

Healing from the Heartbreak: An Integrated Counseling Program for Women Coping with Post-Abortion Traumatic Stress Disorder: A case series.

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Abstract:

This study aimed to evaluate the effectiveness of an integrative program (cognitive-behavioral, Logotherapy and religious therapy) in reducing the symptoms of post-traumatic stress disorder (PTSD) in women who experienced recurrent abortions. Three women with a history of recurrent abortions and symptoms of PTSD were recruited for the study. The program consisted of ten sessions that focused on breathing and meditative relaxation skills, pleasant activities, cognitive restructuring, Finding meaning and acceptance of abortion acceptance of the problem, problem-solving skills, and linking thoughts with feelings and behaviors. The results showed a significant improvement in the PTSD symptoms of all participants. The study suggests that the integrative program (cognitive-behavioral, Logotherapy and religious therapy) can be an effective intervention for women with a history of recurrent abortions and symptoms of PTSD. The study also highlights the importance of addressing the psychological impact of recurrent abortions on women's mental health.

Keywords: cognitive-behavioral therapy, Integrative guidance, Logotherapy, post-traumatic stress disorder, recurrent abortions.

Introduction:

Loss of a pregnancy before to the 20th week of gestation is characterized as a miscarriage or spontaneous abortion (Quenby et al., 2021). According to Devall and Coomarasamy (2020), up to 20% of all pregnancies are impacted by this condition. Some women who have experienced a miscarriage may have long-lasting emotional and psychological pain, even if many others are able to move on with their lives relatively fast after the event (Nynas et al., 2015). Post-abortion traumatic stress disorder (PATSD), marked by symptoms including intrusive thoughts, flashbacks, and hyperarousal, might emerge as a result of this trauma (Biggs et al., 2016).

There is an increasing interest in using integrated counseling programs to address PATSD, despite the lack of evidence on the prevalence and treatment of this disorder. Cognitive-behavioral therapy, mindfulness-based stress reduction, and interpersonal therapy are only some of the common psychological therapies used in such programs (Omidi et al., 2013).

Women sometimes suffer emotional discomfort after experiencing a miscarriage. Some women have prolonged psychological suffering following a miscarriage, while others are able to move on with their life. (Kukulskien and emaitien, 2022a). In the weeks and months after a miscarriage, up to 25% of women develop symptoms of despair, anxiety, and post-traumatic stress disorder (PTSD) (Kukulskien and emaitien, 2022b).

Whether a woman had an abortion voluntarily or involuntarily, it can have lasting effects on her mental health (Reardon, 2018). Anxiety, despair, post-traumatic stress disorder (PTSD), and other types of psychological discomfort are only some of the mental health issues that some women who have had abortions have reported (Kerns et al., 2022). In the event of an unintentional abortion, such as a miscarriage, these issues may be amplified to a greater degree (Farren et al., 2016).

After an abortion, many women experience anxiety (Pourreza & Batebi, 2011). Concerns about physical health, future fertility, and the possibility of future miscarriages or other pregnancy difficulties can all contribute to a woman's anxiety (Al Ghadeer et al., 2021). Nervousness, apprehension, inability to sleep, and bodily symptoms like heart palpitations and perspiration are all indicators of anxiety (San Lazaro Campillo et al., 2017).

Post-abortion depression is another prevalent mental health issue. Depression, pessimism, and despair are common among women who have had abortions, especially if the procedure was forced upon them (Kulathilaka

et al., 2016). A woman's capacity to work, socialize, and take care of herself and her family can all be negatively impacted by depression (Singh and Misra, 2009).

Abortion is associated with a heightened risk of post-traumatic stress disorder (PTSD). The risk of post-traumatic stress disorder (PTSD) is higher for women who have undergone an involuntary abortion, such as a miscarriage (Wallin Lundell et al., 2017). Abortion-related flashbacks, nightmares, and heightened arousal levels are all symptoms of post-traumatic stress disorder. A woman's everyday life might be severely disrupted by these symptoms, making it difficult for her to do her job and take care of her family (Seng et al., 2010).

Women who have had post-abortive mental health issues may benefit from a variety of psychiatric therapies (Raphi et al., 2021). The goal of cognitive-behavioral therapy (CBT) is to help patients recognize and change unhelpful ways of thinking that may be contributing to their emotional distress. Women who suffer from post-abortion anxiety or sadness may benefit from cognitive behavioral therapy (Qin et al., 2022).

Finding one's true calling in life is the subject of logotherapy, a kind of psychotherapy. It was created by Viktor Frankl, an Austrian physician and neuroscientist, who himself survived Nazi concentration camps during World War II (Parker, 2022). Depression, anxiety, addiction, and other mental health problems are commonly treated using logotherapy. Methods for doing so range from talking to changing one's conduct (Raji Lahiji et al., 2022). Finding one's life's meaning and building on it to achieve better well-being and development is the ultimate objective of logotherapy (Baumel & Constantino, 2020).

Psychotherapy known as Religious Cognitive-Emotional Therapy (RCET) combines traditional talk therapy with the client's own personal religious values and practices. It's predicated on the idea that a person's religious beliefs may affect their thoughts, feelings, and actions, and that include such beliefs in therapy might help patients improve their mental health and happiness (Rajaei, 2010).

Prayer, scripture reading, and meditation are incorporated into RCET along with cognitive-behavioral therapy strategies that aim to alter dysfunctional ways of thinking and doing (Pearce et al., 2015). In cognitive behavioral therapy, the therapist helps the patient recognize unhelpful ways of thinking and believing in order to reframe such ideas in a more positive and productive light, so alleviating the patient's emotional and psychological discomfort (de Abreu Costa & Moreira-Almeida, 2022).

Women who have had psychological difficulties following an abortion may also benefit from mindfulness-based stress reduction (MBSR) (Nasrollahi et al., 2022). Mindfulness-based stress reduction (MBSR) is a meditation technique that emphasizes nonjudgmental awareness of one's immediate surroundings. This can aid women in learning to control their feelings and alleviate stress and despair (Goldin and Gross, 2010).

Women who have suffered psychological difficulties after having an abortion may also benefit from interpersonal therapy (IPT). In order to alleviate anxiety and sadness, IPT looks for and treats underlying relationship issues (Johnson et al., 2016). Beyond these approaches, a variety of other services and supports exist for women who have struggled emotionally after having an abortion. Peer support may come in many ways, including in-person gatherings, virtual communities, and more. Abortion-experienced women can overcome their mental health issues and go on with their lives with the right support (Stentzel et al., 2023) if they have access to a variety of tools and therapies.

The purpose of this research is to determine if and how an integrated counseling program will alleviate PATSD symptoms in a population of Saudi women who have had many miscarriages. We want to contribute to a deeper understanding of the potential advantages of integrated counseling programs for this group by analyzing the effect of this program on a variety of psychological outcomes, including as PATSD symptoms, depression, anxiety, and quality of life.

Study Questions:

The present study aims to investigate the effectiveness of an integrated counseling program to reduce the symptoms of post-abortion traumatic stress disorder in a sample of women who have had repeated abortions. To achieve this aim, the study addresses the following research questions:

1. What is the effectiveness of the integrative counseling program in reducing symptoms of post-abortion trauma disorder among women who have experienced recurrent miscarriages?

Research Hypothesis:

Based on the study questions, the following research hypothesis is proposed:

1. Hypothesis 1: Women who receive the integrated counseling program will show a significant reduction in post-abortion traumatic stress disorder symptoms compared to women who do not receive the counseling program.
2. Hypothesis 2: The specific interventions used in the integrated counseling program (cognitive-behavioral therapy, mindfulness-based stress reduction, and interpersonal therapy) will have a significant impact on reducing post-abortion traumatic stress disorder symptoms in women who have had repeated abortions more than once and have not had children.

Methodology:

This study aimed to investigate the effectiveness of an integrated counseling program in reducing symptoms of post-abortion traumatic stress disorder in a sample of women who have had repeated abortions. The study used a structured approach with the following methodology.

Research design:

The study design was a case series that aimed to evaluate the effectiveness of An integrative program (cognitive-behavioral, Logotherapy and religious therapy) program in treating post-traumatic stress disorder (PTSD) in women who had experienced recurrent abortions. Three cases were recruited to participate in the study, and each case received ten weekly sessions of An integrative program (cognitive-behavioral, Logotherapy and religious therapy).

Participants:

The study sample consisted of three Saudi women, all of whom had experienced repeated miscarriages two or three times and had not been able to have children. Their ages ranged between 27-35 years, and all of them were housewives. One of the participants had experienced repeated abortions three times after having two children. The counseling program was implemented no less than a year after the last miscarriage for each participant. None of the participants had used any psychotropic medications prior to or during the counseling program.

Instruments:

The study utilized two tools: the Post-Traumatic Stress Disorder (PTSD) Scale and a counseling program through clinical interviews. The PTSD scale used in the study was the one translated into Arabic by Dr. Mohammed Mustafa, which is a localization and codification of the DSM-5 criteria for PTSD. This scale was used to assess the severity of PTSD symptoms in the participants before and after the counseling program (Mostafa, 2020).

Validity:

Correlative validity was assessed by calculating the correlation coefficient between the scale and an external criterion (post stress scale by Davidson). The coefficient value was significant at the level of 1.16, indicating good validity.

Factorial validity was assessed using confirmatory factor analysis, which resulted in all items saturating on one general factor, indicating good construct validity.

Reliability:

Stability of the scale was assessed using Cronbach's alpha coefficient and the "Getman" equation. Both methods showed high stability, with values of 1.48 and 1.46, respectively.

Internal consistency was assessed by calculating the correlation coefficient between each item and the total score, which ranged between 1.44 - 1.74, indicating good consistency.

Counseling program:

The counseling program utilized in the study consisted of multiple psychological interventions, including an integrative program (cognitive-behavioral, Logotherapy and religious therapy), The counseling program was implemented no less than a year after the last miscarriage for each participant. The program was held either through direct sessions with the cases and sometimes remotely via the Internet.

Procedures:

The study aimed to evaluate the effectiveness of a treatment program that combines cognitive-behavioral therapy, religious guidance, and meaning therapy for reducing post-abortion traumatic stress disorder (PTSD) symptoms. The treatment program was implemented through individual and collective interview methods, with some sessions conducted remotely using the Zoom program. Each case required ten sessions, with each session lasting an hour and a half.

The first session of the treatment program was focused on building a good professional relationship between the therapist and the case, administering the post-traumatic stress disorder scale, and providing a full explanation of the disorder and the treatment program. The therapist also emphasized the importance of attending all sessions and adhering to the specified time. The session was successful, with all cases responding positively.

In the second session, the therapist worked individually with each case to practice relaxation techniques, establish a healthy daily routine through physical exercise and enjoyable activities, and provide reading materials on coping with negative experiences as homework. The results of the session showed that all cases practiced the recommended activities and completed the homework.

The following sessions focused on addressing different aspects of the participants' emotional and psychological needs. For example, the fourth session explored the participants' experiences of loss and grief related to their repeated miscarriages. The therapist used to mean therapy techniques to help the participants find purpose and meaning in their experiences, despite the pain and sadness they had endured. The fifth session focused on interpersonal relationships and communication skills, while the sixth session aimed to address any negative beliefs or self-talk that the participants may have developed as a result of their experiences.

The seventh session focused on coping strategies for managing stress and anxiety. The therapist introduced mindfulness-based stress reduction techniques to the participants, including guided meditation and body awareness exercises. The eighth session aimed to help the participants develop a sense of gratitude and appreciation for their lives, while the ninth session focused on preparing the participants for life after the counseling program.

The final session was a review of the progress made in the counseling program and a celebration of the participants' achievements. The therapist reviewed the changes in PTSD symptom severity scores and helped the participants identify the strengths and skills they had developed over the course of the program. All cases reported feeling proud of their progress and accomplishments, and they showed improvement in their ability to recognize and celebrate their achievements.

Data analysis

for the study consisted of a comparison of each participant's PTSD symptom severity scores before and after the counseling program. The results of the study were analyzed qualitatively, with a focus on identifying changes in symptom severity and evaluating the effectiveness of the counseling program in reducing symptoms of post-abortion traumatic stress disorder.

Ethical considerations:

Ethical considerations for the study included ensuring the participants' privacy and confidentiality, obtaining informed consent, and ensuring that the counseling program was conducted in a safe and supportive environment. All data collected from the study was stored securely and anonymously.

Results:

The study involved three cases (X,Y, and Z) who underwent a ten-session program aimed at reducing the symptoms of post-traumatic stress disorder (PTSD) resulting from repeated abortions.as being shown in table 1, The table provides a clear overview of the demographic data for the three cases, including their age, marital status, education level, occupation, and number of children. It highlights that the cases have different demographic characteristics, which could influence their experiences of trauma and their responses to treatment. For instance, Z is a housewife with one child, while Y is a student and married, and X is a teacher with two children. These differences in demographic characteristics may affect how they cope with stressors, including trauma, and may influence their ability to engage in and benefit from treatment. Overall, the table provides important contextual information for the cases and the treatment approach.

Table 1:the demographic data for the three cases

Case	Age	Marital Status	Education	Occupation	Number of Children
Z	33	Married	University	Housewife	1
Y	27	Married	Bachelor	Student	0
X	36	Married	Bachelor	Teacher	2

The results in table 2 table shows the results of the PTSD Checklist for DSM-5 for the three cases at the start, middle, and last sessions. It indicates a noticeable improvement in the scores of all three cases, with X showing the most significant improvement, decreasing from 65 at the start to 41 at the last session. Y also had a considerable decrease from 70 to 48, while Z's scores improved slightly from 71 to 46. These results suggest that the treatment program had a positive impact on reducing symptoms of PTSD for all three cases, with varying degrees of improvement.

Table 2:the PTSD Checklist for DSM-5 results for the three cases at the start, middle, and last sessions.

Case	Start	Middle	Last
X	65	54	41
Y	70	57	48
Z	71	59	46

In the following two sessions, the cases were taught techniques to deal with their irrational thoughts. The idea record form was used to identify the daily activities, exercise, and relaxation techniques. The cases shared thoughts related to their repeated abortions and fear, anxiety, and tension related to their husbands. The technique of refuting ideas and mindfulness was used, and homework assignments were given for further practice at home.

In the fifth and sixth sessions, the cases were encouraged to find meaning in their suffering through acceptance and religious guidance. A WhatsApp group was created to provide support and encouragement to alleviate their suffering. In the seventh and eighth sessions, problem-solving techniques were taught to deal with issues related to husbands and their families. Z needed more training in this area than the other two cases.

In the ninth and tenth sessions, the cases were taught to link their ideas with feelings and behavior, and to develop a plan for commitment and implementation. X and Y noticed their dominant idea was the recurrence of abortion, which was associated with fear and anxiety, resulting in behavior that postponed pregnancy despite their desire to have children. Refuting the idea led to a change in feelings and behavior. Z tried to accept her thoughts without engaging in maladaptive behavior.

In the closing session, the cases were reminded of the program plan and urged to adhere to it in their daily lives. Post-traumatic stress disorder was measured for the cases after one month, and there was a noticeable improvement in the decrease in scores. X showed the most improvement, followed by Y, while Z showed only a slight improvement. Overall, the program showed promising results in reducing symptoms of PTSD resulting from repeated abortions.

Discussion:

Women who have had abortions are at increased risk for developing PTSD and clinical depression (Wallin Lundell et al., 2013). Hyperarousal, intrusive thoughts about the traumatic incident, flashbacks to the event, negative mood and thought shifts, and avoidance are all indicators of post-traumatic stress disorder. Abortion-experienced women can benefit from psychotherapy for the treatment of post-traumatic stress disorder and depression, according to research (van der Kolk, 2000). The current research aims to determine if a psychotherapy treatment was successful in helping postabortive women with PTSD and depression.

Abortion-experienced women benefited from the psychotherapy program in this study's treatment of post-traumatic stress disorder and depression. Breathing and meditative relaxation techniques, enjoyable activities,

cognitive restructuring, problem solving, and the creation of a commitment and execution plan were all part of the curriculum. Group sessions were incorporated into the curriculum to enable the ladies provide mutual support and lessen their individual burdens.

Psychotherapy for post-traumatic stress disorder and depression after abortion has been shown to be useful in a number of trials. Cognitive-behavioral therapy (CBT) has been shown to help women who have suffered abortion cope with post-traumatic stress disorder (PTSD) and depression. Group treatment helped reduce post-traumatic stress disorder and depressive symptoms in women who had abortions, according to a separate study by Asadzadeh et al. (2020).

Women who benefited most from the program's emphasis on breathing exercises and meditative relaxation techniques showed the greatest improvement from PTSD and despair. Studies have shown that mindfulness-based therapies can help women who have had abortions recover from post-traumatic stress disorder and depression (Jia et al., 2023; Nasrollahi et al., 2022).

Irrational ideas prompted by trauma were also successfully treated in this trial. The program taught the ladies to recognize and counteract their illogical thinking by employing cognitive restructuring and the technique of disputing ideas. This result is in keeping with prior research showing that CBT can be useful in treating PTSD and depressive symptoms by focusing on cognitive distortions (Al-Jubouri et al., 2021; Jeon et al., 2020; Kar, 2011).

This research also confirmed that the training helped women repair the damage done to their relationships as a result of the traumatic occurrence. To better equip the women to handle interpersonal problems, the program also provided instruction in problem-solving skills. This result is in line with previous research showing that interpersonal psychotherapy can be effective in treating PTSD and depression symptoms in women who have experienced abortion by focusing on the impact of the event on their relationships (Bleiberg and Markowitz, 2019; Kumar et al., 2022).

This study's findings on the efficacy of CBT for PTSD are in line with those of other studies. Among female rape survivors, for example, cognitive-behavioral treatment has been shown to be useful in reducing symptoms of post-traumatic stress disorder. Similarly, cognitive-behavioral therapy was shown to be an effective treatment for post-traumatic stress disorder in a meta-analysis conducted by Watkins et al. (2018a).

The emotional toll of having abortions repeatedly is another issue that this study underlines. Women who have had several abortions may develop post-traumatic stress disorder and other mental health issues if they are not properly cared for after experiencing such trauma. As a result, medical professionals should be aware of the possible psychological effects of multiple abortions and offer appropriate support and therapy alternatives to women who have experienced this.

Implication to practice :

Implications for psychotherapy with women who have had abortions are drawn from the present study. The results support the use of psychotherapy for the treatment of PTSD and depressive symptoms in this group. Training in breathing and meditative relaxation skills, cognitive restructuring, problem-solving, and developing a plan for commitment and implementation were all part of the program used in this study, which has been shown to be effective in treating PTSD and depression symptoms in women who have experienced abortion. Group sessions were incorporated into the curriculum to enable the ladies provide mutual support and lessen their individual burdens.

Abortion-experienced women may benefit greatly from mindfulness-based therapies for the treatment of post-traumatic stress disorder and depression. Mindfulness-based therapies might be an option for psychotherapists treating this demographic.

Limitations:

There are a number of caveats to this study. The first limitation is that the sample size was too low to draw any firm conclusions. Second, there was no control group in the trial, so it's unclear if the reduction in PTSD and depression symptoms was indeed the result of the psychotherapy intervention or some other reason.

Conclusion:

This research set out to see if a cognitive-behavioral treatment program consisting of 10 sessions may help women who had undergone many abortions recover from post-traumatic stress disorder. Participants' levels of post-traumatic stress disorder were much lower after completing the training. Specifically, X and Y exhibited the most substantial improvement, however all three subjects did demonstrate improvement in their PTSD symptoms.

The emotional toll of having abortions repeatedly is another issue that this study underlines. Women who have had several abortions may develop post-traumatic stress disorder and other mental health issues if they are not properly cared for after experiencing such trauma. As a result, medical professionals should be aware of the possible psychological effects of multiple abortions and offer appropriate support and therapy alternatives to women who have experienced this.

The results of this study support the use of cognitive-behavioral therapy for the treatment of posttraumatic stress disorder in women who have had many abortions. Nonetheless, further studies are required to validate these results, and it is also recommended that future study investigate the long-term efficacy of cognitive-behavioral treatment for post-traumatic stress disorder in women who have had many abortions.

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