

This interview has been lightly edited for clarity.

AMELIA BONOW:

Hello everybody and welcome to our fourth monthly iteration of Abortion Academy.

My name is Amelia Bonow. I use she/her pronouns and I'm the executive director of Shout Your Abortion which is a nationwide organization working to normalize abortion and elevate paths to access regardless of legality. We make resources, campaigns, and media intended to arm existing activists, create new ones, and foster collective participation in abortion access all over the country. And of course, a part of collective participation in abortion access, a fundamental part is knowing how to support each other and show up for one another as we are having abortions and helping each other have abortions.

So abortion academy. These webinars are intended to be deeper dives into more nuanced topics within the abortion landscape. And each of these monthly webinars will be presented by one of our exceptionally brilliant colleagues whose work we want to introduce our larger audience to and we hope that this will deepen your knowledge, propel your curiosity, and ultimately you know connect some of the dots between what's what you're navigating regionally and what is happening at the national and international level and to give you fresh ideas to take back into your work and your community.

So audience members will be off camera and muted for security reasons, but we will have a format for you to ask questions throughout the presentation which our speaker will begin answering after about 45 min of speaking. So, when this zoom...oh, sorry, that's not true anymore, you will not receive a survey. But this recording will be available after the session as will the links that we drop into the chat.

So today we are going to be hearing from Rachel Dyer who is the executive director at Exhale Pro Voice. Exhale is a nonprofit organization that uses a research-guided, abortion positive approach to supporting people and communities in cultivating after abortion emotional well-being through direct support services and education. Their primary service is the after abortion textline and we will definitely be dropping that number in the chat, which is available seven days a week in English, Spanish, and French.

And Rachel's going to be talking to us about the relationship between abortion and mental health, abortions, and mental health and discuss what factors might impact someone's mental, emotional, spiritual, and relational well being after their abortions and also guide us into looking at our own abortion related values and considering how these values might affect the way that we are able to show up and provide support to other people after their abortions. So with that I am going to hand it over to Rachel.

RACHEL DYER:

Thank you so much. Amelia. Thank you so much to Shout Your Abortion for having Exhale Pro Voice here. We're very excited to talk about this topic because we know that speaking of nuance, this one can get a little complicated for us who are operating in the abortion space.

So, as Amelia said, Exhale Pro Voice is a nonprofit organization. We are providing support to people who have had abortions as well as their loved ones. We also provide services to people who are care providers, mental health providers, doulas, folks working in abortion clinics and spaces who are curious about how they can support their loved ones, patients, clients, folks that they're serving after their abortions or in the process of their abortions as well.

I think the after-abortion concepts can get a little bit nebulous too, especially as we're thinking about medication abortions and SMA and things like that with the process might be a little bit longer.

But all that being said, yeah, Exhale Pro Voice has existed since 2000. We were founded in 2000 in the Bay Area of California. We've gone through a number of different iterations, but we currently serve the entire United States as well as Canada, providing this research-driven abortion positive support for people after their abortions.

And I want to start off by saying to, you know, speaking of the nuance and the complexity around this relationship, folks who are probably drawn to watching this training and who are monitoring their amazing emails and social media from Shout Your Abortion are probably folks who are very much in the pro-abortion rights space and might be a little like in the relationship between abortions and mental health. What exactly does that mean? We often hear that is more of an anti-abortion talking point. We often hear conversations and messages around this intersection more from that side of things.

So in this conversation today and thinking about Exhale Pro Voice as a resource, we would like to throw a major wrench in that and really highlight that this is absolutely a resource for pro-abortion folks to be referring people to.

A couple more things as well. So a bit of background on me. So, my name is Rachel. You she/her pronouns. I am Exhale Pro Voice's executive director. I am also, in another part of my life, a PhD student in counseling psychology. So I'm trained as both a psychotherapist and a researcher so you're going to notice some things in this presentation that are a little bit reflective of my background as both a therapist and a researcher. So for example, in the title of this, you see the singular word abortion rather than abortions. A lot of research uses the singular abortion to talk about abortions.

In general, we at Exhale try and talk about abortions in the plural because we know that people are having abortions. I have had an abortion myself. I am also well within my reproductive years and know that I could have abortions in the future so we try and talk about that in the plural. This is reflective of my research background.

Same thing with mental health. We're gonna talk a little bit about the nuance between mental health, emotional health, psychological well-being, right? There's a lot of terms that we can use to describe what could functionally be the same thing could also be a very different thing. So we're gonna make sure we offer a little bit of clarity around that for you all today. Especially if we're busting some myths around the relationship between these things as well.

Okay, so a little bit more about Exhale Pro Voice. So this is just a screenshot of our web page. Here's our text line number. We will also share that with you in the chat or afterward. We are open seven days a week but not 24 hours. Again, available in the US and Canada because of the vendors that we use, we are currently not accessible. Our text line is not accessible in US territories. We are actively working with our vendor to expand access and we are also working with some of our incredible volunteers.

Exhale Pro Voice, by the way, is a completely volunteer run organization. We run on a budget of about 60k. I am a volunteer. Everyone is a volunteer. So some of our amazing volunteers are working to expand our Spanish language and bilingual and bicultural counselor capacity. So as we are bringing on more US territories like Puerto Rico for example, we're very excited about how we're going to be able to support them.

Our text line counselors are peer counselors, so they are not therapists, they're not mental health clinicians. If they are, that is a hat that they take off when they step into their role as an Exhale text line counselor. They all receive about 30 hours of training that includes didactic training as well as role plays and things like that. That training was put together by myself and my colleague who was in public health and the medical field.

So we're really excited about the quality of care that we're able to provide folks who are reaching out to us and we are our primary referral source is clinics that are providing abortions. So we're a trusted resource for folks who are doing the amazing and necessary work of providing a portion care and trust us to be able to hold folks and give them a soft place to land if they need it afterward.

I also want to define pro voice for all of you as well. So this is a term that was coined by one of our founders. And at this point, we use this word to mean a non-judgmental approach to abortions that centers individual experiences. So rather than, for example, our values might say people who have abortions feel great and happy afterwards. Our values might say people who have abortions feel complicated afterwards. Some people might say people who have abortions feel sad or regretful afterwards, right? On our end, we're saying that doesn't matter. It's not about us. It's about the person that we are talking to and it is about the experience that they are having and about how they are making meaning of their abortions given their identities, their contexts, their faith, their family, their political orientation, right? It is about them. So how can we best serve them and meet them where they are? So if, if you are a direct service provider or a therapist, this would be like taking a feminist multicultural approach, right? Taking a

person-centered approach. It is about this person and their abortions and it's not about us. So how can we best care for them? That is pro voice.

Alright, so with all of that keeping...we're already sort of delving into some of these nuances a little bit, keeping some of this in mind.

In the chat, I believe we're going to share a file with all of you and I think this will also be available to you afterward. A values reflection exercise so that we can start to think about, okay, I, you know, maybe know my values around abortions...if I'm going to be supporting an individual person. How might some of these things show up? What might my reactions be? What might I think about?

I'm gonna swap my screen sharing for just a moment so that I can pull up the document just in case folks aren't able to pull it up on their end. And we are going to take-

I know this is not an interactive until the end through the Q&A and all that, but we're gonna take about three min for you all to fill this out. So, you can either download it, you can sort of jot this down on a separate sheet of paper on a tablet or something.

I want you to look at these statements on the left hand side. And then on the right hand side indicate to what extent you agree or disagree with these statements based on your gut reaction. So as humans, we are very much grounded in our values and we might have a gut reaction to something where then we're like oh, that's all icky, what I actually meant was this. I want us to listen to that icky feeling. I want us to listen to that gut reaction as a part of this exercise and then we will debrief in about three min so I'm gonna mute myself. I'm gonna participate in this as well and then we'll come back together.

Okay, it's been about three min. I'm gonna- if you're still working on it, go ahead. I'm gonna just swap out our screen sharing for a moment.

Okay. So if you need to wiggle it out, if you're feeling a little uncomfy or judgey towards yourself or just have some feelings.

I know if I'm able to see participants, sometimes I get a little like gritted teeth like no, oh, but maybe think a little bit more sort of reactions. And that is all normal and okay. Our values are complicated and that is okay. Cause that's kind of the punchline of this.

So we ask you to go through this values reflection exercise in the context of talking about abortions and mental health and supporting people and their feelings after their abortions because our biases, our values, our beliefs about abortions can show up when we are supporting people who may have different values and experiences and ways of making meaning around their abortions.

So to start. Labels do not equal our exact values. So many of us in this space might describe ourselves as pro-abortion, for example, but it's very likely that each of us as we're describing

ourselves as pro-abortion might not mean the exact same thing. We might have some places where we feel a little bit uncomfortable or we maybe have different things that we needed to work through and process in our journey to becoming pro-abortion, right?

So when we're using these labels, that's not necessarily equating to us being on the exact same page because abortions are messy. They're nuanced. They're not either or. Right? Thinking about pro abortion and anti-abortion, there's often a little bit more squish in there.

So researchers have suggested that rather than measuring abortion attitudes, which is very hard to do. If you are a researcher and you have some idea on this. and you're not already doing this work, I welcome you to join the thinking around this because it's quite complicated but researchers are moving in this direction of talking about abortions is being measured on two different dimensions.

So one is that one that we're all very familiar with, right? The supporter opposition, pro-abortion or anti-abortion, but there's also another dimension. And this is supporting or opposing abortions given the circumstances surrounding the abortion. So this could be things like gestational age, for example, which is something that people will often report discomfort around at varying points, even if they express support overall around abortions and we can see this reflected in the data.

The boundaries of our support is where we can perpetuate judgment, discomfort, and stigma. So if someone is seeking support from us and there is something about their abortion experience that makes us feel a little uncomfy. Maybe it's something that we indicated we disagree with a little on the values reflection exercise. That can be where we maybe say things like, I support abortions except... right?, and fill in the blank there. If there's something that makes you a little uncomfortable, a person receiving that, a person who's seeking support or a not stigmatizing space, that can hurt. That can add up over time, especially as we're sort of steeped in the stew of American abortion stigma.

So an example of, I think, how this can show up. So, the majority of Americans do support abortion legality to some extent, the recent data finds that about half of abortion, about half of Americans want abortion to be legal...so people who want it to be legal only want it to be legal under certain circumstances. So we often use this and,as we should, at a policy level, absolutely the majority of Americans want abortions to be legal in all our most cases. Yes. When we shrink that down to an individual level and how we are providing support, the statistics and how we often report it as most or all cases becomes a little less helpful because if most, if more than half of people are like ,most but not all cases.

I feel very curious about that boundary, about that hesitation, about if there are conditions on that support, what that means for how people are approaching loved ones in their lives who maybe have abortion experiences that fall into that exception for this 51% of people who still want abortions to be legal.

So in doing this values reflection exercise, and I encourage you to share this document, check in with yourself every once in a while, especially if this is work that you regularly do. We need to know what our values are in order to work more effectively with other people who likely have different values than us and different ways that they think and feel about their abortions. Even if again, they use the exact same label, supporter opposition to describe their values around abortions.

Alright, let's talk about abortions and mental health then. We're going to start by talking through some common beliefs or common myths around the relationship between abortions and mental health.

So abortions themselves do not cause mental health distress. Emotional psychological, we'll get to this in a moment. This is very clear in the literature. So a lot of what I am going to cite here comes from a 2008...2009-

I think it started in 2007 American psychological association task force on mental health and abortion. And what that group of researchers did is they assessed all of the literature that was available up until that point that looked at abortions and mental health and the relationship between the two, specifically if abortions are causing mental health concerns, that sort of relationship. They found that a lot of the research was quite poor, quite biased, right? Maybe done by people who were expecting or who would want abortions to demonstrate some sort of mental health harm. But they concluded the researchers and looking at the best research that was available that abortions themselves do not cause mental health distress. We want to be very clear about that. This is a myth that has been used to keep abortion stigmatized, difficult to access and at times illegal.

So the citation that I have here is from a wonderful book by a couple of political scientists talking about the relationship between abortions and mental health came during a time when the anti-abortion movement was realizing that their fetus centered rhetoric, right, calling people murderers and things like that, saying that we need to protect unborn children, I'm using air quotes, wasn't working. People weren't resonating with that. So they added an additional tactic, which was to, they- the authors of that book- call it women centered anti-abortion rhetoric, pregnant person anti-abortion rhetoric.

Here, rather than positioning the person who's had abortions as evil, as a murderer, someone who did something wrong and criminal, we are instead positioning people who have had abortions as victims as being harmed by their abortions. This is mythical, this is made up. Physical health, mental health, right? So that's where we see some of the State required abortion counseling for example. Are you really sure that this is something that you want to do? You couldn't possibly understand the risks to your well-being. That is where we see some of this coming from. So this relationship was completely made up for political purposes.

Very similarly, post abortion syndrome, post abortion stress syndrome pass does not exist. This is a similarly made up syndrome for the exact same reasons during that exact same time period

where we were sort of seeing a shift in anti-abortion tactics toward this sort of like paternalistic protection approach toward people having abortions. Post abortion syndrome does not exist because again abortions do not cause mental health distress. They do not cause mental illnesses of any kind. This is very clear in the literature.

So what did the APA task force on mental health and abortion conclude? So again, this is a hot minute ago. So we're gonna add a little bit more complexity to their conclusion here. So directly quoted from their report:

“Among adult women who have an unplanned pregnancy, the relative risk of mental health problems is no greater if they have a single, elective, first trimester abortion than if they deliver that pregnancy.”

I want to pause and break this down a little bit.

This sounds very specific, not because other abortions do cause mental health distress. This is a reflection of the literature that was available at the time. So for example, again, if you are a researcher, it would be more challenging to study, for example, minors who are having abortions, people under the age of 18 who are having abortions, then people who are adults. From a research perspective, that is more challenging to do for a number of different reasons. Much of the research that was available at the time was done on adults.

The use of the word women. This is such a soapbox thing for me. Most people, who are conducting research to this date, have not well assessed people's gender identities. They have not assessed the gender identities. They have not assessed the gender identities of their participants in a way where it is open-ended, the participants might be able to describe their own genders. Some researchers might assume that because a participant was able to become pregnant and have abortions that this means that they are women. We know that this is not true and we cannot simply swap out the word 'woman' or 'women' when we are citing research because one, we don't want to give researchers credit for something that they didn't do, which is to assess gender identity effectively. And two, some statistics no longer make sense if you swap it out with people or people like there's just there's something there that we don't know if there's going to be differences between cis women and trans men having abortions for example like there's just there's some things that we can't clearly say. So that's why we see the gender language of women here. That's why we retain this when we talk about it.

We will talk about some of the complexities next around like planned and unplanned pregnancies. What that might mean for how we are making sense of the pregnancy, how we are seeing it. And then the single first trimester abortion will circle back to elective in a second. Again, there was just and continues to be not a lot of research on people who've had more than one portion and similarly there gets to be some research challenges studying abortions outside of the first trimester. This is shifting, but especially at the time when the research that they were looking at that post to be, but especially at the time in the research that they were looking at that post to be, proved to be a bit more of a challenge.

Elective is a word that we don't use anymore because abortions are not elective if you want or need an abortion that is essential care. I think that's something that we knew prior to COVID-19 especially but we saw some of the words elective tossed around a little bit as a way to prevent abortions from happening, during the start of the pandemic.

So just to add a little bit of complexity to this conclusion, this was also a while ago, more than 10 years ago that these findings were published and we have a little bit more complexity that we can add to this now.

So before I move on, here the researchers concluded that having an abortion and giving birth were synonymous mental health wise, right? Same thing. Adding a little bit more complexity to this now, the turnaway study is incredible. If you haven't looked into it, I would recommend just like googling the Turnaway Study. There's a book also, that if you are not like me and don't want to read research papers, the book is really excellent.

So this study, if you are unfamiliar with it, followed women to the researchers' knowledge, cis-gendered women, who were seeking abortions and were either able to have them when they were sought or who were turned away from seeking them typically because of gestational age limitations in their state.

So they found that among the participants in their study that were turned away from having abortions, that not being able to have the abortions that they wanted, needed, or seeking led to physical, mental health, relational health, and financial distress for the people that more often than not went on to give birth and add a child or another child to their families. There's also negative consequences for the children of people who are not able to have abortions as well.

So rather than it being kind of a toss up mental health wise and well being wise, whether you get birth or have abortions, that's sort of a false comparison. We now know that if you need an abortion and you are not able to have it, your overall well-being, including your mental health, will suffer.

So all of this to say, this does not mean that people who have abortions have no distress connected to their abortions, although many don't. We want to be very clear many, many people feel significant relief after having their abortions because oftentimes the pregnancy itself was the thing that was distressing, or the journey of needing to access the abortion was very stressful and, right, so a lot of people their mental health improves after having abortions. Some people will experience just stress or just some complicated feelings that they might want to talk with another person about. So for those people who are feeling like they need to talk about it, they are feeling some sort of way about their abortions, including distress. We need to consider that distress with a little bit more complexity and nuance because again, abortions are not directly causing mental health concerns.

So, this is where we need to talk about when I say mental health, what do I mean versus how might we think about this a little bit more, a little bit more broadly. When I say mental health, that's a little bit more encompassing of emotions, psychology, spirituality even, although that can

feel a little like sometimes that's included, sometimes not depending on how we're thinking about it.

Researchers when they are talking about the relationship between abortions and mental health...mental health to them is like a diagnosable mental health concern. Mental illness, right? Major depressive disorder, generalized anxiety disorder, post-traumatic stress disorder. That is what researchers mean when they say mental health.

Abortions do not cause those things. They do not cause mental illnesses. They do not cause significant increases in those symptoms. We'll talk, we'll talk, we're gonna, also toss a little nuance on if you are having an abortion with an existing mental health concern. We'll talk about that in a second.

However, there are some times when people who've had abortions might experience some negative emotions, right? So things like sadness, things like regret, right? We will talk about that. We will add a little bit more nuance to that.

So that is how researchers tend to split these things apart. I, again, I often say mental health because to me that feels a little bit more holistic but as we are now going to dive into the literature and dive into the framework that Exhale Pro Voice uses to think about this relationship, and to think about people's experiences. It is important that we distinguish emotions and mental health concerns. I will likely just say distress at this point.

Alright, so this is the framework that Exhale Pro Voice uses to think about the folks who are reaching out to us on our text line, what we think about when we are providing trainings like this one. So again, abortions are not directly causing distress, mental health, distress, emotional distress. Instead, there are other things that the abortion experience is routed through. There are other contextual factors that are going to impact people's emotional experiences and the possibility of distress after their abortion. So we're gonna go through each of those points in a little bit more detail.

Humans have feelings, we have emotions. They happen, they happen about everything. I...when I was in high school, I worked in an ice cream shop and the number of people, the number of people that would come in to sample the flavor, vanilla, sent me. I don't know why so many people want to sample vanilla when we have so many incredible other flavors that would probably provide them more information, but that bothered me so much. I had so many feelings about it.

In the grand scheme of the world in my life that really didn't affect me, but I had a big emotional reaction to it, right? I also had a big emotional reaction when my grandpa died over the summer, right? Like we have a range of feelings about different things. I also, you know, sometimes something big will happen that I don't have a very big emotional reaction. We have feelings, it is likely that we are going to have feelings about our abortions as well. Big, small, present, absent

emotions happen. Sometimes they make sense, sometimes they don't. Emotions happen. We're gonna have feelings.

Feelings also change over time and are impacted by circumstance. So we're going to talk about feelings changing over time when we get to the end of talking about this framework, but the Turnaway study found some really great patterns in people's emotional experiences over time.

So to start, they found that folks in their study, participants who were able to access their abortions, at the start, at one week follow up, 16% of participants reported feeling only sadness after their abortions. An additional 17% reported feeling sadness and some other emotion, right? So like some more like negative, negative valence, more negative emotions, right?

However, that changed as they continue to follow up with people over time. Negative valence emotions decreased. But also positive ones decreased as well. People just started to feel less about their abortions, right? They continue to live their lives. You know, spend time with friends and family, do their work, all that good stuff. So the emotionality around the experience decreased.

Feelings are also impacted by circumstance. So for example, we now know that if someone needs to travel out of state for their abortions, they're going to have more negative feelings about that experience. That is going to affect their well-being and is going to increase feelings of stress and sadness and concern and there's a lot there's a lot that could possibly go into needing to travel, take time off of work, right? Find childcare. We'll talk about some of these stressors on the next slide as well, but those circumstances surrounding abortion access can cause distress.

So when someone is making meaning of their abortions after the fact and wanting to receive support, that might be a factor that we consider is how did the access process affect your wellbeing?

As we're thinking too about that Turnaway study statistic where, you know, a good number of people are feeling sad after their abortions in the first week. We can also think about hormones, right? Our bodies don't know why we're not pregnant anymore. We're just not pregnant anymore. And we know from looking at things like miscarriage, pregnancy loss, even giving birth, that after we're no longer pregnant, our hormones shift, right? About 80% of people experience the baby blues for about two weeks after giving birth where they feel sadder and tearful and things like that. If that persists, that would be like a postpartum mood disorder, postpartum depression, things like that.

Shockingly, no one has studied what happens to our hormones after we have abortions, but it's not like our bodies are like, yeah, we chose that so we're good, right? Our bodies are still gonna react the way that our bodies do and we might see a similar pattern of emotions that we would see around, again, pregnancy loss and possibly birth as well, but maybe a little bit more reduced, depending on where we're at in pregnancy when we have our abortions.

Similarly, okay, so if we have a, not similarly, I mentioned this on a previous slide. If someone's having an abortion, having abortions after being diagnosed with a mental health concern. So for example, let's say that someone has experienced trauma has been diagnosed with post-traumatic stress disorder, for example. They might be activated, those symptoms might be exacerbated, worsens, triggered because of the abortion access experience, the abortion itself potentially. So if a person has experienced sexual violence, any kind of gynaecological care, for example, could be very triggering and activating. Let alone if you are, for example, going into a clinic that has protesters outside of it that are very scary, right? Even if you have a lovely and amazing clinic escort with you, that can still feel very, very scary. So if you're coming in with some of those pre-existing concerns, the stress of this experience potentially could prompt some of those symptoms to worsen in return.

Okay, so some additional stressors. I've already started to mention some of these, but if we're gonna have feelings about our abortions. We're also certainly gonna have feelings about these things, too. Fear of legal repercussions I think is a particularly big concern for people particularly following the Dobbs decision where the legal landscape continues to change and feel very unclear for people, too. There's a lot of outdated or incorrect information.

Having encountered a fake clinic or a crisis pregnancy center. So if you are experiencing shame, if you are experiencing having been shamed or judged for your decision or considering the option of having an abortion, that's not going to do wonders for your well being. So we know that people who have encountered fake clinics are going to experience a little bit more distress around that. Even self-judgment like I should have known better or I should have known that this wasn't a real clinic, I should have known that this wasn't the place that I was trying to go.

Clinic protesters, I already mentioned this, same with cost. The financial cost, transportation taking off of work, childcare. This also relates to privacy and concealment where it could be very stressful to need to figure out how to tell someone in your life that you need them to watch your kids while you're gonna be out of town for a few days without telling them why you're gonna be out of town or lying like right... like lying is kind of a heavy word to use here, but right there's a lot of things that this can bring up for people if you don't like to lie, if you want to be honest with your neighbor who's going to watch your kids for example. If you're not sure how your neighbor feels about abortions, there's a lot of questions and a lot of stress that can arise here.

Health myths. So if a person has an abortion and they now are struggling with infertility, for example, if they have breast cancer, sometimes people will because of anti-abortion rhetoric erroneously make connections between their abortion experience. So if I hadn't had an abortion, if I hadn't had abortions, I would be able to be pregnant right now, or I would already have children right now, for example.

Some people will rather than taking the like... sort of erroneous scientific approach to this will think like I'm being punished by a higher power. I am being prevented from having children by

God because I've had abortions. You can see where some distress might arise around that where people might need some support.

We already talked a bit about the Dobbs decision as well. And this is obviously not an exhaustive list, but is instead intended to illustrate what people might be experiencing and I need to talk much faster so I'm gonna kind of truck through some of this next stuff here.

Decision difficulty. So. We know again from that APA task force reports that mental health distress is more likely after abortions if the pregnancy is wanted, if there's a fetal abnormality or some other health concern or if the abortion occurred later in pregnancy. So here we're typically thinking about termination for medical reasons, which in and of itself is a pretty complicated topic. Because what exactly counts as the medical concerns. Some people will feel that their medical concern is not enough to have warranted termination or abortion. I sent a switch determination because people who have terminated for medical reasons tend to use that term rather than abortion.

So if someone is experiencing really significant morning sickness, but they know people who terminated because their pregnancy was incompatible with life would not, you know, be born living very long, for example, that might feel like I made a selfish decision, I should have persisted through this morning sickness, for example. This, again, used to be a little bit more focused around termination for medical reasons. This is shifting a little bit because of barriers to accessing abortions, particularly since the Dobbs decision, but also before, more abortions occurring are occurring later in pregnancy.

People are needing to stay pregnant longer because they're trying to find ways to access abortions in a very difficult landscape. So we imagine that this is going to shift a little bit as things continue under the new post-Dobbs world that we are in. So just know that like people who have abortions later in pregnancy are not only having abortions later in pregnancy because they're terminating for medical reasons. There are other reasons that people are having those abortions as well and holding space for that and that being okay.

Other decision difficulties could be things like finances. So if only I had more money, I would have continued this pregnancy, given birth, and added a child to my family. That is going to look very different for different people, right? So also thinking about our own relationship with money and our own biases around finances.

Parenting concerns, right? So I'm already taking care of my children, of my child, of my baby. It's not going to be possible for me to add a baby to my life right now. For example, again, this is going to look different for different people, so thinking about our own biases around family structure and children and parenting.

Relationships. So if you are having difficulties with your partner, if you recently separated from your partner, if your relationship structure is just not feeling stable enough to bring a child into your life, you might consider abortion. If in the absence of that-this is what I was trying to say- in

the absence of relationship stability, instability, you might have continued that pregnancy given birth, had a child.

Community and cultural values. So this could be things like my culture teaches me that I should build my family because, you know, if I don't have children, then my language could be lost. For example, so having an abortion is potentially the loss of my culture continuing. COVID-19 was also a major consideration for people. If only the world was more stable and safe. There's also other considerations that particularly younger people are making around climate change, for example, and building or not building their families.

Okay, and then lastly is the big one, which is abortion stigma and how abortion stigma can impact people's well-being after their abortions. I really like this general definition of stigma. It's not specific to abortions. We'll get to that in a second, but I think that this definition really really fits for abortion.

So:

"To be stigmatized is to have a social identity or membership in some social category that raises doubts about one's full humanity. One is devalued, spoiled, or flawed in the eyes of others."

And I just, when I first read that definition, I teared up because it just, it felt so fitting for abortions and, that says little something about me that I sometimes read scientific papers and definitions of things and tear up. But abortion stigma then has been defined specifically and this gendered language—little aside here, again, if you're a researcher, want to think about this more. A lot of abortion stigma and other research around why abortions are stigmatized is really grounded in like cisgender women's experiences and how we are understanding like sexism, for example.

So a lot of this is very gendered language and I think we need to do some work on throwing a wrench into that or thinking about how we impose women, womanhood onto trans and non-binary and two spirit people. It gets a little complicated. So this is gendered.

So abortion stigma:

"A negative attribute ascribed to women who seek to terminate a pregnancy that marks them internally or externally as inferior to the ideals of womanhood."

So this is where we get into the like sexism, etc. What is an ideal woman? In the United States an ideal woman is probably white, she's probably well educated, wealthy, heterosexual cisgender, and married to a man. She's well educated but certainly wants to be a parent and wants to be a mom specifically. She's certainly thin, able-bodied, and has no mental health concerns. There's like a very specific, ideal woman in the United States. So when we're thinking about abortion stigma, we also need to be thinking about how that intersects with other forms of oppression.

I'm going fast because I know we're short on time. That's also a big topic. That could be a whole separate conversation of how abortion stigma maps onto other forms of oppression.

So on an individual or an interpersonal level, we can think about abortion stigma in three different ways. So one is perceived stigma. So this would be where we know that we are living in a society and culture that really stigmatizes abortions. And so we might worry that the people around us if they knew that we've had abortions are going to judge us or are going to cause us harm, are going to reject us from our community, our family, our friendships, right? Even if someone doesn't say anything at all, even if a person never experiences any stigma directed toward them, it is an understanding that that is a possibility.

Enacted stigma then would be experiencing that stigma and that could be anything from...I once had a therapist tell me, 'no one wants to have an abortion.' And I was like, 'Joy, I certainly did want to have my abortion. I really, really did. That was the thing that I wanted.' Right? That could be one form of an enacted stigma all the way through not being allowed to continue to participate in your faith community, for example, being rejected directly by the people around you.

Internalized stigma then is when we take all of this like shame, judgment, you are bad and wrong and selfish for having done this, and we hold it inside of us and we think of ourselves as bad and wrong and selfish and possibly as murderers. Like it can get very intense and it can turn into things that we believe about ourselves, not connecting it necessarily to the messages that we might receive from other people that we receive from society.

All of these things can lead to us concealing our abortions from other people. And this is different from like boundaries and, you know, wanting to maybe share our abortions with people that feel safe, but they're gonna respond well, right? This is 'I can't tell anyone this is', 'if people knew this about me, I would be harmed', right? This is different than setting intentional boundaries.

Concealment can also lead to us isolating or pulling away from others or just feeling disconnected from the people in our lives, like the feeling that other people don't truly know us and if they did, we would be rejected. That's also not ideal for our mental health and well being to feel isolated and worry about rejection.

Okay, so to toss a little bit of a twist on to our conversation about abortion stigma. This is actually a paper that I published with some of my friends because again, this is who I am as a person. So, abortion stigmas we've described is quite hostile, right? It talks about people who've had abortions as bad and wrong and selfish, right? They're very negative terms, but earlier we talked to, if you remember, we talked about fetus centered anti abortion rhetoric and then women or pregnant person centered anti-abortion rhetoric.

Abortion stigma really comments on fetus-centered anti-abortion rhetoric like you, you ended a life, you are bad and wrong, you did something bad and wrong, right? That is grounded in

hostile sexism, right? Women are bad and cold and right, like women sexism, we're using gender terms. Women are bad and wrong for having abortions.

However, abortion stigma does not leave room for this like paternalism, this women-centered, pregnant person, centered anti-abortion rhetoric. So my colleagues and I used the framework of ambivalent sexism, which talks about hostile sex and sexism as well as benevolent sexism, which is like women need to be protected and cherished and kept safe and that sort of paternalism. And we came up with the concept of reproductive objectification. So treating a person as a precious object that needs to be protected from the, this is just like dripping with sarcasm, the harms of abortion, right?

So this new concept we think is necessary if we're trying to understand how people are being affected by abortion stigma and other things and also how people's anti abortion attitudes are showing up and harming other people. So this is a very new concept, but it's been well received and so there. Now you don't need to go read this very dense theoretical paper. Reproductive objective is a new thing we can think about as it affects people's well being after their abortion.

So again, abortions are not causing distress directly. We have feelings. Sometimes our abortion decisions are difficult and that can lead to some negative emotions and abortion stigma is harmful to us.

So going back to the Turnaway study. The Turnaway study found no-and I'm going to just read this for the sake of time:

"No causal relationship between abortions and mental health concerns." - So again-"depressive disorders, anxious disorders, post traumatic stress symptoms, suicidality, and alcohol tobacco and other drug use."

No causal relationship between having an abortion and these things increasing because of the abortion. So very, very clear, abortions do not cause mental health concerns. However, the emotions picture looks a little bit more complicated. So in general, and I started to speak about this already, in general, emotional intensity decreased over time after abortions.

But greater decision difficulty and greater perceived community abortion stigma, so perceiving with the people around you, don't like abortions and therefore wouldn't like you for having them. Greater decision difficulty in greater perceived abortion stigma were associated with more negative and fewer positive emotions over time, particularly to the three year after abortion mark. But even persisting for five years these same factors were associated with people questioning whether the abortion was a right decision for them.

So these things matter and these things persist and impact people's emotional experiences around their abortions. Okay, we do not have time for this, but I will maybe pass along these slides. Basically what I have here are just some information about vetting resources, comparing some organizations that claim to provide non-judgmental support to people after their abortions to fake clinics because they're actually harmful. Some information about red flags for these

organizations, green flags for organizations that are helpful. And we have an example one as well.

I will end by saying one of the...this should be shared in the chat as well. We have a list of resources that we use at Exhale Pro Voice of other emotional support related organizations or resources. I recommend that you familiarize yourself with them. Exhale is also listed there just so you have everything in one place if you're looking for other resources, of course, using trusted websites, really vetting your resources. I want to give a shout out to OARS, the online abortion resource squad. They are amazing. They do exceptional work. Reach out to them if you have any questions outside of, in addition to, answer questions about emotions and referrals for emotional support organizations, but the resources that you have should also be quite helpful.

Okay, I'll end here by just saying again Exhale ProVoice is completely volunteer run. We run on an annual budget of about 60k. There are about 80 people that run this organization like we are not small, we just don't have any money and this work is essential and I hope that that feels clear now that this resource matters. And this resource needs to exist to support people after their abortions should they need it because y'all are doing, other people are doing the amazing work of helping people access their abortions, have the correct information, have the abortions themselves. Y'all are busy.

We can catch people when they're needing to make meaning out of their experiences so that they can go into their life and flourish and not be held down by abortion stigma and harm. So. I will stop there. I'm gonna stop sharing my screen, but I'll bring it back up if there's questions that feel helpful to have a visual form.

AB:

Yay, Rachel, that was so, so, so good. Thank you so much for that.

RD:

Of course.

AB:

SYA's like signal chat was... we were all very, as Tania said, nerding out on your presentation. And yeah, I just want to thank you so, so, so much for your work and I cannot imagine how many people's lives you have transformed and you are such an integral part of this movement and that was just amazing.

RD:

Thank you.

AB:

I want to encourage folks to ask questions in the Q&A. I have a couple of questions to get us started while people are thinking and articulating.

I don't know if you can answer this question. But it's something that I always forget to ask and I can tell that you're like a stats and research nerd so I feel like if anyone might know it might be you. So, obviously love your commitment to inclusive language and obviously like the question of..like it's not just about how we as advocates use or don't use gender language. It's like the research is not taking people's identities into account and reflecting that in the language that researchers use.

RD:

Yes.

AB:

And my question is like, so one in four women has an abortion, that's stat. I wonder...it feels clear to me that it is not accurate to say one in four people who can get pregnant will have an abortion because not, you know, because like not every person with a uterus is able to get pregnant and also because that statistic, I believe, was not. It's like a textbook example of like, people's identities were not considered in a nuanced way when making the stat-

RD:

That is correct.

AB:

And I don't think that it's accurate either to say one in four people who has or like...like people who can get pregnant or people who have a uterus. I think both are not accurate. I mean also if we think about intersex people, you know, like, or people who have a uterus and then don't have a uterus later...

RD:

Exactly. Yeah.

AB:

So I'm, am I correct that, like...what I usually say is one in four women has an abortion and we know that people who aren't women have abortions as well and that every gender has a abortions. I usually offer like some caveat to that but I don't know a better way to state that statistic and I'm wondering if you do.

RD:

Yeah, I think that would be the closest thing that I would say as well because the actual and very uncomfortable answer is that we just don't know. We just don't have the data because they were never collected with people's gender identities in mind. So, I think citing the statistic as is because we don't want to get the researchers credit for something that they didn't do.

AB:

Yeah, totally, totally.

RD:

And also commenting on, yeah, the fact that all genders, many genders have abortions.

AB:

Yeah. Sure, of course. Yeah, I guess not cis man. All genders besides them.

Thank you. Yeah, thank you for that. I always forget to ask that when I'm in the presence of smart people like yourself so I'm glad...glad to have that clarification. Another question that I wanted to ask which is quite broad and you spoke to it in various ways, but, I was thinking a lot about, like, you know, providing person centered support, and like not projecting our own values onto the person we're seeking to support. And obviously that like tax in both directions, it's like not just don't project your own internalized biases on someone or your negative feelings. It's also don't project your own values at all in a way that could sort of like undermine their own value system.

RD:

Yes.

AB:

So like there's a way that you I think can be seeking to support someone in a way that's actually kind of like invalidating their value system. You know, like you can't just be like.. have you tried doing feminism?It's awesome-

RD:

Yes, yes.

AB:

You know, like. And I guess I wonder if you could speak to how you can affirm someone if what they're saying over and over to you is like, 'I like I feel bad abortion is wrong'. Something like that or just like, you know, like 'abortion is wrong, but I did it anyway and I feel fucked about that'. Like I assume that you're not going to tell them, 'You're incorrect.' Yeah.

RD:

Yes, absolutely. Yes, yes. So I think it's... I forget who said this, but at one point someone said in my presence, like not everyone who has abortions are activists. And I think that like, I think for those of us who are maybe coming from like pro abortion side of things, it's like, Oh, right...right, we need to think differently about how we're intervening at systems levels versus providing support to individuals, families, communities, right? Like it shifts a little bit. So for us, if someone and we often get people who are texting into the Exhale text line expressing something like this or expressing like I've been pro abortion my whole life, but now I've had an abortion and I feel sad and that feels wrong. Like I'm not supposed to feel sad, right? There's a bunch of different ways that this can show up and so the discomfort and the pain and the struggling is something that we can comment on and we can notice. 'That sounds really difficult. That sounds like you're having a really hard time' or 'I can hear that you're saying or, you know, I can read that you're saying really mean things to yourself about this experience. Tell me more about how you came

to this decision. It sounds like you put a lot of thought and care into this'. Right? So we're not saying like you're wrong, but we're just reminding them with the example that you provided, like, you thought about this. This wasn't on a whim, right? Without actually saying, we thought actually saying those things, but really...

AB:

Yeah.

RD:

Holding space for those feelings, commenting on the feelings themselves rather than like an agenda or a way of thinking about this and sometimes I think something that is uncomfortable for... uncomfortable for me and comfortable for our text line counselors is sometimes people are like...we've been talking to them for an hour and they're still like, I think I made the wrong decision and I feel bad, I'm going to text back tomorrow. And that can feel very, very challenging when people are still sort of being mean to themselves in that way. Yeah.

AB:

Yeah. Right, can you, what might be a response if someone was just like straight up expressing regret which like we know from the Turnaway study is incredibly rare over time.

RD:

Rare, yes.

AB:

And also one thing that I just wanna say, personal soapbox about the Turnaway study, which is obviously like incredibly compelling. Because like when do 95% of humans agree about anything or have a similar emotional reaction to anything?

I feel like there is a part of...I feel resentful that people need to provide any emotional justification for exercising autonomy in the same way that I think that it's totally fucked up that trans people are asked to like prove they'll be happy if they're allowed to have gender affirming surgery like it does it shouldn't fucking matter what one's emotional response is to living in their body the way that they want to it's like I would be still like ready to, you know, die for this shit if the numbers were flipped, if it was 5% of people feel like they made the right choice, you know what I mean? Like.

RD:

Yes. Yes.

AB:

And so sometimes I feel like the reliance on that study feels like we're still just trying to talk people into it in a way that I'm over.

RD:

I know. Yes. Yeah.

AB:

You know what I mean? Like. But that said, I think that one thing that this Turnaway study does that is super compelling is it separates the negative emotional effects of stigma and of abortion. And you know, like, I guess I just wanted to hear you talk about like how you articulate that to people, because again, it's like this thing where it's like, people are not...not everyone is an activist and not everyone like the people that are...you're talking to are probably oftentimes not trying to like zoom out and look at so sociological and political and rhetorical patterns.

AB:

Like they're just feeling fucked up, you know-

RD:

Yeah.

AB:

So it's like, how do you encourage people to separate those things?

RD:

Yes, it really depends on how they're initially showing up. So some people are like...you know, I'm really worried about other people finding out about my abortion or some people are saying like that would be a more...right? We're thinking about perceived stigma in that case. Some people are gonna reflect more internalized stigma where it's like 'I made the wrong decision. This was bad of me.' Like 'I am a bad person', so we're gonna approach those things a little bit differently.

People who are reporting are more concerned about other people finding out but seem to be more okay with the decision themselves. We might just offer them this terminology. We might just, you know, spend time talking about their feelings, hearing their story, and then maybe saying like, you know, everything that you're talking about is really reminding me of this idea of a abortion stigma, is that a term that you've ever heard before? Oftentimes people say no and then we just say You know how the US tends to hate people who have abortions and you know how we all just kind of know that and then when we have abortions we feel shitty for having abortions because of that.

And most people are like, whoa, yes, that makes sense. And that makes sense why I would feel bad having had this experience in a context where that experience is framed so negatively, and has so much stigma attached to it. For people who are having a more internalized experience, typically we're not sharing that information because it's Instead, we're staying with them in their feelings. We're having them like sort of build up like a, you know, a sense of care for themselves again, we're helping them regulate their feelings in the moment if things are feeling really overwhelming or if they're, you know, I'm not able to get out of bed, it's been hard to go back to work. It's hard for me to take care of my kids because I feel so guilty. We're gonna stay with

them and their feelings, cause that's feeling a little bit more...like they need to stabilize almost before they're ready to receive some of that information.

Exhale doesn't provide ongoing care either. Each new conversation is a new conversation. We don't know if a person has texted us before, so that tends to be the approach. People with more internalized stigma presentations typically need more immediate support to ground.

Does that answer your question?

AB:

Yeah. Yeah, absolutely. So like years ago before SYA started, I was in school working towards a Master's in clinical mental health counseling and I was a phone worker at what was called the King County Crisis Clinic.

So it's a hotline that supports people who are going through self identified crisis it like you know kind of colloquial is called a suicide hotline although certainly not all callers are suicidal but I was struck by like how much of what you're talking about is just like... it's just like good active listening how to show up for people in a way that really transcends abortion. And it's a, it's a skill that I just fucking wish I could make rain from the sky.

RD:

Me too.

AB:

You know?

RD:

Yes!

AB:

One question that I have that's like specific though is I, you know, I know that y'all don't provide ongoing support or like therapy and you want to like not get pulled into that level of dialogue with someone because you can't continue to show up for someone in that way just not appropriate. So I assume that at some point you are often encouraging someone to seek other support in the form of therapy or other resources. And I'm wondering how you do that considering your national org and often resources are so localized.

RD:

Yes, that's a great question. So first I'll say, too: most people don't end up needing a referral from us for therapy. Most people either find support in their life to be okay or us to be sufficient for what they're needing. People who do want ongoing support, especially because like, and this is very good, we have switched from like very much stigmatizing mental health and mental health still stigmatized but to this sort of like everyone should be in therapy all the time which as a therapist, I do disagree with that actually.

But there is a and this is on the resource document that has been shared, but, I can also pop it into the chat now. There's an organization that I and Exhale partnered with to help start. It's called pro-choice therapists.

AB:

Oh, amazing!

RD:

And this is a, it just started in May, so it's pretty, it's pretty small still, but if you have any therapists that want to be listed on this directory, you go, you are trained, you are vetted before you are listed on the directory. It is...this is like. This is the dream. I was so hyped that someone was doing this. Ashley Swedes like..incredible, incredible, incredible work.

AB:

Looks so awesome.

RD:

So yes, please share this information as well. Also with the, again, the caveat that typically most people aren't needing therapy after their abortions and some people, you know, some people might just want an abortion affirming therapist because it might come up and they don't want to be blindsided by someone who's going to say something harmful.

AB:

Sure, great. Totally. Yeah, like what that therapist said to you, which is so fucking wack and I'm sorry that happened.

RD:

Yeah. I know. Thank you.

AB:

I think we have a question for you or...I saw something happen. Maybe it was a hand raise.

While we're looking for that, one thing that I wanted to say is like, I kept thinking about one of the most common things that people would say to me initially, especially because I think, you know, SYA started when my own abortion story went viral. I felt very, very...I felt just galvanized in an ultra positive way, totally uncomplicated, just stoked. Like, and I spoke about it that way, and I think that a lot of, I think that one of the reasons why it popped off in the way that it did was because so many people had just never heard someone talk like that before.

And one of the most common things that people used to say to me was I didn't actually feel bad but I felt bad that I didn't feel bad.

RD:

Yes. Yes, we see that on...we-

AB:

Is that still going around?

RD:

Yes. Yes, we see that on we. Yeah, we see that on the text line. Very often. Yes, it's like I thought I should feel bad, but I feel great and I feel bad, but I feel great.

AB:

Right. Okay, so it was not a question. It was just...it was just hype from a therapist/ doula saying thank you both.

RD:

Oh, great, thank you.

AB:

So that's cool. This really was just like such a loving and practical and like just I love the balance of just like feels and tools and research and vibes and you know, I just so I guess like last question if nobody has anything else-

Oh wait, maybe there is one. So someone is asking, I'm curious if there's a group or society for pro-choice researchers like how there's Medical Students for Choice.

RD:

Yeah, that's a great question. So my...my sense of that is that is primarily...the Society of Family Planning is primarily where that is going to be living. That started primarily as an organization for medical providers and researchers. Most people who are doing abortion related research are like sociologists, demographers, things like that. Like there's a lot of like population level work.

Oh my gosh, if you are a psychologist or at all in the mental health field and at all have any interest in research, please, please, please, please do this. Please do this with me. There's like literally five of us who are clinicians like clinicians and researchers studying abortion so few. It is very troubling to me but the Society Family Planning is a good place to start.

AB:

SFP is having their annual conference in Seattle at the end of October where I live and other SYA staff members live. So if you're going to be there, holler at us. You can get in touch with us by sending us a DM on Instagram and we're thinking about maybe trying to put together an informal little like happy hour or something like that.

RD:

Hell yeah.

AB:

I guess like my last question if nobody else has burning questions is how can we as advocates support you?

RD:

Yes, okay, so I think the biggest thing, particularly people who are in the pro-abortion space can do is talk about this as an important resource, is to talk about the fact that people might need to talk about their abortions after they have them.

AB:

Yeah, totally.

RD:

And not, and not in a way that is like, tell your stories for political use, right? Like that people, people need a squishy, supportive, soft place to just share the mess of it all. That is a necessary offering and space to have and that is not bad to talk about, that is not detrimental to the pro-abortion cause, right? This is good. This is a good thing for us to talk about and have.

AB:

Yeah. Absolutely. I mean, the talking about it any other way, it feels like one of those things where we over-correct and in doing so we rob ourselves of our ability to define our own experience. You know what I mean?

I feel the same way about like it's just a clump of cells kind of messaging.

RD:

Oh, yes. And that really resonates with some people and really doesn't resonate with others.

AB:

Of course, yeah, like if that's how you felt then like go off. But you know, the idea that we will somehow...that we can respond to the heinousness that is like abortion is murder by saying like abortion is nothing. I want us to respond by saying no, abortion is everything. It's whatever you, it's whatever it is to you and it's everything.

RD:

Yes. Yes.

AB:

And like not sort of trying to minimize the existential enormity of it. But rallying behind that as the foundation of the moral high ground, which is ours, which is a hundred percent ours. And not this abortion is just some like interchangeable medical thing that happens to you at a doctor's office. Because it's everything. It's... and yeah like. And it also might be no big deal.

And also I just want to hold space for like the complexity and the internal, perhaps it feels like conflict. Like I've spoken to so many people that are like, 'yeah, I do think that I took a life and I'm so glad that I had a choice.' Like I want our movement to get to a place where we can save that and own that shit.

RD:

Yes, absolutely. And for folks listening, if you heard Amelia say that and you were like 'ugh', that is one of the items on that values reflection exercise that you can hang out with and wonder about and just think about what that means for yourself and how you might support someone who does express that they feel like they took a life and they're glad that they had that option.

AB:

Oh! Okay, one last question because I was thinking of the values she and then we can wrap it up.

RD:

Okay. Yeah, yes.

AB:

I want to hear you talk about gender selective abortion because I was surprised to see that on the list and that was like the thing that I had a like moment about, you know.

RD:

Yes, yes. So how the values reflection exercise was constructed was by thinking about the things that either people often like talk about or mention as they're sort of contending with their own abortion values or what we see in often anti-abortion like legislation and efforts...

AB:

Right. Right.

RD:

So people often cite gender selective abortion or race selective abortion or like ability selective abortion as something that feels like a line for that. There's a point of discomfort for them. So we include that on there to sort of make reference to that to see if that prompts anything for anyone.

AB:

Totally, but like in terms of... I guess in terms of your own feeling about not like your own feeling about the morality of that, but...what I usually say is like that doesn't that doesn't happen, right?

.

RD:

No, no, it doesn't. Correct, yes-

AB:

Like that's a fake problem.

RD:

That's not, yes, that's not a real problem. Yes. And I think when people-

AB:

Yeah, I mean, certainly it's, yeah, it's a thing that happens rampantly in like worldwide context, but it's not, it would be considered medically unethical for doctors to do that here.

RD:

Correct, yes. And I think part of including that too is like prompting even just the idea that like some type of abortion could make you feel uncomfortable like even if you like...if you went through the values reflection and you were like 'that was all great I didn't have a single feeling about any of that'. Or maybe there was like you mentioned one thing that was like, oh, this is like kind of a sticking point to me. That to me feels like the doors peeking open for like maybe the gender selective isn't going to be the gender selective abortion isn't going to be the thing that causes me to stress but maybe there are some things, but maybe there are some things I'm thinking about some kinds of abortions that I can explore or reflect on.

AB:

Yeah, absolutely. Oh man, I wish I could like make... I just. I wish that all mental health professionals had your...like I wish that you could just teach every one of them what you just taught us.

And it's such a, like the fact that so many do not have that level of fluency with something that is so fucking common. I remember when I was in grad school and I had just had an abortion and I was like, 'hey everybody, I just had an abortion' and it was like constant record scratch moments. I was like, 'you guys are gonna have to figure this out. Totally a thing. Yeah.

RD:

Yeah. Oh yeah. Yes, yeah, the American Psychological Association does not require that psychologist and graduate students take any human sexuality courses, any training on sexuality, reproduction, nothing.

AB:

Cool. Cool. Seems fine. No one has like stuff with sex.

RD:

No, no, not at all. Certainly doesn't come up in therapy. I'm applying for faculty jobs right now so that I can hopefully train, and have a hand in improving this in the mental health field because it is buck wild out here and it doesn't need to be.

AB:

Super buck wild. Well thank you for this beautiful presentation. Thank you for your work. We will shout about you from the rooftops...

RD:

Thank you.

AB:

The importance of this work and thank you for holding all of those people that you hold. And yeah, just thanks for spending time with us. We appreciate you.

RD:

Yes. Thank you. Thank you so much for having me and for having Exhale. We're just so grateful and thank you for everyone who watched live and who will watch this recording back. We appreciate it.

AB:

Yay! Okay, and now there will be a survey. I was lying when I said there wouldn't.

RD:

We love data. Okay.

AB:

We love data. There you go. Okay, bye everybody.