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ABSTRACT

Following the 1973 Roe vs. Wade decision, the psychological impact of abortion has been a focus of research in the United States. This study investigated the experiences of 25 women who described themselves as responding in an emotionally distressed manner to abortion and a comparison group of 25 women reporting more relieving/neutral responses. Participants were volunteers from various regions of the country. Current and initial stress response to the abortion, gereral mental health, and demographic characteristics were assessed quantitatively, and interviews explored subjective perceptions. The distress group had significantly higher scores on initial stress response and religiosity, were more often currently affiliated with conservative churches, and reported lower degrees of social support and confidence in the abortion decision. Qualitatively, 48% of the distress group recalled experiencing feelings of loss immediately post-abortion, in contrast to none in the nondistress group. Both groups identified post-abortion "catalytic" events, such as subsequent childbirth, that affected responses to the abortion over time. (BF)

Post-Abortion Perceptions: A Comparison of Self-Identified Distressed and Nondistressed Populations

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Summary

This study investigated the experiences of 25 women who described themselves as responding in an emotionally distressed manner to abortion and a comparison group of 25 women reporting more relieving/neutral responses. Current and initial stress response to the abortion, general mental health, and demographic characteristics were assessed quantitatively, and interviews explored subjective perceptions. The distress group had significantly higher scores on initial stress response and religiosity, were more often currently affiliated with conservative churches, and reported lower degree of social support and confidence in the abortion decision. Qualitatively, 48% of the distress group recalled experiencing feelings of loss immediately post-abortion, in contrast to none in the nondistress group. Both groups identified post-abortion "catalytic" events, such as subsequent childbirth, that affected responses to the abortion over time.

Introduction

Following the 1973 Roe vs. Wade decision, the psychological impact of abortion became the focus of much research in the United States. Over the next decade most of these studies assessed the prevalence of negative sequelae (e.g., Adler, 1975; Osofsky & Osofsky, 1972) or factors placing women at risk for negative responses (e.g., Gould, 1980).

Reviews of these and more recent studies concluded that only a minority of women experience serious negative sequelae post-abortion (e.g., Adler et al., 1990; King, Calhoun, & Selby, 1980; Turnell, Armsworth, & Gaa, 1990). Reports on the prevalence of negative responses range from 10 to 50 percent, with less than 10% reflecting clear psychiatric reactions and less than 50% indicating more short-term guilt and depression (Lemkau, 1988). The prevalence of positive psychological responses, on the other hand, has been reported to be over 50% (Adler et al., 1990, 1992; Diego, 1991), although some reports have found predominantly negative post-abortion responses (e.g., Rue, 1983; Shaw, Funderburk, & Franklin, 1979).

It is likely that methodological factors account for some of the discrepancy among findings. Methodological problems include high attrition rates (typically at 50% or greater) (Adler, 1975); the absence of control or comparison groups; poor statistical analyses (McCall & Wilson, 1987); differences in results from pre/posttest and comparison group designs (Posavac & Miller, 1990); non-standardized measures; and a lack of assessment for delayed effects (Gould, 1980).

Concerns with bias in abortion studies have been articulated and may also account for some discrepancies. For example, the literature of the 1940's-60's seems to assume abortion is experienced as a traumatic event (David, 1985; Speckhard, 1987). In contrast, attitudes toward abortion in the 1970's seemed to reflect an opposite assumption described as "an underestimation of...reactions to abortion as a loss" (Cherazi, 1979, p. 287) and as "inspired by the pro-choice movement" (Cohen & Roth, 1984, p. 140).

There is a notable absence of studies that examine in depth the experiences of women who do report poor post-abortion adjustment, although more recent works have begun to explore this area (e.g., Rudolph et al., 1991; Stotland, 1991). The paucity of such studies is unfortunate. For example, in 1987 there were 1,559,110 abortions in the United States (Stacey, 1991). If a figure of 4% is used to estimate the prevalence of significant psychiatric sequelae, approximately 62,364 women in the United States probably experienced significant post-abortion distress in 1987 alone. It is believed that most professionals are currently unfamiliar with the nature of this distress or the complex factors involved in such responses to abortion. Consequently, this study targeted women who described abortion as personally distressing,

utilized a comparison group who described themselves as nondistressed, and employed standardized and qualitative means of assessment.

Material and Methods

Setting

All participants were volunteers from various regions of the United States.

Selection Criteria

Persons in the distress group (D) indicated their general emotional response to abortion was one of distress, and persons in the nondistress group (ND) indicated more relieving/neutral responses. Participants were obtained via posted notices and others able to locate volunteers (e.g., National Organization of Women; leaders of nationally organized post-abortion support groups).

Demographic characteristics were very similar. Mean ages for both groups were in the mid-thirties, and mean age at the time of the abortion was 22 for both groups. Both groups had 19 single/divorced members at the time of the abortion and 7 currently single/divorced members. There were no significant differences between the two groups in education/occupation, geographic locale, stage of pregnancy at time of abortion, abortion procedure, or use of contraception at time of conception.

However, chi-square analyses revealed significant differences on current religious affiliation $X2$ (3, $N = 50$) = 16.91, $p<.001$]; perceived social support at the time of the abortion $X2$ (2, $N = 50$) = 6.15, $p<.046$]; and confidence in one's decision, immediately post-abortion $X2$ (2, $N = 50$) = 6.22, $p<.045$] and presently $X2$ (2, $N = 50$) = 34.76, $p<.001$]. Group D was affiliated with more nondenominational churches, and group ND had more members in the non-affiliated category. Group D also reported less perceived support and less confidence in their decision.

Assessment tools

Brief Symptom Inventory (BSI): (Derogatis & Melisaratos, 1983)

The BSI assesses mental health across nine dimensions such as depression and anxiety. Two indices of the BSI were used: the Global Severity Index, (GSI) an indicator of distress level, and the Positive Symptom Distress Index (PSDI), a measure of distress intensity.

Impact of Event Scale (IES): (Horowitz, Wilner & Alvarez, 1979)

The IES evaluates the presence of self-reported symptoms of traumatic stress.

Religiosity and Political Activism

Seven-point Likert type scales were used to measure religiosity and political activism concerning abortion. These scales were developed by the researchers.

Interview

Basic information about the abortion, the woman's account of her experience, and information on noted risk factors were obtained in personal interviews.

Study Design

Each woman completed an interview and three self-report instruments. Half of the participants completed interviews first, and the remaining half completed the instruments first. Interviews were taped and transcribed.

The IES, BSI and a questionnaire gathering information on education, occupation, political involvement and religiosity comprised the self-report measures. Subjects completed the IES twice, once in reference to the past seven days (standard instructions), and secondly as they believed they would have responded over a 7-day period when the abortion's impact was felt to be most intense. All participants completed interviews. In group D, 21 persons completed written measures, and 23 members completed the instruments in group ND.

Analysis of the data

Because of missing data on individual items, separate analyses of variance were run on each variable. Reported results reflect findings from the ANOVA'S. The following variables were assessed: IES-1, IES-2, GSI and PSDI indices, religiosity, political activism, timespan since the abortion, education and occupation. Within groups differences on the IES-1 and IES-2 were assessed using a 2 x 2 (group x instructions for IES, i.e., 1 or 2) multivariate analysis of variance.

Insert Table 1 about here

Interviews were divided into units judged to comprise a single idea (length ranged from brief phrases to several paragraphs) and sorted into themes based on content, a process described by Lincoln & Guba (1985) as "inductive data analysis" (p. 202). The percentage of units sorted into the same thematic categories by two raters served as a reliability check, resulting in a figure of .83.

RESULTS

Quantitative

Significant differences between groups D and ND were found on the religiosity and IES-2 scales [$F(1,42) = 7.72$, $p<.008$ and $F(1,42) = 8.44$, $p<.006$, respectively], and differences on IES-1 approached traditional levels of significance [$F(1,42) = 3.20$ $p<.080$] ($N = 44$ for all variables). Persons in group D rated themselves as having greater religiosity and higher levels of current stress response.

Within groups differences between IES-1 and IES-2 were also significant for both groups D [$F(1,19) = 118.72$, $p<.000$] and ND [$F(1,20) = 44.22$, $p<.000$]. As indicated by the significant interaction, group D's scores decreased more than group ND's [$F(1,29) = 78.80$, $p<.000$] (see Figure 1).

Insert Figure 1 about here

Neither of the groups' mean GSI scores indicated distress (<63), nor was there a significant difference between them. No significant differences between groups were found in the PSDI index, political activism, timespan since the abortion, education or occupation.

Descriptive Data

When asked about prior counseling unrelated to the abortion, 7 (28%) women in group ND and 3 (12%) in group D responded positively. Counseling to deal with the abortion, however, was sought out by 16 (64%) in group D and none in group ND.

Regarding moral perceptions of abortion, only 4 (16%) in group D and no one in group ND had viewed abortion as morally wrong at the time it occurred. Current views differed. In group D, 22 (88%) currently viewed abortion as morally wrong, and 11 (44%) in group ND stated they do not currently view abortion as morally wrong. The remaining members of group ND indicated acceptance of abortion under some circumstances, or reluctance to consider it an alternative for oneself while feeling it should remain "a woman's choice."

When asked about any feelings experienced immediately post-abortion, those reported in group D were: sense of loss/emptiness (12 members, 48%); shock/detachment (7, 28%); anger toward partner/others (6, 24%); depression (5, 20%); loneliness, betrayal, loss of self-worth, and relief (4 each, 16%); guilt and sorrow (3 each, 12%); confusion (2, 8%); fear of dying and suicidal thoughts (1 each, 4%). When asked specifically if sadness/grief were experienced, 15 (60%) in group D responded positively. Examples of responses in group D were "a lot of grief...it's mourning"; "empty...like a part of me was gone"; "in shock--wouldn't allow myself to feel" and "suppressed rage....and sorrow." Means of dealing with their feelings varied, such as "not think about it," "stayed busy," and "tried to get pregnant again."

When asked about post-abortion feelings, women in group ND reported the following: relief (8, 32%); depression (5, 20%); guilt (5, 20%); anger (3, 12%); worry about future child bearing (2, 8%); mixed emotions, stress, fear, numbness and remorse (1 each, 4%). When asked if they experienced feelings of sadness/grief, 11 women in group ND (44%) responded positively. Examples from the ND group were "guilty for awhile," "overwhelming feelings were relief," "maybe a little relief, probably a little anger." Of those in group ND who described unpleasant responses (14, 56%), means of coping included: "played with my daughter," "offered to help friends (cope with abortion)," and "stayed busy...and away from kids for awhile."

Questions regarding fantasizing about the developing fetus revealed that 9 persons (36%) in both groups recalled fantasies prior to the abortion, and 21 (84%) in group D and 19 (76%) in group ND fantasized about possible characteristics afterwards. The trait most often wondered about in both groups was the sex. Several reports of doctors noting the sex of the fetus or asking if the woman would like to know also occurred. Responses in both groups varied. Examples included "I felt the child was a girl and I named her" (D member) and "my first son (only child) is really handsome--I always thought he would have been like him" (ND member).

Qualitative Data

From participants' accounts of their experiences, six general themes emerged. The first included potential influences on the decision to abort and responses to the abortion. Frequently mentioned in both groups were relationships with partners, financial/educational situation, and family members' reactions. Notable differences were fewer reports of supportive contacts and more reports of pre-abortion misgivings in group D.

The second theme focused on interpersonal, behavioral or psychological effects perceived as produced in some way by the abortion. Reactions included changes in male-female relationships, suppression of feelings/thoughts about the abortion, reactions to catalytic events that aroused thoughts/feelings about the abortion, increased maturity, trying to get pregnant again, becoming promiscuous, and avoiding reminders of babies.

Group D was distinguished by reports of "suppression" or "denial" of parts of the abortion experience or emotional reactions to it (16, 64%). Two women described these reactions in this way: "For all those years it was...denial--I mean it was locked out; it did not exist" and "this denial was so complete...it wasn't like I was...dealing with me having an abortion; it was...'oh, go help someone else that has.'" In contrast, women in group ND expressed desires to take one's mind off the abortion by keeping busy, but no direct statements of using denial as a defense mechanism were made.

Reports of a desire to replace the fetus were also more prevalent in group D (9 vs.2), as were behavioral changes, such as increasing drug use. Also distinct to group D were descriptions of depressions occurring around the anniversary date of the abortion or the would-be due date (5, 20%). Reports of distrust or anger toward men were noted in both groups and were generally similar.

Reactions to later catalytic events that aroused thoughts or feelings about the abortion were described by 18 (72%) women in the ND group and 22 (88%) in group D. The two catalysts most often noted in group D were subsequent childbirth and learning about early fetal development. Others were: talking about the abortion for the first time, seeing a newborn, and coming to view life in the womb as endowed with personhood. Women in group D generally described these responses as emotional reactions of grief or regret, or as the recovery of memories associated with the abortion. The most frequently noted catalysts in group ND were subsequent childbirth or pregnancy complications. Responses typically expressed concerns that the abortion had contributed to later pregnancy complications or portrayed more wistful recollections that the terminated pregnancy "could have been, you know, a child."

The third theme included interactions with medical personnel

and were similar in both groups. Most surprising were reports of inappropriate treatment, such as "(she) was very antagonistic toward me." Seven (28%) members in group D and 6 (23%) in group ND reported negative treatment. Group D also had more reports of distinctively positive experiences (8 vs. 4).

Physical aspects of the abortion constituted theme four. Persons in both groups most frequently commented on the procedure being more painful than they had been led to expect. Thirteen (52%) women in group D and 10 (40%) in group ND made such comments. Descriptions of these experiences were similar in both groups, such as "I remember the doctor saying 'this isn't going to hurt'..but it did hurt a lot."

Reservations about future abortions made up the fifth theme. Nine (36%) women in group ND spontaneously expressed reservations about having future abortions. In group D, 4 members (16%) made similar statements, but most others in the D group indicated by their general descriptions they would not again choose abortion. Examples from the ND group included: "I think I said to myself after that time (second abortion), 'I'll never have another abortion'" and "Although I still would have very seriously considered an abortion again, it certainly would have been harder...I think it...does become harder after you've had a child." Two women in group D expressed their sentiment in this way: "I don't think I would have done it again...just because of that empty feeling" and "my husband asked me if I would do it again...and I said, 'No, having born a child and felt the life growing within me...I would not have done that again."

The last theme depicted involvement with others around the abortion issue. In group D most responses centered on helping others like themselves who had distressing experiences or educating women about fetal development and alternatives to abortion. In the ND group responses centered on the need for supportive others, making a thoughtful decision, and having the opportunity to make the choice.

DISCUSSION

This study investigated the experiences of 25 women who described themselves as responding in an emotionally distressed manner to abortion (group D) and a comparison group of 25 women reporting more relieving/neutral responses (group ND). Before discussing the findings, however, some limitations should be noted. First, all participants were volunteers. Secondly, some of the data rely on the recollections of experiences from a number of years in the past and caution must be used in interpreting the present observations. This data may tell us not so directly about how the women responded then, but about how they construe their experiences now. Thirdly, the focus on distressing responses may have produced more negative overtones than a study examining overall post-abortion responses.

Group D's significantly higher scores on IES-2 (recalled stress response during most intense period) revealed a much higher degree of stress recalled, with mean scores of 47 and 25 for groups D and ND, respectively. Despite the lower score in group ND, it too was elevated in comparison to another group of women who completed the IES after working on a cadaver for the first time (mean score 12.7, reported by Cohen & Roth, 1984). Current (IES-1) mean scores in both groups were within the same range as the cadaver control group, however (see Figure 1). This suggests at least short-term unpleasant reactions were recalled by a significant portion of the total sample.

Despite the fact that scores in group D "decreased" significantly more than group ND's, group D's current stress response score (IES-1) was still twice that of group ND, with differences approaching traditional levels of significance. This coincides with some reports in group D of continuing to experience sporadic unpleasant emotions related to the abortion. Some of these were described as depressions occurring around anniversary dates of the abortion or would-be due date. Such reports also support the findings of previous researchers (e.g., Franco et al., 1991; Reardon, 1987).

Greater religiosity and more frequent affiliation with conservative churches in group D were not surprising given previous findings that stronger religiosity is a risk factor for poor post-abortion adjustment (e.g., Turnell, Armsworth & Gaa, 1990). Other studies have posited that a conservative religious background also constitutes a risk factor (e.g., Burnell, Dworsky & Harrington, 1972; Speckhard, 1987), but only current religious affiliation distinguished the groups here.

Several women in group D (6, 24%) reported that a conversion to Christianity and subsequent interpretation of biblical references to fetal life contributed to a changed perception of the morality of abortion (from the view that it does not end a human life to the view that it does). These women typically joined conservative denominations, thus contributing to an overall higher percentage of conservative affiliations in group D.

Although participants reported adopting new beliefs about abortion, 64% of group D indicated they had "denied" or "suppressed" distressing responses over some period of time. Akin to this were the reports of recovering memories associated with abortion (in connection with a catalytic event) and later recognition of behavioral changes that had occurred in the immediate post-abortion period.

Whether all of these reactions were actually suppressed is uncertain, given the adoption of new beliefs. It is possible that changes in general beliefs, supported by membership in groups important to the individual and which condemned abortion (e.g., conservative denominations), may have led to a change in how the abortion experience was construed. Lack of sufficient emotional suffering for an event now perceived as morally wrong could be

interpreted by individuals as previous denial or suppression.

Based on the consistency among D members' descriptions, the emergence of specific memories in some instances and other reports of the use of denial to cope with unpleasant post-abortion responses (Cohen and Roth, 1984; Kesselman, 1990; Lazarus, 1985; Reardon, 1987), it is feasible that suppression/denial did occur for some women, in addition to the possibility of some engendered reactions occurring. The emergence of either suppressed or engendered responses may be attributed to the effects of subsequent catalytic experiences. Gould's (1980) recommendation to assess for delayed post-abortion responses at later life changes or losses also suggests the critical role played by catalytic experiences in long-term reactions to abortion.

Lower amounts of social support and less confidence in the decision to abort in group D were congruent with studies that previously identified less social support (e.g., Zakus & Wilday, 1987) and ambivalence regarding the decision (e.g., Adler & Dolcini, 1986) as risk factors. It was noted that both groups had equal numbers of women who reported pre-abortion fantasies about the developing fetus, although failure to inhibit the creation of such fantasies can be a risk factor (Zakus & Wilday, 1987) as well.

The most conspicuous difference in the interview data was in the feelings reported by each group for the immediate post-abortion period. As noted, 48% of group D reported a sense of loss/emptiness and 28% reported feeling detached or numbed. When directly asked about feelings of sadness/grief, another 60% responded positively. In contrast none of group ND noted a sense of loss/emptiness, and only one stated she felt numb or detached. Although 44% of the ND group did report feeling sadness/grief when asked, the majority of those specified sadness rather than grief--which connotes a sense of loss.

In addition, fewer members in group D who reported feelings of sadness/grief were able to express these feelings to another (27% vs. 64%). The inability to express sadness/grief post-abortion may be a risk factor (Mattinson, 1985, cited in Rue et al, 1987), and may have contributed to group D's overall distress.

When investigating factors that facilitated relief in group D, it was noted that counseling techniques labeled the abortion as a loss and encouraged a grieving process. The use of this approach coincides with the reports of grief/sadness in group D, as well as with other recommendations of the need to acknowledge abortion as a loss (e.g., Furlong and Black, 1984; Gould, 1990; Kesselman, 1990).

Factors noted to facilitate relief by women in group D were talking with others who had similar feelings, addressing feelings of loss through a directed grieving process, and addressing guilt feelings by learning to accept forgiveness from God and oneself. Although not directly indicated by members in group D, it is possible that the counseling process itself may have aroused guilt

or remorse, since contemporaneous experiences in which abortion is viewed as an act for which one should feel remorse may have contributed to a shift in how the abortion was understood.

A number of practical and research implications of the present study can be considered. First, with regard to reports of suppression of distressing reactions, more longitudinal designs should be used in assessing the overall impact of abortion (Adler et al., 1990). Secondly, investigations need to examine general treatment at the abortion site. This recommendation stems from the surprisingly high number of reports of inappropriate treatment by medical personnel. Informed consent should insure accurate information about physical pain and possible negative and positive emotional reactions. This recommendation is made with the awareness that most of these abortions occurred shortly after the Roe vs. Wade Supreme Court decision and procedures may have improved significantly in subsequent years.

Three clinical recommendations may also be noted. The first is to maintain an awareness of the overall stressful nature of an abortion when dealing with a post-abortal client. Second, clinicians may sometimes want to explore the woman's perception of the fetus both at the time of the abortion and currently. This recommendation stems from expressed regrets in group D at misunderstanding the nature of the fetus at the time of the abortion (e.g., believing it to be a "clump of cells" with no bodily form) or of being given inaccurate information by medical personnel. Whether or not information about the physical nature of the fetus should be included as a part of the informed consent process is an issue of debate.

Third, when dealing with depression among women, exploring reproductive history for unresolved emotional reactions to pregnancy termination may prove beneficial. This recommendation seems particularly appropriate for women who have current religious affiliations with moral proscriptions against abortion.

The present study provides a brief look at two groups of women. One group was composed of women who, in describing their experience with abortion, viewed it as a traumatic, psychologically painful experience. The other group was composed of women who perceived themselves as responding in an emotionally relieved or neutral manner to abortion. Given the nature of the study, it is not possible to unambiguously articulate causal relationships. In some cases it is not clear whether individuals in the D group were led to distress by their experience, or whether their encounter with catalytic events or changed beliefs about the morality of abortion led them to construe the abortion experience negatively. What is clear, however, is that these individuals were women who regarded abortion as a critical event in producing high levels of psychological distress. Regardless of the specific reasons for the distress, clinicians whose work brings them into contact with such women must be sensitive to their needs and the way they understand their experiences.

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Footnote

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