,” “heard testimony of others who have had abortions,” “Pastor or priest,” “Rachel’s Vineyard referral,” “Project Rachel,” and “intervention by friend.” Responses that were categorized as written information included: “Internet,” “RV brochure,” “*Forbidden Grief*, by Theresa Burke,” and “Church bulletin.” Finally, media related responses were: “EWTN,” and the “Delilah radio show.”

**Figure 10:** *Intrinsic and Extrinsic motivational factors of participants: A comparison*



A final bar graph (Figure 10) compares intrinsic and extrinsic motivational factors that led participants to attend the RV retreat. Intrinsic factors were summarized earlier from the three categories as shown in Figure 8. Intrinsic motivational factors contributed 64.5% of the responses. Extrinsic motivational factors were summarized from the three categories shown earlier in Figure 9 and came to 35.5% of the responses.

**Table 5:** Intrinsic vs. Extrinsic responses by participants' age

Age	Intrinsic Motivations	Extrinsic Motivations	Total
20-29	17	6	23
30-39	43	17	60
40-49	47	26	73
50-59	16	20	36
<b>Total</b>	<b>123</b>	<b>69</b>	<b>192</b>

In an attempt to determine whether there is a relationship between age of the participant and motivational orientation (intrinsic vs. extrinsic), a 4X2 chi-square statistic was performed. The overall results indicate that age is significant in determining motivational factors. Motivations are more likely to be intrinsic independent of age. The relationship of age and motivational orientation was statistically significant at  $p=5\%$  (chi-square=8.497,  $df=3$ ).

**Table 5a:** Age distribution 20-29

Age	Intrinsic Motivations	Extrinsic Motivations	Total
20-29	17	6	23

While the results indicate that there is a significant relationship between age and motivational orientation of participants, the results do not specify motivational orientations (intrinsic vs. extrinsic) by age group. A test for each age group was conducted using a binomial distribution in order to determine how significant each age category was in determining intrinsic vs. extrinsic motivations. The age distribution for 60-79 were not tested due to the small number of participants ( $N=6$ ). The null hypothesis



claimed that for each age grouping intrinsic and extrinsic motivations are equally distributed.

Participant's attending the RV retreat in the age group from 20-29 years old are more likely to be intrinsically motivated in seeking psychological resolution to their abortion. This relationship was statistically significant at  $p=1.7\%$  ( $p=.01734$ ), therefore the null hypothesis is rejected.

**Table 5b:** *Age distribution 30-39*

Age	Intrinsic Motivations	Extrinsic Motivations	Total
30-39	43	17	60

Participant's attending the RV retreat in the age group from 30-39 years old are more likely to be intrinsically motivated in seeking psychological resolution to their abortion. This relationship was statistically significant at  $p=.05\%$  ( $p=.0053$ ), therefore the null hypothesis is rejected.

**Table 5c:** *Age distribution 40-49*

Age	Intrinsic Motivations	Extrinsic Motivations	Total
40-49	47	26	73

Participant's attending the RV retreat in the age group from 40-49 years old are more likely to be intrinsically motivated in seeking psychological resolution to their abortion. This relationship was statistically significant at  $p=1\%$  ( $p=.00931$ ), therefore the null hypothesis is rejected.

**Table 5d:** *Age distribution 50-59*

Age	Intrinsic Motivations	Extrinsic Motivations	Total
50-59	16	20	36

Participant's attending the RV retreat in the age group from 50-59 years old show no evidence that they are more likely to be intrinsically motivated to seek psychological resolution to their abortion, therefore we retain the null hypothesis and conclude that there is no predominance of intrinsic motivations for this group.

Results indicate that age of the participant played a role in motivational orientations. The majority of women who sought help for psychological resolution to their abortion through RV retreats were triggered by intrinsic motivations. However, women in the age group from 50-59 were not. The results of this study generally support previous findings in literature indicating that relatedness satisfaction (feeling connected to others) played an important role in participants ability to emotionally disclose their abortion which facilitated their decision to seek psychological resolution through RV retreats.

## Chapter V

### DISCUSSION

The major purpose of this present study was to determine whether participants were primarily motivated by intrinsic or extrinsic factors in making their decision to seek psychological help through RV retreats. In addition, congruent with previous research on the basic psychological need of relatedness, the results of this study also examined whether or not post-abortive women's relatedness satisfaction enhanced or inhibited their help-seeking behaviors. Therefore, results pertaining to these areas will be discussed. In addition, interesting findings emerged related to participants elapsed years in help-seeking behaviors as well as past and present information related to their belief systems and marital status; these results will also be discussed.

#### *Intrinsic vs. Extrinsic Motivations*

While both intrinsic and extrinsic motivators were predicted in important decision making issues, descriptive data indicated that the majority of women who sought help through RV retreats were primarily motivated by intrinsic rather than extrinsic motivations with the exception of one age group (50-59).

Intrinsic motivational factors, that is, help-seeking motivators that were considered by the participant as self-authored and desirable accounted for 64.5%. They were categorized into emotional (34.6%), spiritual (22.3%), and psychological (7.6%) responses.

Participants reported that one third of their motivations to attend the RV retreat were based on their emotions. Therefore, they admitted connecting the consequences of their abortion decision to their negative feelings. In addition, by desiring to act on their emotional motivations to seek help through RV retreats they could imagine a positive outcome. In other words, by allowing their emotions to surface they were willing to take a risk in seeking psychological treatment. This is congruent with previous literature that states “individuals who are closed to their emotions perceive greater stigma associated with receiving psychological treatment” (Komiya et. al., 2000, p. 141). Implications of this finding suggest that individuals who begin to connect their negative emotions with the consequences of their abortion decision may be more receptive in receiving psychological resolution to their abortion through RV retreats. Given this possibility, pastors, counselors, teachers, spouses, family members, and friends, who become aware of women who have connected their emotional distress to their abortion decision, may have an opportunity to encourage and direct these women to seek help through RV retreats sooner. Further research is needed to discover when RV participants first began to make this emotional connection and when they sought help through RV retreats. Likewise, it would be of interest to learn if and when these participants sought outside help for resolution to their abortion before they attended the RV retreat; this could help benefit post-abortive women by encouraging them to further seek psychological help through RV retreats earlier.

The second highest motivational factor of participants who attended RV retreats was categorized as spiritual. Participants indicated in their responses an intrinsic desire to return to God. This finding coincides with other findings in this study that suggest participants’ religious beliefs changed from the time of their abortion to the time of the

RV retreat. Approximately twenty percent of participants admitted to having no religious beliefs at the time of their abortion as compared to only three percent at the time of the RV retreat. In addition, participants indicated by their spiritual responses that they had more likely internalized their spiritual beliefs at the time of the RV retreat than they had at the time of their abortion. Implications for this finding suggest that religious environments can be conducive to nourishing post-abortive women's desire to be reconciled back to God.

Intrinsic motivations categorized as psychological equaled 7.6% of participants responses. As stated in the literature review a psychological price is paid when a woman has an abortion (McCarthy, 1971, 1989). Fogel states that the trauma of the abortion may sink into a woman's unconscious and never surface in her lifetime. However, some participants noted by their responses that such behaviors as "destructive behaviors," "connect abortion with bad behaviors," and "conflict of relationships," were psychologically linked to their abortion decision. Existing research (Reardon & Ney, 2000) demonstrates that there is a link between women who have had an abortion and some negative behaviors such as drug and alcohol abuse. The results of this study however, indicate that some participants identified relationship conflict and marital distress as key motivators for seeking help as a result of their abortion decision. Therefore, it may prove fruitful for interventions to be aimed at the couple level and not just the individual level.

Extrinsic motivational factors totaled 35.5% as follows: powerful others (21.8%), printed information (11.2%), and audio/visual information (2.5%) responses. Although results of this study supported the hypothesis that intrinsic motivations were of primary importance, nonetheless extrinsic motivational factors were not insignificant. This was especially relevant in the age group 50-59 where extrinsic motivational factors were found to be the primary motivators (as will be discussed later in this section).

Of the six motivational categories, (which includes both intrinsic and extrinsic motivations) the third highest motivator, an extrinsic one, was “people or powerful others.” In other words, participants reported that they were more likely to attend the RV retreat due to the influence of another person. Implications of this finding suggest that people or powerful others can facilitate a post-abortive woman’s actions to seek help through RV retreats sooner. This finding also supports previous research on relatedness satisfaction that suggests people have an innate desire to feel close to others. When they feel close to others they sense that they have the resources needed to reinforce their general sense of well-being (Deci & Couchmann, 1999).

Extrinsic motivators of printed information and audio/visual information that led participants to attend an RV retreat accounted for 13.5% of responses. This result supports other findings in this study that inform how participants heard about RV retreats (church bulletin 26%; internet 14%; newspaper 4%). Implications for this finding suggest that there is an opportunity to reach out to post-abortive women through publications and the media. Marketing and awareness campaigns can be formulated using this medium in order to educate post-abortive women about RV retreats.

To reiterate, intrinsic motivational factors were primary motivators for most post-abortive women seeking psychological resolution to an abortion through RV

retreats except for the age distribution from 50-59 who were primarily motivated by extrinsic motivations (especially people or powerful others). Interestingly, women in this age category may now have adult children who may be facing similar challenges as they did at their age. Contrary to their decision to choose an abortion, their children may decide to have their baby and therefore this population may be witnessing the birth of grandchildren. Some participants (5.1%) indicated that they were motivated to attend the RV retreat due to the birth of a grandchild. Another consideration for the reason why this population may be more extrinsically motivated to seek psychological resolution to an abortion through RV retreats concerns the stage of life they may be facing, menopause. Most women experience menopause between the ages of 50-59. Menopause signals a woman's childbearing years are ending which may cause some post-abortive women to rethink their earlier life bearing decisions. Further study is needed to determine the factors which contributed to this population's extrinsic motivations for attending an RV retreat.

#### *Relatedness satisfaction*

Congruent with previous research (Little, et al., 2002; Deci and Ryan 2000) the results of this study indicate that relatedness satisfaction facilitated post-abortive women's behaviors for seeking psychological resolution to an abortion. However, when relatedness satisfaction was inhibited, as indicated by the lapse of time between an abortion and attending an RV retreat, post-abortive women's help-seeking behaviors were inhibited.

This study found that the majority of women (72%) initially sought two primary sources of help for psychological resolution to their abortion; a counselor and a priest.

Individual counselors and priests may be helpful in establishing conditions conducive to activating intrinsic motivations which are identified as determinants of relatedness satisfaction (Deci and Ryan, 2000).

When participants were asked how they heard about RV retreats results were consistent with previous research using the definition cited by Baumeister and Leary (1995); relatedness is “the desire to feel connected to others – to love and be loved and cared for” (p.231). According to this definition, a third of participants (33%) indicated that relatedness played an important role informing them about RV retreats.

Implications for this finding suggest that when individuals feel loved and cared for by another person they are more likely to listen to that person’s recommendations or advice. Further research is needed to confirm whether participants attended the RV retreat as a result of hearing about it from a source that meets their relatedness needs.

In addition, relatedness satisfaction played an important role in participants’ emotional disclosure concerning their abortion history. According to Major (1999) willingness to disclose emotional distress may be predictive of help-seeking behaviors and emotional disclosure is more likely to occur naturally in an environment that is safe and neutral. Most participants (76.5%) reported that up until the time of the RV retreat they had only told a few people about their abortion history. This finding supports previous research which suggests that the social environment can frustrate intrinsic motivation by thwarting an individual’s psychological need of relatedness (Ryan and Deci, 2000).

Implications for this finding suggest that women are not receiving the message that there is a safe and neutral environment for them to emotionally disclose any distress that may be present concerning their abortion history. Further education about the availability and effectiveness of RV is needed.



Finally, as will be discussed in the next section, most participants were married at the time of the RV retreat (56.2%) as compared to being single at the time of the abortion (66.4%). It would be of interest to further study the role relatedness satisfaction played in motivating married women to attend the RV retreat. In addition, as noted earlier, most participants reported that they only told a few people about their abortion history and of those only one quarter told their spouse. While it is not clear from the results of this study what percentage of married women told their current spouses it is likely that relatedness satisfaction within a marriage may provide opportunities for more married women to disclose their abortion history to their spouse, which may motivate married couples to seek psychological resolution to their abortion through RV retreats.

*Past and Present data pertinent to participants' abortion history: A comparison*

The results of a comparison of participants' past and present information pertinent to their abortion history indicated three areas of change: marriage status, abortion beliefs, and religious beliefs.

First, most participants (66.4%) were single when they had their first abortion but were married (56.2%) when they attended the RV retreat. As stated earlier, the results of this finding are important in understanding possible triggers that may have motivated this population to attend the RV retreat.

The second area of change that occurred had to do with participants' abortion beliefs. Most participants were uncertain, pro-choice or pro-choice leaning (64.4%) about their abortion beliefs at the time of their abortion, as compared to the majority of participants (71.3%) who were pro-life or pro-life leaning at the time of the RV retreat. The implications of these findings are several. First, it should be noted that an

understanding and possible integration of the meaning of being pro-life developed over the time that elapsed from the abortion until the participant attended the RV retreat. Further study is needed in order to understand why and when women's views about abortion changed. Second, participants who claimed to be pro-life in some capacity may be more motivated to seek psychological resolution to their abortion through RV retreats. In view of the fact that 71.3% of participants are pro-life leaning at the time of the RV retreat it would be especially effective to promote RV retreats at pro-life venues, e.g., conferences, workshops, publications, church services, internet, and media related sources. In addition, some participants (6.8%) indicated that they were motivated to attend the RV retreat because of the "birth of a child." It is not known, however, if their abortion beliefs changed as a result of the live birth. Further study on the motivational factors of post-abortive women who change their abortion beliefs as the result of a live birth could be done in order to determine whether they are more motivated to attend an RV retreat.

The final area of change among participants concerned religious beliefs. Given that the majority of RV retreats are Catholic it is presumed that Catholicism plays an important role in women's motivational factors for seeking psychological resolution to their abortion through RV retreats. At the time of the RV retreat two thirds of participants (68.1%) identified themselves as Catholic as compared to over half (54.1%) of participants who identified themselves as Catholic at the time of their first abortion. The latter number is surprising given the Catholic Church's teaching on abortion. However, many women may have felt nominally connected to their church at the time of their abortion. Furthermore, some women's local churches may not adequately minister to or be as effective in promoting supportive environments for women in the early stages of

emotional distress as the result of an abortion. In other words, relatedness satisfaction with one's Catholic faith may have been frustrated at the time of their abortion or before.

Another interesting finding emerged concerning religious beliefs. The number of participants who identified themselves as non-Catholic decreased by 30.5% from the time of the abortion to the time of the RV retreat, suggesting that a significant proportion of attendees changed their religious beliefs and identified themselves with Catholic beliefs. Previous research (Deci and Ryan, 2000) supports the finding that Catholic environments can provide conditions supportive to intrinsic motivations for seeking psychological resolution to an abortion. Catholic environments such as Mass, social events, educational venues, and conferences can help educate Catholic post-abortive women about RV retreats, nourishing their psychological need of *relatedness*. Once the psychological need of relatedness is activated the Catholic post-abortive woman may be motivated to seek psychological resolution to her abortion through RV retreats. Further research is needed in order to determine post-abortive women's relatedness satisfaction with their Catholic faith and the importance of this in their decision to seek help.

#### *Time variances in seeking help*

The results of the current study demonstrate significant gaps of time from the abortion event to women's help-seeking behaviors. Women who participated in the study waited almost 20 years before seeking psychological resolution to their abortion through RV retreats. One possible explanation is they had not heard about RV retreats. RV retreats did not begin operating under the name of Rachel's Vineyard until 1994. Before that time local therapeutic support groups were offered for post-abortive women through

the Center for Post-abortion healing (1986). Another explanation might be that they did not feel comfortable attending an RV retreat without feeling connected to someone associated with it. A third possibility might be that they already felt they had dealt with their abortion through other resources (counselor, priest, friends) and did not care to attend the RV retreat until a crisis occurred in their lives triggering a need to seek further psychological resolution to their abortion. Further research is needed in order to determine reasons for such a lengthy time elapse between an abortion and seeking help through RV retreats. One motive for seeking help through RV now could be that participants are at a level of greater relatedness allowing them to finally address their burden long-carried. Regardless of their reasons for delaying to seek help through RV retreats, these findings illustrate in a stunning way that for some women the pain of abortion is far from fleeting. The abortion event can rise to the level of a traumatic experience at any time since some women are still trying to come to terms with the emotional effects of their abortion 20 years later.

In addition to the long wait between a first abortion and attending an RV retreat, women's help-seeking behaviors were likewise delayed from other outside sources of help. Women waited an average range of 3-8 years between seeking help from either an individual counselor or a priest. Those who did seek help from a counselor waited an additional sixteen years before attending an RV retreat; and those who did seek help from a priest waited another eleven years before attending an RV retreat.

There are several implications to these findings. First, some women will seek help from an individual counselor (3.6 years) before some women will seek help from a priest (8.6 years). Several reasons could explain why this might occur. A woman who has had an abortion may feel morally judged by a priest, especially if she knows him.

Therefore, some women may feel safer seeking help from an anonymous source, such as an individual counselor, where she feels that her identity in the community will remain intact. Another reason may be that she feels that she has committed an unforgivable sin and cannot be forgiven by God as represented by her priest. She may feel overwhelmed with her abortion decision and lose hope that she can be spiritually healed. However, by attending an RV retreat, which is primarily Catholic she may desire to be reconciled back to her faith as one participant noted: “I want to pursue healing w/in the context of my Catholic faith, through the sacraments, w/the help of other women who have also had abortions and with the help of a priest as well.” Implications for this finding suggest that priests have an opportunity to be more welcoming to women who might be too afraid to approach them. This can be done by communicating from the pulpit that they are there to minister to them as a priest about their abortion experiences. Previous research (Major, 1999) has shown that emotional disclosure leads to psychological health and psychological health can lead to spiritual growth (Groeschel, 2000). Another implication of this finding suggests that individual counselors who have integrated their faith into their practice can make referrals to priests and help women reconcile back to God and the Church sooner.

Similarly, the long period of time elapsed between the time a woman seeks help from an individual counselor and attends an RV retreat suggests that individual counselors who understand the consequences (emotional, physical, and spiritual) of abortion have an opportunity to help women seek further psychological resolution to their abortion if they refer them to RV retreats much sooner.

The third elapse of time –an average of eleven years between the time a woman sought help from a priest and attended an RV retreat —is more noteworthy from a

Catholic perspective. The implication that priests may not be referring women to RV retreats could be significant. It is important to note, however, that 9% of participants reported they first heard about RV retreats from their priests or pastors and 26% learned about RV retreats from their church bulletins. This finding suggests priests can become facilitators in guiding post-abortive women to RV retreats in a more timely fashion and need to become more aware of RV retreats to better help women. Some participants who attended the retreat commented that they sought RV even though they felt forgiven by God (through a priest) because they still “needed to forgive themselves.”

#### *Limitations of the Current Study*

The current study represents an initial attempt to describe the motivations of women who sought psychological resolution to an abortion through RV retreats. Two issues related to research design methodology created limitations in this study. First, this study could be strengthened by the use of instruments that better define constructs of intrinsic and extrinsic motivations in relation to various social situations. This could be achieved by the utilization of assessment instruments possessing solid psychometric properties that define intrinsic/extrinsic motivations rather than constructing from answers obtained from open-ended questions and limited available multiple choice responses as was done in this study. The data from this study could be valuable in providing possible items for inclusion in future measures.

A second limitation of this study is that although the data came from a wide variety of geographical locations, descriptive statistics from the overall sample indicate that the participants were not diverse in terms of racial makeup and were limited in terms of

religious faith identification. Therefore, results are not generalizable to all racial and religious groups.

#### *Implications for Future Research Directions*

The intent of this study determined that intrinsic motivations were primary motivators for post-abortive women in seeking psychological resolution to an abortion through RV retreats. However, given that the nature of this study was unable to determine the process of movement to intrinsic motivations that triggered participant's help-seeking behaviors further research is needed in order to understand when intrinsic motivations developed. In addition, results point out that there is a long wait in participants' help-seeking behaviors. Additional research comparing the process of movement from extrinsic to intrinsic motivations and the lag time in help-seeking behaviors may shed light.

Finally, additional research is needed in order to determine what role marriage plays in developing motivations for help-seeking behaviors among post-abortive women. The results of this study found that more than half of the participants (56.2%) were married at the time of the retreat as compared to the majority (80.7%) who were not at the time of their first abortion. Women who participated in the RVRS reported that after almost twenty years since their abortion they only told a few people (76.5%). Three quarters of those (77%) did not tell their husbands. The implication of this finding is that women who participated in the RVRS did not feel that their relationships were secure enough to reveal their abortion.

In addition, further research on the importance of the psychological need of relatedness satisfaction may yield knowledge that may help women end the secrecy

about their abortion earlier. This is important because research (Major, 1999) indicates that women who inhibited distressful disclosure may constrain the abortion experience, which can later surface in the form of psychopathology. In addition, there is a positive relationship between revealing stress related emotions and thoughts and psychological and physical health (Major, 1999).

*Programmatic Implications:*

The results of this study also have implications for clinical use. Primarily, results suggest that clinicians can develop a therapeutic environment conducive to enhancing a post-abortive woman's psychological need of relatedness. Such supportive environments can create higher relatedness satisfaction within the therapeutic relationship thus allowing post-abortive women the freedom to disclose distressful emotions associated with an abortion experience. In addition, higher relatedness satisfaction can promote intrinsic motivations and the internalization of extrinsic motivations necessary components needed to facilitate help-seeking behaviors for further psychological resolution to an abortion through RV retreats.

It is this researcher's recommendation that such supportive environments be created not only in the therapy room but also in the client's everyday world. In other words, meet the client where he/she is at. Data from this study pinpoints where the majority of RV participants are today. They are Catholic in their religious beliefs (68.1%); pro-life leaning in their abortion beliefs (71.3%); highly educated (83.8%); married (56.2%); and those between the ages of 22-49 are primarily intrinsically motivated to seek help for psychological resolution to their abortion through RV retreats (64.5%).



The above profile suggests the need for an awareness campaign aimed at married couples within the Catholic Church. This is not an easy task as this awareness campaign must be conducive to nourishing a post-abortive couple's psychological need of relatedness. In other words, the couple must feel connected to the people and the mission of the awareness campaign. In order to feel connected to others they must believe that they are understood by them. Such relatedness satisfaction can happen by identifying with other couples who are post-abortive. According to the results of this study a very important consideration must be given to spouses of post-abortive women who may not be aware that they are a post-abortive couple. The awareness campaign therefore must be presented to married couples in a non-threatening way. The format of the proposed campaign could make available support systems, such as RV retreats; marital counselors; priests trained in post-abortion healing, etc. to help strengthen couples during their healing process.

The proposed Married Couple's Awareness Campaign's (MCAC) mission could be to make couples aware that there are ministries available through the Catholic Church that can provide a nurturing supportive environment for couples to heal from the negative consequences of an abortion.

Four possible goals for such a campaign could be: Married couples can be aware that

1. They are not alone and there is help available through the Catholic Church.
2. Through sacramental grace there is hope that trust which may have been broken due to the secret of an abortion, can be restored in the marriage and the marital union can become stronger.

3. The Catholic Church, through its ministries has the tools and support systems necessary to nourish couples during their healing process.
4. Married couples can share their healing experiences through Catholic ministries such as RV retreats in order to help other couples heal from the consequences of an abortion.

The proposed MCAC could begin by raising awareness to its own members in the Catholic Church through its ministries such as marriage encounter (retreat for married couples), retrouvaille (retreat for troubled marriages); natural family planning classes, and perhaps pre-cana conferences (weekend retreat before marriage). These ministries can incorporate into their current format the testimonies of married couples who are post-abortive so that they can make other couples become aware that they are not alone if they too have experienced an abortion. Through this format RV retreats can be introduced as a source of healing for couples who may not know there is a place within the Church to seek psychological resolution to their abortion.

With the permission of these courageous post-abortive married couples RV retreats could help them resolve their grief as a couple so that they could become instruments of healing to other married couples. These married couples could give witness to other couples and form small support groups in their own parishes. In addition, their healing testimonies could be published in church bulletins, diocesan papers, news articles, and the internet. MCAC could make post-abortion healing resources such as RV retreats more identifiable and obtainable to post-abortive couples.

References

- Angelo, E.J. (1996). Post-abortion grief (psychological effects of abortion). *The Human Life Review*, 22(4), 43-44.
- Archer, J. (2001). Broad and narrow perspectives in grief theory: Comment on Bonanno and Kaltman (1999). *Psychological Bulletin*, 127(4), 554-560.
- Ashton, J.R. (1980). The psychosocial outcome of induced abortion. *British Journal of Obstetrics & Gynecology*, 87:1115-1122.
- Badgley, R., (1977). Report of the Committee on the Operation of the Abortion Law. *Ottawa: Supply and Services*, 313-321.
- Barnard, C. (1990). *The long-term psychological effects of abortion*. Portsmouth, NH: Institute for Pregnancy Loss.
- Batson, C.D., & Thompson, E.R. (2001). Why don't moral people act morally? Motivational considerations. *American Psychological Society*, 10(2): 54-57.
- Bowles, S.V., James, L.C., Solursh, D.S., Yancey, M.K., Epperly, T.D., Folen, R.A., Masone, M. (2000). Acute and post-traumatic stress disorder after spontaneous abortion. *American Family Physician*, 61(6), 1-10.
- Brown-Shaw, M., Westwood, M., & DeVries, B. (1999). Integrating personal reflection and group-based enactments. *Journal of Aging Studies*, 13(1): 109-119.
- Burke, T., & Reardon D. (2002). *Forbidden Grief*. Springfield, IL: Acorn.

- Coleman, P.K., Reardon, D.C., Rue, V.M., & Cogle, J.R. (2002). State-funded abortions vs. deliveries: A comparison of outpatient mental health claims over five years. *American Journal of Orthopsychiatry*, 72(1). 141-152.
- Coleman, P.K., Reardon, D.C., & Cogle, J. (2002). The quality of care giving environment and child development outcomes associated with maternal history of abortion using the NLSY data. *Journal of Child Psychology and Psychiatry*. 43(6): 743-757.
- Creswell J. W., (1998) *Qualitative inquiry and research design. Choosing among five traditions*. London, England: Sage. 250.
- David, H. Rasmussen, N. & Holst, E., (1981) Postpartum and postabortion psychotic reactions," *Family Planning Perspectives*, 13:88-91.
- Deci, E.L., & Ryan, R.M. (1985). *Intrinsic motivation and self determination in human behavior*. New York, NY: Plenum.
- Diagnostic and Statistical Manual of Mental Disorder-IV-TR* (2000). Fourth Edition, Text Revision. Washington, DC: American Psychiatric Association.
- DiClemente, C.C. (1999). Motivation for change: Implications for substance abuse treatment. *Psychological Science*, 10(3): 209-217.
- Dillman, Don. A. (2000). *Mail and internet surveys, the tailored design method*. New York, NY: Wiley & Sons.
- Elliot, A.J., & Sheldon, K.M. (1997). Avoidance achievement motivation: A personal goals analysis. *Journal of Personality and Social Psychology*, 73(1): 171-185.
- Grisez, G. (1970). *Abortion: the myths, the realities, and the arguments*. New York, NY: Corpus Books.

- Groeschel, B. (2000). *Spiritual passages*. New York, NY: The Crossroad Publishing Company.
- Herman, (1992) *Trauma and recovery*. New York, NY: Basic Books.
- Kaufmann, K. (1997). *The abortion resource handbook*. New York, NY: Simon & Schuster.
- Kent, I. & Nicholls, W. (1981). Bereavement in post-abortion women: A clinical report. *World Journal of Psychosynthesis*, Autumn-Winter, 13: 3-4.
- Klass D., & Heath, A.O. (1996-7). Grief and abortion: Mizuko Kuyo, The Japanese ritual resolution. *Omega*, 34(1): 1-14.
- Kubler-Ross, E. (1969). *On death and dying*. New York, NY: Touchstone.
- Kushner, M.G. & Sher, K.J. (1991). The relation of treatment fearfulness and psychological service utilization: An overview. *Professional Psychology: Research and Practice*. 22(3), 196-203.
- Leahy, J.M. (1992-3). A comparison of depression in women bereaved of a spouse, child or a parent. *Omega*, 26(3), 207-217.
- Major B. et al. (2000). Psychological responses of women after first-trimester abortion. *Archives of General Psychiatry*, 57:777-784
- Major, B., Cooper, M.L., Zubek, J.M., Cozzarelli, C., & Richards, C. (1997). Mixed messages: Implications of social conflict and social support within close relationships for adjustment to a stressful life event. *Journal of Personality and Social Psychology*, 72(6): 1349-1363.
- Major, B.; Richards, C., Cozzarelli, C., Cooper, M.L., & Zubek, J. (1998). Personal resilience, cognitive appraisals, and coping: An integrative model of adjustment to abortion. *Journal of Personality and Social Psychology*, 74(3), 735-752.

- Major, B., & Gramzow, R.H. (1999). Abortion as stigma: Cognitive and emotional implications of concealment. *Journal of Personality and Social Psychology*, 77(4), 735-745.
- Major, B., Cozzarelli, C., Sciacchitano, A.M., Cooper, M.L., Testa, M., & Mueller, P.M. (1990). Perceived social support, self-efficacy, and adjustment to abortion. *Journal of Personality and Social Psychology*, 59(3), 452-463.
- Mannion, M. T. (1996). *Abortion and healing: A cry to be whole* (2<sup>nd</sup>. ed.) Kansas City, MO: Sheed & Ward.
- Mannion, M.T. (1994). *Post-abortion aftermath*. Kansas City, MO: Sheed & Ward.
- McCarthy, C., (1971). A psychological view of abortion. *The Washington Post*. 2(3).
- McCarthy, C., (1989). The real anguish of Abortions. *The Washington Post*.
- Morgan, C.M., Evans M., Peter, J.R., & Currie, C. (1997). Mental health may deteriorate as a direct effect of induced abortion. *British Medical Journal*, 314:902.
- Planned parenthooddotorg fact sheet* (2001). The emotional effects of induced abortion. Katharine Dexter McCormick Library, New York, NY See [www.plannedparent-hood.org/pp2/portal/files/portal/medicalinfo/abortion/fact-010600-emoteff.xml](http://www.plannedparent-hood.org/pp2/portal/files/portal/medicalinfo/abortion/fact-010600-emoteff.xml).
- Ponzetti, J.J. (1992). Bereaved families: A comparison of parents' and grandparents' reactions to the death of a child. *Omega*, 25(1), 63-71.
- Reardon, D.C. (1996). Their deepest wound: An analysis. *The Post-Abortion Review*, 4(23).
- Reardon, D.C., & Cogle, J.R. (2002). Depression and unintended pregnancy in the national longitudinal survey of youth: A cohort study. *British Medical Journal*, 324: 151-152.

- Reardon D. C., & Ney P.G. (2000). Abortion and subsequent substance abuse. *American Journal of Drug and Alcohol Abuse*, 26: 61.
- Reardon, D. C., Ney, P.G., Scheuren, F., Cogle J., Coleman P.K., & Strahan T.W. (2002). Deaths associated with pregnancy outcome: A record linkage study of low income women. *Southern Medical Journal*, 95(8), 834-841.
- Ryan, R.M. (1995). Psychological needs and the facilitation of integrative processes. *Journal of Personality*, 63(1), 397-427.
- Ryan, R.M., & Deci, E.L. (2000a). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55, 68-78.
- Ryan, R.M., & Deci, E.L. (2000b). The darker and brighter sides of human existence: Basic psychological needs as a unifying concept. *Psychological Inquiry*, 11(4), 319-338.
- Rue, V. (1997). The psychological safety of abortion: The need for reconsideration. *Post-abortion Review*, 5(4).
- Schwartzberg, S.S., & Halgin, R.P. (1991). Treating grieving clients: The importance of cognitive change. *Professional Psychology: Research and Practice*, 22(3), 240-246.
- Speckhard, A., & Rue, V., (1992). Postabortion syndrome: An emerging public health concern. *Journal of Social Issues*, 48(3), 95-119.
- Stratman, A.C., (2004). The effects of motivational style and agentic beliefs on well-being and social self-concept. *Dissertation* submitted to University of Kansas. 1-7.
- Swope, P. (1998). Abortion: A failure to communicate. *First Things*, 5(82), 31.

- Thorp, J.M., Hartman, K.E., & Shadigian, E. (2003). Long-term physical and psychological health consequences of induced abortion: Review of the evidence. *Obstetrical & Gynecological Survey, 58*(1), 67-79.
- Trolley, B.C. (1993-4). A bridge between traumatic life events and losses by death. *Omega, 28*(4), 285-300.
- Tucker-Ladd, C.E. (2000). Psychological self-help. *Mental Health Net. Mentalhealth.net*. CenterSite, LLC. See [www.mentalhelp.net/psyhelp](http://www.mentalhelp.net/psyhelp).
- Vogel, D.L., & Wester, S.R., (2003). To seek help or not to seek help: The risks of self-disclosure. *Journal of Counseling Psychology, 50* (3), 351-361.
- Yang, J.A. & Jackson, C.L. (1998). Overcoming obstacles in providing mental health treatment to older adults getting in the door. *Psychotherapy: Theory, Research, Practice, Training. 35*(4), 498-505.
- Zeitlin, S.B., & McNally, R.J. (1991). Implicit and explicit memory bias for threat in post-traumatic stress disorder. *Behavioral Research Therapy, 29*(5), 451-457.



APPENDIX A

*Assessment Tools:*

Facilitator Cover Letter  
Facilitator Instructions  
Greeter Instructions of Rachel's Vineyard Staff Member  
Participant Questionnaire Instructions  
Participant Cover Letter  
Participant Informed Consent  
Participant Questionnaire (RVRS)

FACILITATOR COVER LETTER

Dear RV Facilitator;

As the facilitator of this Rachel's Vineyard Retreat, I am forwarding the enclosed materials to you as part of a research project for my doctoral dissertation to determine motivational factors that have led participants to seek help following an abortion. This information is intended to assist Rachel's Vineyard Facilitators, Professional Counselors, Pastors, and other individuals who work with those suffering from the effects of an abortion. With the special permission of Dr. Theresa Burke, I am conducting this research at various Rachel's Vineyard retreats nationwide in order to obtain a representative sample population.

Your participation and cooperation in this project is greatly appreciated.

Enclosed in your packet of materials are individual envelopes ready to present to each retreat participant. Please make sure each participant receives an envelope. Any excess envelopes can be used for a future retreat or sent back to me with the sealed responses from the retreat participants.

I have also enclosed a stamped return self addressed priority envelope with a removable label marked "*questionnaire*" which is to be used to collect the sealed envelopes containing the participant responses. At the end of the first night the separately collected informed consent forms should be placed in this same priority envelope with the participant responses, sealed and sent back to me at the end of the weekend retreat.

In order to insure the validity of the results obtained, specific instructions are attached that must be consistently and uniformly followed for each retreat weekend for each retreat participant. Please be sure to read the instructions as written

Thank you again for your help in this most important research.

Sincerely,

Christina Lynch M.S., Clinical Psychology

### FACILITATOR INSTRUCTIONS

- Please have an **envelope** for each participant ready for distribution upon their arrival Friday night.
- Envelopes are to be given to the retreat participants **in their room**, by the greeters or other staff who meet and escort the participants to their room at the time of their arrival.
- Prepare **greeters** to instruct retreat participants as follows: (see attached copy to be read by greeters)
- **Before** the first meeting begins, please make an announcement to the retreat participants, exactly as follows:

**Please place your sealed questionnaire responses in the provided envelope marked “Questionnaire.” The envelope marked “Questionnaires” is located (indicate location).**

- Please also announce:

**A staff member will pick up your consent forms that you have left folded on your bed at the end of tonight (Friday).**

- Please have a staff member **collect the consent forms** Friday evening and place all of them in the envelope marked “*Questionnaire*” which is a self-addressed stamped return priority envelope provided.
- On **Friday**, during the last session or wrap up for evening, please say:

**Thank you for your participation in the voluntary questionnaire that you filled out this evening. Your personal experience can help us help many others like yourself and your participation is greatly appreciated. If you are interested in gaining general results of this questionnaire, they will be available after two years by writing to Rachel’s Vineyard Retreats.**

- Early Saturday morning before the first gathering, please **seal** the self-addressed stamped return priority envelope marked “*Questionnaire.*” Remove the word “*Questionnaire*” from the envelope and drop the priority envelope in the post box immediately after the end of the retreat.
- If you have **another retreat** within the next three months please use the additional envelopes for your next retreat and follow the same procedures as above.

GREETERS INSTRUCTIONS OF RACHEL'S VINEYARD STAFF MEMBER

I have been asked to give you this packet, which contains a voluntary confidential questionnaire.

All the instructions are listed on the outside of the packet. Please take some time to read these instructions and complete the questionnaire before our first meeting begins. The instructions should answer any questions you have.

Your sealed responses are confidential and can be placed in the envelope marked "*Questionnaire*" which is located..... (indicate location).

### PARTICIPANT QUESTIONNAIRE INSTRUCTIONS

Enclosed is a questionnaire that is intended to better understand what motivated you to seek help as a result of an abortion. You are under no obligation to participate. Your responses are confidential.

With your consent, however, many others can benefit in the future from your experience. The results of this questionnaire are intended to help others like yourself find the hope and healing they too desire.

I would like to express my sincere appreciation to you for taking the time to fill out this questionnaire.

- Please read the cover letter enclosed.
- Please sign the informed consent form. Please leave the form folded on your bed and a Rachel's Vineyard volunteer staff member will pick this up separately Friday evening to insure confidentiality.
- Take the questionnaire out of the envelope.
- Complete the questionnaire immediately **before** the beginning of the weekend retreat.
- Immediately place the questionnaire back in the envelope provided.
- Seal it (to insure confidentiality).
- Place the envelope in the envelope marked "*Questionnaire*" before your first meeting tonight. A staff member will tell you where this envelope is located.

Remember this is not a test with right and wrong answers but intended to help others as a result of your own personal experience.

PARTICIPANTS COVER LETTER

Dear Rachel's Vineyard Participant;

Thank you again for taking the time to share your personal experience.

This questionnaire is part of a research project for a doctoral dissertation in Clinical Psychology. The results from this questionnaire will be **SUMMARIZED IN AN ANONYMOUS FORM** to determine motivational factors that have led people to seek help from an abortion. This information will assist Rachel's Vineyard Facilitators, Professional Counselors, Pastors, and other individuals who work with those suffering from the effects of abortion. This study has the permission of Dr. Theresa Burke, Foundress of Rachel's Vineyard. If you are interested in obtaining general questionnaire results you can write to Rachel's Vineyard after two years since it will take that long to collect and summarize the data. You can obtain their address via their website at [www.rachelsvineyard.org](http://www.rachelsvineyard.org).

Enclosed please find a voluntary confidential questionnaire, which I would like you to fill out **BEFORE** your weekend retreat begins. Please do not identify yourself on the questionnaire. When you are finished filling it out, please put it in the envelope provided, seal it, and place it in the provided envelope marked "**Questionnaire**" before your first meeting tonight. If you find any questions that you choose not to answer please leave them blank and indicate you do not wish to respond to them. In addition if you wish to add any information use the backside of the questionnaire for that purpose and indicate the question number for clarity.

**Important: BEFORE** you begin to fill out the voluntary questionnaire please sign the enclosed **Informed Consent**. You must sign your full name. Please leave this form folded on your bed so it can be picked up separately from your questionnaire by a Rachel's Vineyard staff member to insure confidentiality.

PLEASE ACCEPT MY THANKS for your willingness to be open and share your personal experience.

Sincerely,

Christina Lynch, M.S. in Clinical Psychology

PARTICIPANT'S INFORMED CONSENT

I understand at the start of this Rachel's Vineyard Retreat, I will partake in a voluntary questionnaire that will ask information regarding my general background and abortion history.

The **questionnaire** will be used for a doctoral dissertation exploring ways to assist people experiencing post-abortion trauma. The results of this study are intended to help Rachel's Vineyard facilitators, counselors, pastors, and other individuals identify motivational factors that led to seeking help related to an abortion experience.

**Confidentiality:** I understand that the questionnaire is completely anonymous (my name will not be attached to my individual responses in any way).

I understand that a **counselor** and a priest are available during the Rachel's Vineyard Retreat. If I am upset in any way by the questions I may speak to them regarding my concerns.

I understand that I am under no obligation to participate and **voluntarily** wish to share in this questionnaire so that my experience may help others with post-abortion healing.

I understand that I may discontinue my participation in this questionnaire at any time.

---

(Please Sign your full name)

RACHEL'S VINEYARD RETREAT SURVEY (RVRS)

PLEASE COMPLETE THIS QUESTIONNAIRE TO HELP US DETERMINE MOTIVATIONAL FACTORS THAT LED YOU TO SEEK HELP. ALL YOUR ANSWERS WILL BE KEPT COMPLETELY CONFIDENTIAL. THE RESULTS WILL BE SUMMARIZED IN A STATISTICALLY ANONYMOUS FORM AND ARE INTENDED TO HELP RACHEL'S VINEYARD FACILITATORS, PROFESSIONAL COUNSELORS, PASTORS, AND OTHER INDIVIDUALS TO BETTER MEET YOUR NEEDS AND THE NEEDS OF OTHERS LIKE YOU.

IT IS IMPORTANT THAT YOU FILL OUT THIS QUESTIONNAIRE **BEFORE** YOUR WEEKEND RETREAT BEGINS. DO NOT IDENTIFY YOURSELF IN ANY WAY. WHEN FINISHED, PLEASE PUT YOUR RESPONSES IN THE BLANK ENVELOPE PROVIDED, SEAL IT, AND PLACE IT IN THE PREPARED ENVELOPE MARKED "QUESTIONNAIRE" BEFORE YOU BEGIN YOUR FIRST MEETING. (A Rachel's Vineyard Staff member will indicate where this envelope is located). **Do not include your name.**

1. Age\_\_\_\_\_
2. What is your race or ethnic origin?  
\_\_\_\_\_
3. What is the highest grade YOU COMPLETED in your education?
  - a. Less than 12 YEARS
  - b. High School Graduate – 12 YEARS
  - c. Some College – 13 TO 15 YEARS
  - d. College Graduate
  - e. Some Graduate Level Coursework
4. Are you here in support of someone else who has had an abortion?  
YES \_\_\_\_\_ NO \_\_\_\_\_
- 4a. If Yes to question 4 please explain why you are here?
- 4b. If No to question 4 please explain why you are here?



5. Current marital status?
  - a. Single
  - b. Married
  - c. Never married
  - d. Divorced
  - e. Separated
  - f. Widowed
  
6. Marital status at the time of the abortion (circle status at time of first abortion if more than one)?
  - a. Single
  - b. Married
  - c. Never married
  - d. Divorced
  - e. Separated
  - f. Widowed
  
7. Current religious affiliation?
  - a. Protestant
  - b. Jewish
  - c. Catholic
  - d. Muslim
  - e. Other (please specify)
  - f. None
  
8. Religious affiliation at the time of the abortion?
  - a. Protestant
  - b. Jewish
  - c. Catholic
  - d. Muslim
  - e. Other (please specify)
  - f. None
  
9. What are your current abortion beliefs?
  - a. Pro-life
  - b. Pro-life w/some reservations
  - c. Pro-choice w/some reservations
  - d. Pro-choice
  - e. Uncertain
  - f. Other (Please explain)

10. What were your abortion beliefs at the time of the abortion?
  - a. Pro-life
  - b. Pro-life w/some reservations
  - c. Pro-choice w/some reservations
  - d. Pro-choice
  - e. Uncertain
  - f. Other (Please explain)
  
11. How did you become familiar with Rachel's Vineyard Retreat?
  - a., Church Bulletin
  - b. Newspaper
  - c. Internet
  - d. Friends
  - e. Professional counselor
  - f. Project Rachel
  - g. Pregnancy Center
  - h. Priest/Pastor
  - i. Other
  
12. Have you previously sought outside help regarding the abortion?  
YES \_\_\_\_\_ NO \_\_\_\_\_
  
13. If yes, who was the first outside source of help you sought specifically regarding your abortion?
  - a. Priest
  - b. Pastor
  - c. Individual counselor
  - d. Marriage counselor
  - e. School counselor
  - f. Project Rachel
  - g. Other (please specify)
  
14. If yes, when did you seek outside help to the problems related to the abortion? (If no skip to #15)
  
15. If you have had previous counseling, in your own words, what led you to seek help regarding your abortion? (Use back side if necessary and indicate question #15).
  
16. What led you to decide to attend Rachel's Vineyard Retreat this weekend?

17. Indicate how each of the following has influenced your decision to attend this Rachel's Vineyard retreat weekend? (Circle the number that fits most closely)

	Not at all __1__	Some __2__	Moderately __3__	Mostly __4__	Totally __5__
Crisis in my life	__1__	__2__	__3__	__4__	__5__
A friend	__1__	__2__	__3__	__4__	__5__
Spouse	__1__	__2__	__3__	__4__	__5__
Boyfriend	__1__	__2__	__3__	__4__	__5__
Counselor					
Ad in Church Bulletin	__1__	__2__	__3__	__4__	__5__
Birth of a child	__1__	__2__	__3__	__4__	__5__
Anniversary of my abortion	__1__	__2__	__3__	__4__	__5__
Birth of a grandchild	__1__	__2__	__3__	__4__	__5__
Problem pregnancy	__1__	__2__	__3__	__4__	__5__
Fertility problems	__1__	__2__	__3__	__4__	__5__
Miscarriage	__1__	__2__	__3__	__4__	__5__
13. Death of a loved one	__1__	__2__	__3__	__4__	__5__
Death of a pet	__1__	__2__	__3__	__4__	__5__
Other _____					

18. Who have you told about your abortion?

- No one
- One person (if only one person indicate type of acquaintance e.g. spouse, friend, parent)
- Only a few (list types of acquaintances)
- Most people know
- Other

19. Have you had more than one abortion? If answer is yes and you are comfortable please list how many abortions you have had? (All answers are confidential)

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes how many

20. How long has it been since your abortion? If more than one abortion, list the approximate date of each abortion.

- a. Less than one year (specify length)
- b. 1-2 years
- c. 2-5 years
- d. 5-10 years
- e. 10-15 years
- f. 15-20 years
- g. 20-25 years
- h. Longer than 25 years (specify length)

22. Do you have any special issues or comments to add?

Thank You