

A Study of Women's Long-term Experience after Abortion

by

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ABSTRACT

Not much is known about the effects of abortion over time, yet this knowledge is important for counsellors and helpers who work with these women. The purpose of this qualitative study was to provide a deeper understanding of women's long-term experience after abortion. Using a phenomenological type approach, seven women were interviewed who were between three and fifteen years post-abortion. An analysis of the in-depth interview transcripts revealed five meta-themes: decision-making factors; short-term effects; post-abortion relationships; values, beliefs, and language; and healing process. Meta-themes, categories, and themes are presented and discussed using verbatim quotes from the participants. The findings suggest that the abortion experience has strong emotional effects on women; however, women who undergo the procedure often feel silenced. The findings imply that helpers must provide a context in which a woman feels safe and encouraged to express the full range and on-going experience of her abortion.

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DEDICATION

This is dedicated to Liann Hartley who inspired me to pursue this study. She tragically passed away before its completion.

CHAPTER ONE

INTRODUCTION

The ways in which people are damaged are the ways in which they are strong. It's what makes people interesting – what they've overcome and how, and what they haven't and how that's become a good thing. Almost everyone's life is both a gorgeous story and a tragedy.

Sarah Polley

Abortion is a complex, sometimes taboo, and almost always emotionally and politically laden subject. Abortion was decriminalized in Canada after a Supreme Court decision on January 28, 1988 acquitted Drs. Henry Morgentaler, Leslie Smoling and Robert Scott of “conspiring to procure a miscarriage.” Since that ruling, women have been able to directly access safe and legal abortions. More than 1.5% of women aged 15-44 (105,038 women in 2000) have had abortions every year in Canada (Statistics Canada, 2000). This number represents approximately half of the women facing unplanned pregnancies (“Unwanted Pregnancy,” 1998); however, little attention has been paid to the impact an abortion may have on a woman’s life more than a few months after the procedure.

According to the Committee on Unintended pregnancy (1995), the medical risks of abortion are minimal; yet, as with any surgical procedure, it carries an inherent risk of medical complications, including death. Further, Guilbert and Roter (1997) noted that “97% of women experience moderate to severe pain during or after an abortion” (p.158). Thus, for most women, abortion is a not a painless or benign procedure.

Apart from the physical aspects of the abortion procedure, women are faced with the psychological and emotional challenges presented by their unplanned pregnancy and decision to abort. In less than twelve weeks women are required to make a life changing life or death decision. Mueller and Major (1989) suggested that women report the

discovery of an unwanted pregnancy and decision to abort as stressful and conflicted. Bercov (in Northrup, 1998) said, “The abortion experience has tremendous potential to either wound or to heal – depending on how it is handled and interpreted” (p.385). In fact some researchers have hypothesized that abortion may lead to a form of Post-traumatic Stress Disorder, sometimes referred to as Post-abortion Syndrome (Speckhard & Rue, 1992); however, Post-abortion Syndrome is not well supported in the academic literature. Most academic research examining the effects of voluntary abortion in the first trimester of pregnancy concludes that the majority of women choosing abortion do not suffer significant psychological distress (Adler, David, Major, Roth, Russo, & Wyatt, 1990). Controversy continues to exist about abortion and the mental health risks associated with the procedure.

Regardless of the position one takes with respect to the potential mental health risks of abortion, it is accepted by most researchers and writers on the topic that there is a tremendous amount of stigma experienced by women electing to have an abortion. Joachim (1999) suggested “the stigma of abortion, with all of its religious and political ramifications, is often very traumatic for those who experience it” (p.47). This stigma might help explain why many women never adequately process the emotional aspects of abortion (Northrup, 1998). Major and Gramzow (1999) reported that the stigma surrounding abortion led to both suppression and intrusive thoughts, that in turn were positively related to increased psychological distress over time.

In addition to dealing with the stigma surrounding abortion, women are also faced with the reality that access to abortion has often been surrounded by overt acts of hostility and violence. News stories have reported incidents when the entrance to clinics and

hospitals where abortions are performed have been picketed and/or obstructed and several doctors known to perform abortions have been shot (e.g. Mullens, 1998). These acts of violence might be considered intimidating and coercive to some women considering abortion and make an already challenging situation more difficult to navigate and come to terms with. The physical, psychological and political aspects surrounding abortion are numerous and significant.

Research investigating the long-term effects of abortion has been scant and inconclusive. A review of the literature revealed that typical follow-up has ranged from 30-minutes to three months post-abortion. Few, if any studies, have focused on longer periods, and examined women's experience more than three months post-abortion. In her suggestions for future research McKinney (1989) clearly articulated the need to examine the long-term effects of an abortion experience. This view was also supported by Turell, Armsworth, and Gaa (1990) who suggested that a qualitative research approach be used to examine the experience and meaning of abortion from the perspective of the women undergoing the procedure.

The experience and impact of abortion are important in helping women to understand their life course development, in particular the context in which they make reproductive and sexual choices. This study sought to understand women's long-term experience after abortion, from their perspective. The purpose of this study was to explore and describe the long-term experience of women who have chosen abortion, specifically through investigating women's subjective experiences within the context of their lives, using a qualitative research approach.

Ultimately, it was my hope that the results of this study would serve in a limited

yet enlightening way to inform therapeutic practice. Although most abortion facilities require a follow-up visit after two weeks, the focus of the visit is usually on the physical aspects of the abortion, not on the woman's emotional responses. As a result, women are left to their own devices to deal with the emotional, psychological, and spiritual issues raised by their experience and the professionals to whom they turn to have very limited research on which to base their help. This study will contribute knowledge and understanding of women's long-term experience after abortion. As Covington (1999) stated, "because the issue of pregnancy termination is politically sensitive and highly emotionally charged, there are few resources available to couples for understanding and acceptance" (p. 241).

The research questions explored were:

- What are women's long-term experiences after abortion?
- How does the abortion experience influence their lives and affect their choices?

This paper is divided into six chapters. Chapter One includes an introduction to and rationale for the study. In Chapter Two, the current literature related to the long-term effects of abortion for women is reviewed. In Chapter Three, the qualitative research approach used to explore this topic is presented. The methodology is discussed, the procedure detailed, and issues regarding verification addressed. Particular attention is given to the analysis of the interviews. In Chapter Four, the seven participants in the study are described. Brief biographies are provided for each woman. In Chapter Five, research findings including five meta-themes, are identified and verbatim examples that illustrate the meta-themes and themes are presented. The meta-themes include: decision-

making factors; short-term effects; post-abortion relationships; values, beliefs, and language; and healing process. The meaning of the research results as well as similarities and differences between the findings of this study and those found in the literature review are discussed. In Chapter Six, the implications of the findings for research and practice are presented.

CHAPTER TWO

RELATED RESEARCH

The literature describing women's experience following abortion indicates that women do not share a singular response to the experience of abortion. A woman's response is shaped by a combination of pre-existing factors and the actual abortion experience. The abortion experience may affect women emotionally and spiritually, raise relational issues, and have psychosomatic implications.

The present literature reviewed is focused primarily on socio-demographic categories and women's adjustment following a first-trimester induced abortion. There is a scarcity of qualitative research exploring a woman's post-abortion experience. However, a number of authors including Neustatter (1986), Reardon (1987), Hoshiko (1993), and Kushner (1997) have conducted an informal style of research geared more for a non-academic audience. Each work presented information that was engaging and informative; yet, the work was methodologically inconsistent and lacked rigor. In particular, the procedures and analyses were not explicit; the reported results appeared to include frequent assumptions and opinions of the authors. Although these works have limitations, they have been included under the term non-academic because they include rich anecdotal information gleaned from women's experience.

Pre-existing Factors

Pre-existing factors such as social context, personal resources, relational issues, and religious beliefs influence a woman's adjustment to abortion. Social values regarding gender and behaviour are deeply ingrained. Northrup (1998) stated that "Allowing women to choose the course of their own lives (including abortion) goes very deeply against a very old grain" (p.385). Societal attitudes regarding abortion affect women's

post-abortion adjustment. Major and Gramzow (1999) found that women stigmatized by abortion were more likely to keep their abortion a secret. Secrecy, in response to stigma, was related to thought suppression and intrusive thoughts of abortion, which were positively related to increases in psychological distress over time.

Personal resources that have an effect on women's post-abortion adjustment include coping, self-efficacy, self-character blame and other-blame (Mueller & Major, 1989; Major, Cozzarelli, Sciacchitano, Cooper, Testa, & Mueller, 1990); coping strategies such as attributions and meaning-making (Major, Mueller, Hildebrandt, 1985; Major, Richards, Cozzarelli, Cooper, & Zubek, 1998; Zimmerman, 1981); and, personal resilience and appraisals (Major et al., 1998).

In a study of 283 women who underwent first-trimester abortions, Mueller and Major (1989) found that "...women with high self-efficacy...were significantly less depressed, experienced better moods, and anticipated fewer negative consequences immediately post-abortion than women with low self-efficacy." Using the same subject group as Mueller and Major (1989), Major et al. (1990) also found that a woman's "...feelings of self-efficacy were strongly related to better psychological adjustment." These results were consistent with the results of Major et al. (1985).

Major et al. (1985) conducted a study of 247 women undergoing a first-trimester abortion. Their methodology had three major steps: pre-abortion measurements, short-term post-abortion measurements (30 minutes), and follow-up measurements (three weeks). The factors measured included attributions, expectations for coping, perceived meaningfulness of the pregnancy, intentionality of the pregnancy, physical complaints, mood, anticipation of negative consequences, and level of depression. A significant

finding of Major et al. (1985) was that “women who expected to cope well with the abortion...coped significantly better on all coping measures immediately after the abortion than did women with lower coping expectations.” Woman who self-blamed coped less well than low self-blamers as did women who identified their pregnancy as highly meaningful. The intentionality of a woman’s pregnancy was related to post-abortion depression; that is, “...women who indicated some intentionality to their pregnancy were significantly more depressed” three weeks later. Major et al. (1985) speculated that this depression may be related to a sense of loss possibly experienced by women who intended and likely valued their pregnancy prior to a change in circumstance or mind.

Major et al. (1998) examined the effects of personality, pre-abortion cognitive appraisals, and coping on the post-abortion adjustment of 527 women. Women completed questionnaires prior to their abortions and approximately one month post-abortion. Results from this study suggested that resilient personality resources were associated with positive cognitive appraisals, which were related to effective coping strategies post-abortion.

The circumstances under which a woman opts for abortion vary widely. She may be supported or censured by her family, partner, or other important people in her life. The quality and dynamics of these relationships may influence her experience of abortion. A difficult or conflicted abortion decision has been identified as a factor that places women “at risk” for negative psychological consequences (Bracken, Klerman, & Bracken 1978; Greenglass, 1981; Shusterman, 1979). Friedlander, Kaul, and Stimel (1984, as cited in McKinney, 1989) reported “...strong involvement with the partner increased the

complexity of the abortion decision” (p.251). An example of this complexity is the suggestion that some women may have an abortion against their will due to pressure from the father of the fetus (Greenglass, 1981; Northrup, 1998). Northrup (1998) described this experience as a self-betrayal or “...a kind of self-rape” (p. 387) Further, she indicated that unless the decision to abort is dealt with in an open and honest way by a woman and her partner, the experience could be detrimental to a relationship.

A number of researchers state that psychosocial support from important others is significantly associated with a more favourable reaction to abortion and with fewer adverse psychological effects of induced abortion (Adler, 1975; Adler et al., 1990; Bracken, Hachamovitch, Grossman, 1974; Romans Clarkson, 1989, as cited in Guilbert & Roter, 1997; Shusterman, 1979). In contrast, Major et al. (1985) found that women accompanied by their partner to the clinic coped less well immediately after the abortion than women unaccompanied by their partner. This appeared to have a short-term effect because this difference was not observed three weeks later.

Researchers have demonstrated a relationship between post-abortion adjustment and pre-abortion perceptions of social support from their partner, family, and friends (Major et al., 1990; Major, Zubek, Cooper, Cozzarelli, and Richards, 1997). Cozzarelli, Sumer, & Major (1998) found that “mental models of attachment” (p.453) were related to post-abortion distress and positive well being¹. They noted “These relationships were mediated by feelings of self-efficacy for coping with abortion, perceived support from a woman’s male partner, and perceived conflict from this same source” (p.453).

¹Mental models of attachment were defined as the stable beliefs and expectations about self-worth developed by infants about their caregivers and themselves. Theoretically, individuals attempt to regulate affect and cope with stress in ways that reflect learned or reinforced patterns.

As well, many formal religions oppose abortion by suggesting that an abortion is in violation of God's laws; however, some religious leaders may provide support. Major et al. (1998) found that if abortion conflicted with a woman's religious beliefs or rules, the benefits of religious coping after abortion were weakened or reversed. In particular, they noted that coping with abortion through religion was related to lower post-abortion satisfaction. They also discovered that religious coping was unrelated to psychological distress or positive well being.

Long-term Effects

A review of the post-abortion research revealed a limited number of studies that examined the long-term effects of abortion. The conflicting results indicate that women's experience of abortion is variable and multidimensional. Osofsky and Osofsky (1972) suggested "In reviewing the interpretive findings and conclusions of prior studies, one can emerge with a variety of options ranging from frequent and severe sequelae to occasional direct or indirect problems, to no noticeable difficulty" (p.49).

Most of the recent studies and reviews on the effects of abortion concluded that abortion has no significant or lasting psychological health risks (e.g. Adler et al., 1990; Dagg, 1991; Russo & Zierk, 1992; Wilcox, 1987) or, at the least, "...no worse a hazard than forcing a mother to carry an unwanted child to term" (Watters, 1980). Conversely, Freed and Salazar (1993) contend that some women suffer from "Post-Abortion Stress" which may occur immediately after the procedure to several years later². Barnard (1990) concluded "...that some women do seem to suffer as a result of their abortions, and the percentage of these women in relation to all women who have abortions seems to be

²"Post-Abortion Stress" is defined as a particular form of Post Traumatic Stress Disorder.

somewhere between 11% and 60%” (p.17). This supports Greenglass’ (1981) contention that “...women vary considerably in the degree to which they resolve their emotions after the abortion” (p.89)

Given the discrepant results in the literature and the number of women that experience abortion, it would appear prudent to further investigate the potential long-term effects. Some of the effects noted in the literature included emotional/intrapsychic responses, relational issues, future reproductive planning, and spiritual ramifications. Each of these post-abortion effects will be reviewed below.

Emotional/Intrapsychic Response

As stated above, although some researchers have found that abortion has no significant lasting health risk, the emotional responses to abortion are varied and complex. A review of the literature indicates some women show negative post-abortion psychological responses including ambivalence, guilt, anxiety, depression, shame, and regret (Belsey, Greer, Lal, Lewis, Beard, 1977; Bracken et al., 1978; Joy, 1985; Reardon, 1987; Zimmerman, 1981). Adler, David, Major, Roth, Russo, & Wyatt (1992) suggested that the complexity of the abortion decision is exemplified by the mixture of positive and negative emotions experienced by women following an abortion.

Stotland (1998) noted, “As with any other significant life decision, the inability to acknowledge and share one or the other facet of that experience leaves the person vulnerable to reminders and re-enactments, to difficulties that may surface in life, and in subsequent psychotherapy” (p.967). Similarly, Kumar and Robson (1978) proposed that unresolved feelings of grief, guilt, and loss may remain dormant long after an abortion until they are re-awakened by another pregnancy. They suggested that “normal anxieties”

about the now desired fetus become disproportionate and may be interpreted by a woman as a form of retribution. As these examples suggest, women integrate the experience of abortion into their sense of self and what their lives mean.

Self-Concept

Liebman and Zimmer (1979) suggested the abortion experience may affect self-concept. A shift in self-concept may occur because a woman considers an unplanned pregnancy to be a personal mistake or failing. Yet the decision to abort and follow through on this decision may empower some women. These conflicting responses demonstrate the complexity of the relationship between self-concept and abortion. Women may experience abortion as both "...the mastery of a difficult life situation and as the loss of a potential life" (Stotland, 1998).

Joy (1985) also noted the importance of exploring how pregnancy and abortion affect a woman's self-concept. Difficulties may arise for her when she decides to end a pregnancy for pragmatic reasons that conflict with her personal values and sense of self (or self-image), in effect sacrificing one for the other. That is, a woman may violate her "pro-life" beliefs when she has an abortion. She is faced with the task of weighing the fate of "self" versus "other," the fetus (McDonnell, 1984).

What is apparent in the literature is that the decision a woman faces when determining the outcome of an unplanned pregnancy may affect her sense of self (Joachim, 1999). This decision can also present an opportunity for growth and change. Gilligan (1982, p.126) stated that "The research findings about women's responses to the abortion dilemma suggest a sequence in the development of the ethic of care where changes in the conception of responsibility reflect changes in the experience and

understanding of relationships.” She related these findings to the work of Erikson (1964) who suggested that the potential exists for strengths to emerge when an individual is faced with considerable stressors.

From a therapeutic perspective, abortion may be viewed as a transformative experience in which women are able to integrate their experience into their sense of self. The abortion experience may prompt some women to re-evaluate their lives, examine their past, and question their future (Gilligan, 1982).

Grief and Loss

Unresolved issues of grief and loss may be the way in which most therapists are first introduced to the complex issue of abortion. Covington (1999) indicated that women may enter therapy years after the loss, either consciously aware of unresolved grief or unconscious of other events that ultimately relate to unresolved mourning, such as marital problems, depression, problems with subsequent children, or a pregnancy loss of a family member such as a son or daughter. The anniversary of the baby’s due date, or the sight of other babies may trigger latent feelings about the abortion. The abortion loss may be compared to other instances of loss, which may provide some sense of comfort or, in fact, may activate unresolved grief.

Covington (1999) suggested that feelings of grief about the loss of a pregnancy usually peak between three and nine months after the loss. However, she also noted, feelings may peak at a later date within the context of a subsequent pregnancy or other reproductive events, such as infertility. Grieving may take anywhere from a few months to several years, yet studies looking at the adjustment of women after abortion have rarely considered post-abortion periods beyond three months.

Little has been written in either the academic or popular press about how women mourn loss resulting from abortion. The task of mourning may be twofold, for the fetus and the “self.” For the fetus, the woman may sense that she has taken something away from the world; for the self, it may be a “loss of innocence” (Joy, 1985; Kushner, 1997). Identifying closely with the fetus may complicate a woman’s response to abortion (McDonnell, 1984).

A woman may experience some of the feelings typically associated with grieving such as isolation, anger, bargaining, depression, and ultimately, acceptance (Kubler-Ross, 1969). There may also be traces of disappointment, guilt, and emptiness. She may feel she has rejected maternity and relinquished part of a dream or future which may have been central to her sense of self (Kushner, 1997). According to Neustatter (1986), many women are left with feelings of doubt and wonder if they have made the right decision. She noted this was particularly common among women who would have wanted a child under different circumstances (sufficient support, money, and a partner).

A woman’s grief may be complicated if she chose abortion, yet fundamentally believes it was not a morally legitimate choice. She may not feel that grieving for a pregnancy she has chosen to end is appropriate (McDonnell, 1984).

Societal attitudes create barriers to the resolution of grief and loss resulting from abortion. Because of the taboo surrounding abortion and many people’s desire to avoid the topic of abortion, women may perceive that they should forget about an abortion immediately after the procedure (Walsh, 1998). A perceived lack of support for grief resulting from abortion may affect how the abortion is grieved and may encourage a woman to grieve in isolation.

Although some women may experience grief and loss after abortion, some women may feel no sense of loss, only relief. In a survey of 4510 women, Janus and Janus (1993) found that approximately half the women who had aborted experienced relief while the other half reported guilt, regret, or sadness. Women's feelings of relief may stem from their sense of personal control (Hoshiko, 1993), the end of the physical discomforts of pregnancy (Kushner, 1997) and the conclusion of the unplanned pregnancy.

Post-Traumatic Stress Disorder (PTSD)

Freed and Salazar (1993) proposed that some women experience post-abortion symptoms similar to those used to identify Post-Traumatic Stress Disorder (PTSD). "PTSD can be identified by the development of a specific set of symptoms following a psychologically distressing event that is outside the range of 'usual human experience'" (Bille, 1996. p.19). Freed and Salazar further suggested that this "Post-Abortion Stress" is caused by a woman's inability to express her feelings about her pregnancy and subsequent abortion. This suggestion is supported by Zimmerman's (1987) contention that abortion is still viewed as a deviant act and not freely discussed. However, according to Gold (1990), abortion does not meet the American Psychiatric Association's definition of PTSD.

Relationship Issues

Another post-abortion issue is relationship changes. Partners, friends, and family may not react to the abortion in expected ways. When a woman tells others about her abortion, she may not receive the support or understanding she needs to effectively cope (Bracken, Hachamovitch, and Grossman, 1974; Major et al., 1990; Major et al. 1997; Shusterman, 1979). Negative reactions and a lack of support may lead her to re-evaluate

relationships with significant others. However, she is then faced with the possibility of ending both a relationship and a pregnancy.

With respect to a woman's intimate relationship, the pressure of an unplanned pregnancy and abortion may lead a couple to examine or question the potential of their future together. As Hoshiko (1993) pointed out, previously unspoken or unexamined expectations between partners may surface at the time of an unplanned pregnancy. The experience may heighten emotions and solidify their relationship, or reveal incompatible desires for the future. It may be viewed as a chance to create greater intimacy or expose irreconcilable differences with respect to reproductive plans. Ultimately, some relationships fall apart around the time of the abortion (Hoshiko, 1993; Kushner, 1997; Reardon, 1987).

If a relationship remains intact, the unexpected pressure of the experience may create conflict and/or a lack of communication. For example, a woman may fear that communicating her grief to her partner may erect a barrier between them. Factors that may influence the outcome of a pre-abortion relationship include the partner's reaction (Major, Cozzarelli, Testa and Mueller, 1992), his role in the decision making (Moseley, Follingstad, Harley, & Heckel, 1981), his level of support (Major et al., 1997), and his attitude about abortion (Neustatter, 1986). Depending on how the unplanned pregnancy and abortion are approached in a relationship, the experience may highlight a power imbalance in the relationship (Kushner, 1997), for example when a woman is pressured by her partner to either carry the pregnancy to term or abort, or when a woman chooses to keep the pregnancy a secret and makes an autonomous decision to abort the pregnancy.

For some women, abortion forces them to examine their family values and beliefs.

These internalized values may elicit feelings of guilt and shame because they have failed their parents, or feelings of sadness because they have denied their parents grandchildren. Kushner (1997) suggested that parents may attribute their daughter's decision to end a pregnancy as a reaction to the way they lived their lives. For some, her choice to abort a pregnancy may be a way to assert her independence from them and represent a shift into the responsibilities and difficult choices of adulthood, and also indicates she is sexually active.

A woman that has experienced abortion may also find her friendships tested. She may be uncomfortable speaking with a pregnant friend or experience feelings of envy about friends with children (Kushner, 1997). Because of the politics surrounding the issue of abortion, women may not feel comfortable discussing their abortion with friends. Kushner (1997) noted that the politics create a dynamic in the friendship to the detriment of the personal experience and therefore a woman may believe she can't tell her friends about her experience. She may feel a distance in these relationships that may cause her to withdraw and to feel further socially isolated. However, in some cases, the experience may provide an opportunity for bonding, building greater trust and understanding in the friendship.

In essence, abortion may force women to realize the strengths and limitations of significant others and of themselves. Others may have difficulty understanding the effect and importance of the experience.

Future Reproductive Planning

According to both the academic and popular press, abortion may have a direct impact on future reproductive planning (Borysenko, 1996; Greenglass, 1981; Kushner,

1997; McDonnell, 1984; Steinhoff, 1985, as cited in Sachdev, 1985). In effect, abortion is a major “fertility decision” (Greenglass, 1981). Although abortion may be used to limit family size or extend spacing between children (Steinhoff, 1985, as cited in Sachdev, 1985), it is often employed due to contraceptive failure and socioeconomic circumstances (Bowes, Burstyn, and Knight, 1998) or because a woman is not emotionally prepared or ready for parenthood (Kushner, 1997).

A woman’s experience of abortion may affect the attitudes and behaviour related to subsequent childbearing. For example, if a woman becomes pregnant because her contraception fails, she may find it hard to trust contraception in the future. Reardon (1987) suggested that some women believed that they were forced to correct a contraceptive failure through abortion. This loss of faith in contraception may directly affect a woman’s sexuality and choice of partners and later pregnancies in the future. Steinhoff (1985, as cited in Sachdev, 1985) found that “...women in the abortion sample who had a subsequent pregnancy generally did so deliberately” (p.124).

Borysenko (1996) described abortion as an emotional issue that may manifest in physical ways because of the mind-body connection. She stated, “the guilt and grief that some women suffer may hinder their ability to conceive another child” (p. 87). Kushner (1997) proposed that abortion may evoke feelings of anxiety from women about their maternal capacity.

On a final note, if a woman chooses to have a child at some point after an abortion, this experience may trigger feelings about her previous abortion (McDonnell, 1984).

Spiritual Ramifications

Abortion creates spiritual ramifications for some women because it forces them to confront issues of life and death. The spiritual aspects of abortion are given only a cursory glance in the popular press and not addressed at all in the academic literature. Yet women considering abortion are faced with questions such as “When does the soul enter the body – at conception or birth?” According to Kushner (1997), women who have experienced abortion may achieve a heightened spiritual consciousness. More research is needed in this area of women’s post-abortion experience.

Therapeutic Significance

As noted previously, women may seek out therapy years after an abortion. They may present with issues of unresolved loss and grief or problems seemingly unrelated to the abortion (Broome, 1984; Joy, 1985; Stotland, 1998.)

Joy (1985) stated that “It has been my clinical experience that a significant number of women are requesting counselling for a depression problem found to be an expression of an unresolved grief issue over a prior abortion” (p.375). She suggested counselors be prepared to work with the “small but significant” number of women who present with a delayed grief reaction to an earlier abortion. The helping strategies recommended by Joy (1985) used a grief resolution format that addressed the meaning of the loss and the safe expression of strong emotions such as guilt, anger, yearning, and relief.

Stotland (1998) published a case study of a woman whose presenting issue was “...her fear that she would never be able, psychologically, to marry and have children” (p.964). The woman’s abortion 10 years earlier was not presented as a problem at the

outset of therapy, yet became an integral part of the resolution. In her conclusions, Stotland (1998) clearly articulated the importance for women to have both the opportunity and ability to share and acknowledge their experience.

Broome (1984) discussed the psychological process involved in abortion and offered suggestions for helpers to better assist the women that experience post-abortion distress. She noted that according to the research she reviewed, the women experiencing distress are primarily those who lacked social and personal support; felt pressured, guilty or ambivalent about their decision; or have experienced a previous psychiatric condition. "Counselling should provide these women with a confidant who is concerned and supportive..." (p. 20).

As with any other significant life event, therapy provides one avenue that may facilitate the expression of a woman's experience, and ultimately assist with the resolution and integration of her experience.

Summary

In summary, previous research into the long-term effects of abortion has been primarily quantitative and has taken place within a relatively short timeframe after the abortion. The research results suggest that the pre-existing factors surrounding an unplanned pregnancy and the subsequent decision to abort a pregnancy are likely to influence a woman's post-abortion response. Further, most research concluded that "although there may be sensations of regret, sadness, or guilt, the weight of the evidence from scientific studies indicates that legal abortion of an unwanted pregnancy in the first trimester does not pose a psychological hazard for most women" (Adler, David, Major, Roth, Russo, & Wyatt, 1990) The literature review provided an overview of some of the

most relevant pre-existing and long-term factors regarding women's experience after abortion; however, there appeared to be scant systematic research about women's lived experience after this potentially life changing event. The research questions that emerged were:

- What is women's long-term experience after abortion?
- How does the abortion experience influence their lives and affect their choices?

In an effort to answer these questions, a qualitative research design was employed. This design allowed for women's lived experience to be explored from their perspective and reported using their words. It was hoped that further understanding the long-term effects of abortion and learning possible ways to ameliorate these effects would be helpful for counselors, medical staff, and other helpers who encounter women who are about to have an abortion or have experienced abortion.

CHAPTER THREE

METHODOLOGY

Life can only be understood backwards, but it must be lived forwards.

Soren Kierkegaard

The purpose of this study was to explore the long-term experience of women who have had an abortion and to discover how the abortion experience influenced their lives and affected their choices. Given the complex nature of the abortion experience and the researcher's interest in detailed descriptions, a qualitative research approach was appropriate. A qualitative approach would provide a more personal perspective on the impact of abortion, thus offering insight into the way women integrate this event into their lives, and the meaning they give the experience (Creswell, 1998; van Manen, 1997). Northrup (1998) reminds us that "... it is the *meaning* surrounding an event or procedure that gives it its charge and potential to harm or heal – not necessarily the procedure itself" (p.387). Most post-abortion research has not included an examination of the "experienced meanings" (Kvale, 1996, p.53) of participants; therefore, a phenomenologically-based methodology was used for this study in an effort to develop an understanding of what the experience of abortion means for the women who have experienced it (Colaizzi, 1978; Creswell, 1998; Moustakas, 1994; van Manen, 1997; Polkinghorne, 1989).

Phenomenology is the systematic study of the nature of a lived human experience (Moustakas, 1994; Polkinghorne, 1989). An individual's perceptions, cognitions, emotions, attitudes, history, predispositions, aspirations, experiences, patterns, style, and behaviour are considered in an effort to develop a greater awareness, understanding, and meaning of an identified experience (Colaizzi, 1978). Ultimately, phenomenology seeks to discover and describe the "essence" of an experience (van Manen, 1997). Although seeking to understand the

essence of an experience is the goal of phenomenology, there is also acknowledgement that the full experience of an individual can never completely uncovered and is always evolving (Creswell, 1998).

Traditionally phenomenological research has been used to “...understand social phenomena from the actors’ own perspectives, describing the world as experienced by the subjects, and with the assumption that the important reality is what people perceive it to be” (Kvale, 1996, p.52). This approach seemed particularly appropriate to explore women’s experience of abortion as it focuses on the individual lived experiences of participants. Phenomenology requires that “...an object is only perceived within the meaning of the experience of an individual” (Creswell, 1998, p. 53).

Participants

Participants for this study were solicited from the community using recruitment posters (Appendix A) and through word of mouth. The number of participants was selected to allow a manageable analysis that could produce meaningful results (Osborne, 1990). Six to eight participants were deemed sufficient to provide comprehensive and convincing results. By the seventh participant, there was very little new information emerging, so the sample was completed.

The sample consisted of seven women: five who had experienced abortion three to twelve years previously, and two who had experienced abortion over twelve years previously. The three-to-twelve year interval was initially selected to screen participants for two reasons. Firstly, three years was considered a sufficiently long-term interval post-abortion and, secondly, abortion was decriminalized in Canada in 1988, twelve years previously. The experience of women who had obtained a legal abortion post-1988 could

be expected to be substantially different from those who were “approved” for a therapeutic abortion (pre-1988). Two women who had an abortion prior to the decriminalization of abortion volunteered to participate. Because their experiences were similar to those occurring after 1988, they were included in the study.

All participants were Caucasian, were between the ages of 21 and 45, and possessed at least a grade ten education (see Table 1, p. 34). An effort was made to recruit participants that resembled the national profile provided by Statistics Canada for 1995³. In 1995, abortions were most common among single women in their twenties, with 50% reporting at least one prior delivery and 30% reporting at least one prior abortion. The sample for the current study differed from this 1995 profile in that only one participant had one prior delivery (less than 50%).

Procedure

A pre-interview telephone call was used to determine the suitability of each participant for the study. The screening questions used were adapted from Moustakas (1994) and included: Are you willing to participate in an open-ended interview about your experience of abortion? Are you willing to commit the necessary time and work that will be involved? Are you willing to have your interview tape-recorded and transcribed? Are you willing to have your data used in an academic thesis and/or other publications? Once the participant understood and agreed to the conditions of participation, she was asked to select a date and time for the interview. The participants were given the choice to be interviewed in their own homes, at the University of Victoria, or the researcher’s office. Each participant was asked to set aside two hours for the interview.

³1995 was the most recent year statistics were available for comparison.

The initial phone call also provided an opportunity for the writer to emphasize the importance of participants' self-reports in exploration of the experience of abortion. Moustakas (1994) suggested that this emphasis is key to the research process so that participants "...feel that their contributions are valued as new knowledge on the topic and as an illumination of meanings inherent in the question." Participants were told that the purpose of the research was to discover general themes and patterns related to the topic of interest (Zimmerman, 1977).

At the initial meeting, all participants were given a letter describing the study (Appendix A), a consent form which was reviewed (Appendix B), and a brief demographic questionnaire (Appendix B). The consent form described the nature of the proposed study as an exploration of women's experience of abortion, informed the participant of her right to withdraw at anytime, and explained the procedures for partial anonymity and confidentiality.

Interviews

Data were gathered through in-depth interviews with the seven women who had volunteered to participate. Every effort was made to create a relaxed, trusting environment using skills that included active listening, rapport building, empathic understanding, question reframing, and gentle probing (Marshall & Rossman, 1995; Osborne, 1990). These skills facilitated the immediate development of a connection between the researcher and participants that allowed participants to share intimate details about a very personal experience (Kvale, 1996).

After brief informal social conversation at the beginning of the interview, the participants were asked to take a few moments to focus on their experience of abortion

(before, during, and after), to recall moments of particular awareness and impact, and then describe their post-abortion experience fully. The following standard opening statement was used to begin the formal portion of interview: "Tell me in as much detail as possible about the abortion itself and how the experience has influenced your life" (Appendix C). This statement was used to "encourage [each] participant to initiate her search" and allowed the researcher to "reiterate the purpose and intent of the interview" (Moustakas, 1994, p.108).

Interviews lasted one-and-one-half to three hours and followed an informal, interactive process. Consistent with a phenomenological approach that allows participants to determine the content and flow of an interview (ref), the interviews were not structured. However, probes (listed in Appendix C), open-ended comments, and questions were used to facilitate and encourage detailed and in-depth description of experiences. Examples of questions used included: How did you make that decision? What prompted you to tell...? Can you tell me more about your reaction? How would your experiences influence your choices? Is there anything else about your experience that you'd like to share? During the interviews, questions and probes were varied, altered, or not used at all depending on the participant's process. All interviews were transcribed by the researcher.

Analysis

The method of data analysis was based largely on Colaizzi (1978) and involved different "readings" of the transcripts. Prior to transcribing each interview, the researcher listened to the audiotape in its entirety to get a general impression and a holistic sense of the interview. Interviews were analyzed as soon as they were transcribed, although not

necessarily before interviews with other participants. This process provided an opportunity for “theoretical sensitivity.” Maxwell (1996) suggests that this process allows the researcher to “positively focus” the interview and begin analysis while the interview is still fresh. The steps used in the analysis are outlined below.

First Reading: Observations

The researcher first read each transcript while listening to the audio-taped interview (Tee, 1996). This process placed the researcher within the interview. Notes were recorded on an Observations sheet (Appendix C, based on Tee, 1996). The Observations sheet was utilized to note metaphors, images, inconsistencies, patterns, revisions and absences, and the emotional tone of the interview. It was also used to record the researcher’s responses to participants such as identifying with or distancing from the participant; feeling delight, anger or sadness; expressing confusion about or resonance with the participant’s story; and making value judgments and assumptions. This observational process paralleled the researcher’s use of a reflexive journal and made the process more explicit and potentially useful.

Second Reading: Category/ Theme Identification

Each transcript was read a second time to identify significant statements and/or meaning units (Colaizzi, 1978). These statements and meaning units were highlighted on the transcripts and varied from a few words to several sentences. Statements and meaning units were then reviewed and labeled in the margin using key words. Examples of labels included: thinking about it, justifications, found out, timing, and talked to partner.

Third Reading: Theme Review and Meaning-Making

Osborne (1990) refers to this part of the process as the “within-person analysis.”

This reading included the identification of more implicit meanings that included concepts, ideas, and processes within the interview data (e.g. use of language). Previously identified meaning units were also reviewed and, at times, re-labeled. For each transcript, meaning units were then listed, cut into pieces, and sorted into piles consisting of similar ideas. After much reflection and re-sorting of the piles, 22 categories consisting of 33 themes emerged.

The theme piles for each transcript were then integrated into descriptive paragraphs. Paragraphs included verbatim quotes from the interviews that helped to illustrate the textural and structural descriptions of each participant's experience of abortion. Moustakas (1994) defined “textural description” as what was experienced (This pregnancy was “not planned”) and “structural description” as how the individual experienced a phenomenon (“It was just like the earth swallowed me up.”)

Across-Persons Analysis

As Osborne (1990) suggested, at this stage in the analysis both commonalities and discrepancies across interviews were identified. Theme and category paragraphs for each woman were printed on different coloured paper. Colour-coding the interviews assisted with the identification of the source of the data and the number of participants commenting on a category or theme. Category and theme paragraphs were then organized into larger groups of related concepts, or meta-themes. Meta-themes were common concepts used to connect the diverse and individual experiences of the seven women interviewed; category and theme differences were noted. See Table 2: Meta-themes, Categories, and Themes (p. 45) for similarities and differences across interviews.

Member Checks

After the researcher transcribed and analyzed the interviews, each participant was contacted a second time to check the transcript and a list of the categories/themes, and to provide an opportunity to contribute additional comments. The researcher offered to communicate with each participant in person, by telephone, or e-mail about the member checks. Questions proposed by Colaizzi (1978) that were used during the member checks were: How do the descriptive results compare with your experience? What aspects of your experience have been omitted?

All of the participants interviewed responded to follow-up contact. Four of the participants completed the member checks; the other three participants did not review their transcripts or themes/categories, yet stated they believed the researcher would accurately reflect their experience.

Research Group Analysis Check

A peer research group of six graduate student participants was used to check accuracy and completeness of the categories and themes identified by the researcher (Lincoln & Guba, 1985). All of the members completed a reading of a partial transcript of one of the participants (Ellen). The peer group and the researcher compared results; the results indicated that there were no major differences in theme or category identification. One peer group member completed the second reading and identified categories and themes for the same transcript. Her results were similar to those of the researcher.

Ethical Considerations

An “Application for Ethical Review of Human Research: University of Victoria” was submitted prior to contact with participants and the beginning of data collection. The

procedure approved by the Office of the Vice President of Research included a pre-interview, interview, and member check with each participant.

Letters of informed consent (see Appendix A and B) were reviewed and signed by each participant before the interview was conducted. Participants were informed that they could withdraw from the research at any time and refuse to answer certain questions without consequence or explanation. Participants were also informed that interviews would be audio-taped and then transcribed.

Assigning code numbers for each participant and keeping these numbers separate from participant names was used to protect participant confidentiality. Tapes and transcripts were kept in a locked file and will be destroyed when the research is completed.

Verification Issues

As suggested by Kvale (1996), issues of verification were addressed throughout the research design process to produce procedures that are transparent, results that are evident, and conclusions that are intrinsically convincing. Duke (1984, in Creswell, 1998) suggested that data are verified if an “outside reader can recognize the logic of the experience and how it matches his or her own experience” (p. 207). Data therefore were submitted to a fellow student for analysis and confirmation. For further verification, the researcher rechecked the organization of patterns and themes (Colaizzi, 1978).

The research relationship and reflexive process emerged as issues intrinsically related to phenomenological research during the development of the proposal and the analysis of the interviews. As Maxwell (1996) suggests, the researcher is the instrument of qualitative research, and the research relationship the means by which the research gets

done; therefore, the kind of relationship established with each participant in this study had to be carefully considered and clearly defined. This approach was also supported by Reason and Rowan (1981) who stated that "...any notion of validity must concern itself both with the knower and with what is to be known; valid knowledge is a matter of relationship" (p. 241).

Exploring the potentially sensitive experience of abortion raised some personal ethical dilemmas for the researcher. Each woman was asked to share her experience arising from a major life decision she had made and to describe its long-term implications. As a woman and student, the researcher was not only privileged to hear these stories but also felt a responsibility to provide adequate emotional support using empathic listening; however, the ethical limitations of a research interview were recognized and followed. As Kvale (1996) pointed out, the purpose of a research interview is to acquire knowledge. This is different than a therapeutic interview, which is focused on changing a person or situation. In recognition of these differences, a resource list of crisis numbers and therapists familiar with post-abortion issues was made available to participants.

Walsh (1998) proposed that if human knowledge is co-constructed, then the process of mutual exploration and discovery inherent in research must necessarily be documented in an open and honest way. To see through and beyond a personal frame of reference, the researcher cleared her mind before each interview and employed a process similar to bracketing in an attempt to suspend her biases, prejudgments, assumptions, and conceptions she might have held about abortion and/or the participant about to be interviewed. Moustakas (1994) identified bracketing as a key element of phenomeno-

logically-based research and described it as setting aside prejudgments, biases, and preconceived ideas about things. Hence, the identification of pre-suppositions using a process similar to bracketing appeared to be particularly appropriate for this study of abortion experience, a potentially emotional subject. For the purposes of this study, bracketing was considered part of the reflexive process and presuppositions were considered during the analysis in an effort to remain accountable and true to the data.

To track the researcher's internal process throughout the course of this study, a reflexive journal was kept of thoughts, experiences, reactions, beliefs, and the meaning made of the interviews and the participants' experiences. Reflexivity allowed the researcher both an opportunity for self-awareness and for understanding each participant's experience. An example of a comment "I continue to grapple with my own stance. I'm pro-choice, yet grateful that I have never had to make that choice...Mine is only one view, and that, without shared experience." Examples of questions that arose from the reflexive process and prompted further writing include: What does the silencing from the medical profession do to women? How does language influence women's long-term experience of abortion? What are my biases? Using the reflexive process, the researcher understood her analysis of the data in a more comprehensive way.

The next chapter introduces the participants in this study.

CHAPTER FOUR

PARTICIPANT PORTRAITS

The participants have been given aliases. All participants were Caucasian, were between the ages of 21 and 45, possessed at least a grade ten education, and varied with respect to marital status and children. Five women - Amanda, Carol, Denise, Ellen, and Fiona - had at least one abortion after it was decriminalized in 1988. The other two women - Barbara and Gloria - had their abortions prior to 1988. The major difference between the two groups of women was their encounter with the medical system when they were trying to initiate the abortion procedure. To have an abortion before 1988, a woman had to go to her family physician to initiate the process. The family physician was required to present the case before a medical panel that made the decision whether to grant an abortion or not. Therefore, a woman did not have the final say in this life-changing decision. Table 1 provides a summary of participants' demographic data. Following Table 1, each participant is described using her own words.

Table 1: Participant Demographic Information

	Amanda	Barbara	Carol	Denise	Ellen	Fiona	Gloria
Year of Birth	1969	1955	1964	1965	1962	1979	1967
Marital Status (at interview)	Common-law	Married	"Partnered"	Married	Divorced	Single	Married
Children (year of birth)	None	1987	2003	1991 1993	1984	None	1997 1990
Religious Affiliation	None	Christian	None	Christian	Baptist	Christian	Anglican
Importance of Religion	"Not very, more about spirituality"	"Very important, daily"	"Not"	"Very important"	"Not big"	"Little"	"Important"
Ethnicity	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian
Year of Abortion(s)	1988 1995	1975 1979 1984	1997	1989	1983 1994	1997	1984

	Amanda	Barbara	Carol	Denise	Ellen	Fiona	Gloria

Amanda

Amanda approached her interview from the place of telling a story. She thought it was “ironic” that the day of the research interview was very close to (or possibly even the same day as) the anniversary date of her 2nd abortion. “I’d been thinking, if I had my Day-timer from that year I would remember what day... Wouldn’t that be ironic?” Amanda had had two unplanned pregnancies, both terminated by abortion; the first abortion was in 1988, the second in 1995. She discussed both pregnancies and abortions during her interview.

Amanda’s first unplanned pregnancy occurred when she was 19 years old and living at home with her mother; her parents were divorced. Before the pregnancy, Amanda had started to engage in a sexual relationship with her “best friend” Fred, whom she known for approximately 1.5 years and “hung out with” in college. They were not using contraception at the time of the pregnancy; however, prior to getting pregnant, Amanda had gone to her family physician for contraception and was waiting for her next menstrual cycle to start the pills. She described this turn of events as “ironic.” She aborted this pregnancy in 1988.

When Amanda was twenty-six years old, she experienced her second unplanned pregnancy. She had been in an “on-again-off-again relationship” with Mark for approximately 1.5 years. They had been back together for 3-4 months when she became pregnant. After her last break-up with Mark, she had decided to stop using the pill; they did not use any contraception when they resumed their relationship. “Again the irony... And then I go off of the pill. Just ‘cause I think oh I need a break going off it. So that was the second time that I got pregnant.” Amanda aborted this pregnancy in 1995.

Barbara

During the interview, Barbara shared her three abortion experiences in chronological order. She was very open about the circumstances surrounding the unplanned pregnancies and subsequent abortions in 1975, 1979, and 1984. Prior to her marriage in 1986, she described a “promiscuous lifestyle.” Barbara was not in a stable relationship with any of the men that were involved in the unplanned pregnancies that resulted in abortions.

Barbara stated that she had made “some bad choices” and imagined “I wouldn’t have had the other two [abortions] if I’d ...gone through with the first [pregnancy] because I would have known how big it really is. The sense of responsibility that comes when you give birth is so overwhelming...I know I wouldn’t have had the others if I had the gone through the first one. And I think if I had gone through the first one, my life would have been a lot more responsible. I wouldn’t have had my decade of madness and wildness.”

Carol

Carol reported that she had been analyzing herself and her abortion experience prior to the interview. She found herself “thinking about it” from the time the interview was scheduled, until we met. She told her story of her unplanned pregnancy and subsequent abortion in chronological order.

During the interview, Carol reported that her experience and related emotions are “not as close to [her] now.” It is “not as much of an issue as it was,” and is “fading...as time passes.” She noted that she is more objective about the experience. It is “kind of out there,” except when she talks about her personal experience; then it is “an issue...pretty

vivid...[and] close to the surface.” She noted that her tears during the interview were not “...really a reflection of how [she is] day-to-day” and she finds it is gradually leaving her “immediate consciousness.” Usually, though not during this interview, she “...can speak with out falling into a puddle of tears.” Overall, Carol reported she has been able to “put things to rest” and “go forward.”

Carol experienced one abortion in 1997 that resulted from an unplanned pregnancy with her common-law partner. She described herself as “being a very organized person,” who before the pregnancy, had already been feeling overwhelmed by school. When she found out she was pregnant “it was pretty distressing,” and she thought to herself, “...this can’t happen.” “It was just like the earth swallowed me up.” The pregnancy was an “experience [she] didn’t want to have right then.”

Carol described this time as a period filled with “personal turmoil” and “very pronounced” physical changes. The interval between finding out she was pregnant and having the abortion “seemed like forever” and “was pretty distressing.” Carol had the abortion when she was approximately eight weeks pregnant. She felt she was lucky that she saw a “locum” and not her regular family physician that did not have a very good bedside manner.

Denise

Denise mentioned that the year of the unplanned pregnancy and abortion “...was a really tough year” and that she now looks back on that time from “a stronger place.” She reviewed her experience chronologically, talking about a “small, minute frame of reference.” She stated, “this is my experience” and “...all I can do is just be honest about what my experience has been.” She noted, “It was a growing experience.” She remained

emphatic through out the interview that having the abortion wasn't the right decision for her as she "...has a very sensitive make-up."

Denise had the abortion in 1989 after an unplanned pregnancy during a "rebound" relationship. Her pre-examination at the hospital was very difficult and the physician behaved as if he was "mad at me...totally pissed off...It was like the doctor was giving me shit." She noted that the physician was very physically rough as he examined her and then questioned how she "got herself into the situation." He also explained "how big the baby was." Denise left the examination crying and cancelled the abortion.

After speaking with her parents, Denise booked another appointment to have the abortion. Her mother accompanied Denise when she went to the hospital to have the abortion. While she was waiting in the hospital, Denise thought of leaving because she was not convinced that she had made the right decision, "but time was running out."

After she had been "prepped" for surgery, she was given a piece of paper regarding the short-term physical effects she may experience after the abortion. It was "very clinical, a D & C." The information provided did not mention of any emotional or long-term physical complications. Counselling was not suggested. "And I can recall the whole time, up and to, just waiting for someone to tell me not to do it, but never having the courage to stop it myself." Denise went through with the abortion.

Ellen

Ellen was very emotional and teary throughout the research interview. She stated that she volunteered for the research because she thought it might help others facing an unplanned pregnancy and abortion. "I think it's going to be important to say because if it stops one girl, or if it changes the system so that someone influences one girl not to do

that, then it's a good thing." Ellen described the abortion issue in the following way "Like it's huge and it's complicated and it's complex." She stated, "It was not a good thing for me to have an abortion." Ellen had two abortions.

She noted "The farther and farther I get away from [the abortions], it's not like a day-to-[day thing], I mean with the depression, it was a day-to-day thing. I mean now it's difficult with regard to...the project you're doing...[it] ironically brought [it back] in front of my face. So I've spent the last couple of days thinking about it, but I don't [usually] allow myself to do that. I choose to get up and get on with my life during the day usually...and concentrate on, you know, things that are alive."

Her first abortion occurred in 1983 before the decriminalization of abortion in Canada. When she became pregnant, she was involved with a boyfriend and not using contraception. Her physician was required to appear before a panel of physicians to get approval for her abortion. "At that time it was a very clinical...I mean, it was literally just a surgery and the nurses or doctors were very, what they termed as professional at that time. It was treated like as if it was nothing, an everyday occurrence...I just remember just laying there... and thinking at that time that well if this is no big deal to anybody else then this shouldn't be a big deal to me."

Ellen married the man she was in a relationship with at the time of her 1st unplanned pregnancy and abortion. Soon after, the couple had a baby resulting from another unplanned pregnancy. After three years of marriage, she divorced her first husband and moved across Canada in what she described as an effort to deal with the after-effects of the abortion " Kind of you know, attempting the geographical cure... moved from Ontario to here and I had just sort of swore off men, didn't want to have

anything to do with them.”

In 1994, Ellen had her second abortion. She had been married to her second husband for 2.5 years and experienced an unplanned pregnancy; the couple was not using contraception. To arrange to have the abortion, Ellen went to see her family physician. She described the procedure as follows, “It was surreal, it was clinical, it was medical, and I was laying there waiting for somebody to stop me.” She proceeded with the abortion.

Fiona

Fiona described her reasons for participating in the research as follows: “I don’t do a lot of self-disclosure but, if they, if [anyone] tells me they’re using the withdrawal method of contraception, then they really hear it from me. They’re going to gain by knowing that [unplanned pregnancies] really does happen...So I may not go around blabbing it to everybody, but if ever it’s going to be useful to anybody, like that’s why I called you for this [interview]. I have this experience now, and you want to know about it. So great, I’ll tell you about it.” She also noted that she doesn’t think about her experience often. “I don’t think about these things usually that aren’t really right here, right now; ‘cause there’s just too much right here, right now to worry about...other stuff.”

Fiona experienced her unplanned pregnancy and subsequent abortion in 1997 when she was 18 years old. She had graduated from high-school in June, became pregnant in September, and found out she was pregnant after she had “broken-up with” the father of the pregnancy. Fiona noted that although the pregnancy was unplanned, it was “not a big surprise” and she noted, “I wasn’t terribly upset or shocked at the fact. I

mean like you can't be in a sexual relationship and know that you're not using condoms and you're not on the pill and be really surprised when you turn up pregnant. Like I'm just, I guess I'm too practical and too realistic...so it wasn't like a big surprise or anything like that."

She described the unplanned pregnancy as having a more of an effect on her than the abortion that followed. "I think...the pregnancy was a bigger thing in my life than the abortion was....I got a lot more from the experience of being pregnant than I did from the experience of having the abortion."

The physician who confirmed Fiona's pregnancy referred her to another physician who performed abortions. "I went in to see a doctor here in Victoria, who was...kind of weird." Though she described him as weird, she also noted "...that doctor doesn't really stand out, really too much. It was just one of those things you just have to do to get the process going."

One of Fiona's biggest concerns was the use of an anaesthetic during the abortion procedure. "And I know I was really scared when I went in to go under the anesthetic, because I have only been under a general once before, and I was really sick and it totally screwed me up for a long time. Just the anaesthetic itself. So I was totally nervous about getting all naked and lying on this bed with (laughed) this kind of weird doctor and being put under a general. I mean you always wonder what they're going to do to you when you're, when you're sleeping. But I was, it was okay." In spite of the concerns she had about the use of an anaesthetic, Fiona had the abortion when she was six weeks pregnant.

Gloria

Gloria described the interview as a very positive experience, noting it was the first time she had had the opportunity to tell her story in its entirety. She was very forthcoming regarding the circumstances surrounding the unplanned pregnancy and subsequent abortion. She described the abortion as “so long ago” yet could remember the exact date of the abortion stating, “It was an upsetting time.”

Gloria had the abortion in 1984 when she was 17 years old. The unplanned pregnancy occurred as a result of “one incident [when] he and I had unprotected sex”. The relationship ended just prior to Gloria’s discovery that she was pregnant. She described the order of events as follows, “He had laid hands on me and I wasn’t putting up with it. I chose to walk before it got any worse. Not aware that I was pregnant at the time. I guess I was pregnant for...about eight weeks when I did break off with him, because it was about a month later that I had the abortion and that was twelve weeks.”

After making the decision to have an abortion, Gloria’s family physician had to appear before a panel to get permission for the abortion to proceed because the abortion occurred prior to the decriminalization of abortion. Gloria described her experience of waiting, “So then I was sitting on pins-and-needles wondering if they were going to...let me proceed with it or not. So that didn’t help. Here I am, making a decision, and yet I don’t really have the last word. A group of people at a table do...that don’t even know me....That was kind of hairy at times. Coming to the conclusion of what I felt I needed to do for me and then in the end it’s really up to them. Which I thought was really unfair.”

CHAPTER FIVE

RESEARCH FINDINGS AND DISCUSSION

This chapter includes presentation of the data meta-themes, categories, and themes that emerged from the participant interviews. The meta-themes represent the most salient issues for the participants related to answering the research questions: 1) What are women's long-term experiences after abortion? 2) How does the abortion experience influence their lives and affect their choices? Selected interview quotes have been included to illustrate the data categories and themes. As shown in Figure 1, the following meta-themes emerged from the data: Decision-making Factors; Short-term Effects; Post-abortion Relationships; Values, Beliefs, and Language; and Healing Process. The five meta-themes connect the diverse and individual experiences of the seven women interviewed. Relevant literature is included in the discussion of each meta-theme.

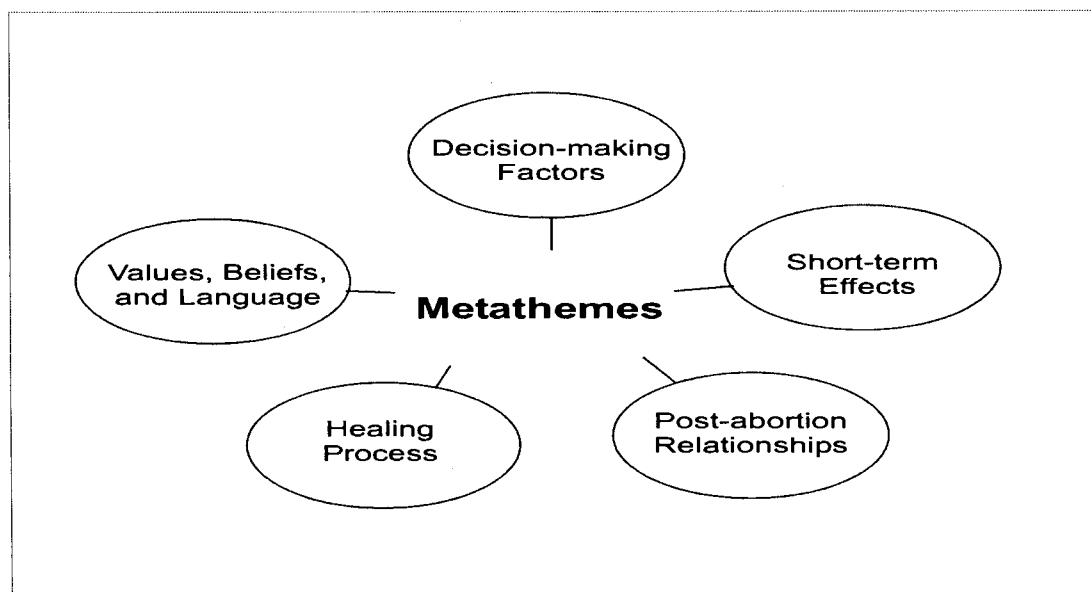


Figure 1. Meta-Themes

Each meta-theme is presented separately with the corresponding discussion of the relevant literature at the end of each meta-theme section. A summary of the meta-themes,

categories, and themes is presented in Table 2: Meta-themes, Categories, and Themes.

This table shows the data categories and themes within each of the five meta-themes.

Meta-theme *Category*

- theme

Not all categories and themes were identified within each transcript.

Table 2: Meta-themes, Categories, and Themes

	Amanda	Barbara	Carol	Denise	Ellen	Fiona	Gloria
Decision-Making	<p><i>Factors</i></p> <ul style="list-style-type: none"> • timing • relationship <p><i>Process</i></p> <ul style="list-style-type: none"> • short time 	<p><i>Factors</i></p> <ul style="list-style-type: none"> • timing • relationship <p><i>Process</i></p> <ul style="list-style-type: none"> • short time 	<p><i>Factors</i></p> <ul style="list-style-type: none"> • timing • relationship <p><i>Process</i></p> <ul style="list-style-type: none"> • short time 	<p><i>Factors</i></p> <ul style="list-style-type: none"> • timing • relationship <p><i>Process</i></p> <ul style="list-style-type: none"> • short time • internal conflict • outside pressures 	<p><i>Factors</i></p> <ul style="list-style-type: none"> • timing • medical problem • relationship <p><i>Process</i></p> <ul style="list-style-type: none"> • short time 	<p><i>Factors</i></p> <ul style="list-style-type: none"> • timing • medical problem • relationship <p><i>Process</i></p> <ul style="list-style-type: none"> • short time 	<p><i>Factors</i></p> <ul style="list-style-type: none"> • timing • relationship <p><i>Process</i></p> <ul style="list-style-type: none"> • short time
Short-term Effects	<p><i>Emotional</i></p> <ul style="list-style-type: none"> • tears • secrecy • return home <p><i>Physical</i></p> <ul style="list-style-type: none"> • hunger • bruised arm 	<p><i>Emotional</i></p> <ul style="list-style-type: none"> • secrecy <p><i>Physical</i></p> <ul style="list-style-type: none"> • complications 	<p><i>Emotional</i></p> <ul style="list-style-type: none"> • secrecy • return home 	<p><i>Emotional</i></p> <ul style="list-style-type: none"> • tears • “aftermath” 	<p><i>Emotional</i></p> <ul style="list-style-type: none"> • tears • secrecy • “aftermath” <p><i>Physical</i></p> <ul style="list-style-type: none"> • complications 	<p><i>Emotional</i></p> <ul style="list-style-type: none"> • tears • return home <p><i>Physical</i></p> <ul style="list-style-type: none"> • changes • complications 	<p><i>Physical</i></p> <ul style="list-style-type: none"> • complications

Note.
 ■ Meta-theme
 • Category
 • theme

	Amanda	Barbara	Carol	Denise	Ellen	Fiona	Gloria
Relationships	<i>Partners</i> <ul style="list-style-type: none"> • Changes • intimacy concerns <i>Parents/ Siblings</i> <ul style="list-style-type: none"> • disclosure • patterns <i>Children</i> <ul style="list-style-type: none"> • desire • disclosure <i>Friends</i>	<i>Partners</i> <ul style="list-style-type: none"> • changes • unresolved • intimacy concerns <i>Parents/ Siblings</i> <ul style="list-style-type: none"> • disclosure • patterns <i>Children</i> <ul style="list-style-type: none"> • desire • disclosure • sex education <i>Friends</i>	<i>Partners</i> <ul style="list-style-type: none"> • changes • intimacy concerns <i>Parents/ Siblings</i> <ul style="list-style-type: none"> • disclosure • patterns <i>Children</i> <ul style="list-style-type: none"> • desire • disclosure • sex education <i>Friends</i>	<i>Partners</i> <ul style="list-style-type: none"> • changes • unresolved • intimacy concerns <i>Parents/ Siblings</i> <ul style="list-style-type: none"> • appearances • patterns <i>Children</i> <ul style="list-style-type: none"> • desire • disclosure • sex education <i>Friends</i>	<i>Partners</i> <ul style="list-style-type: none"> • changes • unresolved • intimacy concerns <i>Parents/ Siblings</i> <ul style="list-style-type: none"> • disclosure • appearances • patterns <i>Children</i> <ul style="list-style-type: none"> • desire • disclosure • sex education <i>Friends</i>	<i>Partners</i> <ul style="list-style-type: none"> • changes • intimacy concerns <i>Parents</i> <ul style="list-style-type: none"> • patterns <i>Children</i> <ul style="list-style-type: none"> • desire • disclosure • sex education <i>Friends</i>	<i>Partners</i> <ul style="list-style-type: none"> • changes • intimacy concerns <i>Parents/ Siblings</i> <ul style="list-style-type: none"> • disclosure <i>Children</i> <ul style="list-style-type: none"> • desire • disclosure • sex education <i>Friends</i>
Values, Beliefs, & Language	<i>Pro-choice</i> continued ...ian Catholic <i>Perceptions</i> <ul style="list-style-type: none"> • society's • of others • self <i>Language</i>	<i>Pro-life</i> <i>Church Influence</i> <ul style="list-style-type: none"> • Roman Catholic <i>Perceptions</i> <ul style="list-style-type: none"> • society's • of others • self <i>Language</i>	<i>Pro-choice</i> <i>Church Influence</i> <ul style="list-style-type: none"> • Protestant <i>Perceptions</i> <ul style="list-style-type: none"> • society's • of others • self <i>Adoption</i> <i>Language</i>	<i>Pro-life (with reservations)</i> <i>Church Influence</i> <ul style="list-style-type: none"> • Protestant <i>Perceptions</i> <ul style="list-style-type: none"> • society's • of others • self <i>Adoption</i> <i>Language</i>	<i>Pro-life (with exceptions)</i> <i>Church Influence</i> <ul style="list-style-type: none"> • Roman Catholic <i>Perceptions</i> <ul style="list-style-type: none"> • society's • of others • self <i>Language</i>	<i>Pro-choice</i> <i>Church Influence</i> <ul style="list-style-type: none"> • Protestant <i>Perceptions</i> <ul style="list-style-type: none"> • society's • of others • self <i>Adoption</i> <i>Language</i>	<i>Pro-choice</i> <i>Perceptions</i> <ul style="list-style-type: none"> • society's • self <i>Language</i>

Healing Process	Amanda	Barbara	Carol	Denise	Ellen	Fiona	Gloria
<p><i>Mourning</i></p> <ul style="list-style-type: none"> • grief <p><i>Forgiving</i></p> <ul style="list-style-type: none"> • self <p><i>Meaning-making</i></p> <ul style="list-style-type: none"> • personal growth <ul style="list-style-type: none"> • letting go • understanding tears <p><i>Moving On</i></p> <ul style="list-style-type: none"> • acceptance • self-definition <p><i>Remembering</i></p> <ul style="list-style-type: none"> • fantasies <p><i>Revisiting</i></p> <p><i>Seeking help</i></p> <p><i>Helping others</i></p>	<p><i>Mourning</i></p> <ul style="list-style-type: none"> • avoidance • grief <p><i>Forgiving</i></p> <ul style="list-style-type: none"> • self • God's <p><i>Finding a voice</i></p> <ul style="list-style-type: none"> • silence • self-disclosure • public <p><i>Meaning-making</i></p>	<p><i>Mourning</i></p> <ul style="list-style-type: none"> • avoidance • grief <p><i>Forgiving</i></p> <ul style="list-style-type: none"> • self • God's <p><i>Finding a voice</i></p> <ul style="list-style-type: none"> • silence • self-disclosure <p><i>Meaning-making</i></p> <ul style="list-style-type: none"> • personal growth • self-confidence • openness • catalyst <p><i>Moving on</i></p> <ul style="list-style-type: none"> • acceptance <p><i>Remembering</i></p> <ul style="list-style-type: none"> • fantasies • afterlife <p><i>Revisiting</i></p> <p><i>Seeking help</i></p> <p><i>Helping others</i></p>	<p><i>Mourning</i></p> <ul style="list-style-type: none"> • avoidance • grief <p><i>Forgiving</i></p> <ul style="list-style-type: none"> • self • God's <p><i>Finding a voice</i></p> <ul style="list-style-type: none"> • silence • self-disclosure <p><i>Meaning-making</i></p> <ul style="list-style-type: none"> • personal growth • self-confidence • self-empathy <p><i>Moving on</i></p> <ul style="list-style-type: none"> • acceptance <p><i>Remembering</i></p> <ul style="list-style-type: none"> • fantasies • dreams <p><i>Revisiting</i></p> <p><i>Helping others</i></p>	<p><i>Mourning</i></p> <ul style="list-style-type: none"> • avoidance • grief <p><i>Meaning-making</i></p> <ul style="list-style-type: none"> • personal growth 	<p><i>Mourning</i></p> <ul style="list-style-type: none"> • grief <p><i>Meaning-making</i></p> <ul style="list-style-type: none"> • personal growth <p><i>Remembering</i></p> <ul style="list-style-type: none"> • fantasies • dreams <p><i>Revisiting</i></p> <p><i>Helping others</i></p>	<p><i>Mourning</i></p> <ul style="list-style-type: none"> • grief <p><i>Meaning-making</i></p> <ul style="list-style-type: none"> • personal growth <p><i>Remembering</i></p> <ul style="list-style-type: none"> • fantasies • dreams <p><i>Revisiting</i></p> <p><i>Helping others</i></p>	<p><i>Mourning</i></p> <ul style="list-style-type: none"> • grief <p><i>Meaning-making</i></p> <ul style="list-style-type: none"> • personal growth • self-confidence <p><i>Remembering</i></p> <ul style="list-style-type: none"> • dreams <p><i>Revisiting</i></p>

Decision-Making Factors

Decision-making factors had a significant effect on all participants' post-abortion experiences. The two categories raised by the women interviewed regarding their decision to abort included pre-existing factors and the decision-making process.

Pre-existing Factors

The pre-existing factors that the participants discussed include timing of pregnancy, medical problems, and relationship dynamics.

Timing of Pregnancy

All of the women reported that their decision to abort was based partially on the timing of the pregnancy. For example, Denise was initially very happy about the pregnancy, and for the first 11 weeks of her pregnancy, was going to keep the baby. However, she was faced with many doubts and concerns: she was not in a stable relationship; she did not have the support of her family; and, she was going through a financially difficult time in her life. The only way she thought she could carry the baby to term, and raise it, was to "go on welfare for a while." Because she worked on a contract with the Ministry of Social Services, she worried, "I couldn't face doing that. It was humiliating for me." She had to consider the option of abortion.

Barbara described her reasons this way: "...still not having the happy little family and the picket fence...made me feel that I wasn't up to it or good enough to go through with it even though I saw people all around me doing it on their own."

Fiona was worried about "messing up" lives. "I kinda of decided that, we were pretty young, like 18 and 22, and you know, no good job, no nothing really. So, I kinda figured if we had this kid it was going to be messing up three people's lives at least, like

mine, his, and the baby's. And if I had an abortion, then it may screw up my life, but at least it's only my life and not everybody else's. So that's sort of my rationale when I decided."

Carol had "valid...solid reasons" related to "timing" for choosing abortion: she was just finishing her degree, was in the "honeymoon phase" of her relationship with her partner, and therefore was not ready to have a child.

Medical Problems

Two of the women noted specific health conditions that contributed to their decision to have an abortion. These included Multiple Sclerosis and substance misuse.

Multiple Sclerosis. Ellen discovered she was pregnant for the first time shortly after she had been diagnosed with Multiple Sclerosis. "I was in the middle of having a whole bunch of attacks, and it was newly diagnosed so they didn't know what was going on with it. They felt that pregnancy and labour would be too much of a stress." Therefore, "...the doctors were really, really adamant" about Ellen having an abortion. "...I was having such a tough go of it with my health...You know I was scared; I didn't know what was happening with my health; I didn't know what was happening with my body..."

Substance Misuse. Two of the women expressed some concerns about the effect of their substance use on the health of the fetus. Fiona noted, "...before I found out I was pregnant, [I] went away on a trip and drank an awful lot of alcohol and smoked a lot of cigarettes which does have a bit to do with the decision that I made." After finding out she was pregnant, "[she] was a tad concerned about the not-so-good substances in [her] body at the time." Ellen decided to have her second abortion because her husband persuaded her to abort because of his past use of illicit drugs. He was concerned that his

previous drug use might damage the fetus. “And I listened to him even though I had had such a negative experience with regard to abortion and how I felt...I felt that he was my husband and what he says goes and I went ahead and got him his abortion.”

Relationship Dynamics

When talking about their decision to abort, the women interviewed discussed relationships with the conception father, family, and friends.

Conception Father. With the exception of two, all of the women interviewed discussed their decision to abort with the conception father. Nevertheless, in some cases, the decision was made by the woman on her own; in other cases, the abortion was a joint decision. For example, Fiona made the decision on her own, as follows: when Fiona called her ex-boyfriend to inform him of her pregnancy, “...He came down to pick me up, and I said, ‘I’m pregnant’ and he went ‘Oh my God, we’re having a baby.’ And I’m like, ‘Oh my God’ and I had been like, ‘No way, like let’s schedule an abortion right away.’ Then I ended up changing my mind and I was going to keep it.” Ultimately, she decided to abort.

Prior to going through with the abortion, a few of the women needed to gather more information about the future and their relationships. For example, Carol looked for reassurance from her partner that there could be another pregnancy. She remembered saying to her partner, “if we don’t have this pregnancy...I want this to not mean there won’t be another.”

Denise confirmed that she would not be getting back together with her ex-boyfriend. Though he never said it directly to her, she perceived that she could not keep the baby and get back together with him; it was one or the other. This became part of her

motivation to abort.

Other Family. Family dynamics were very influential in the decision to abort. Some chose to tell their parents; others chose not to. Ellen's father never talked about sexuality or contraception with his children; however, the children understood that premarital intercourse was not acceptable. "Oh my God, the ultimate bad thing would be that you would be a teenage pregnancy. That was huge for him. Anything with regard to you being a girl, he didn't want to discuss." Therefore, when Ellen became pregnant and decided to have an abortion, she did not tell her father or any other member of her family.

Fiona's situation was very different. "All our parents knew [about the pregnancy]....We ... told his parents, then we...told my mom, and ...we...told my dad. So everybody knew right off the bat. It wasn't a secret or anything like that." She noted that all the parents reacted totally differently. "His parents were like, 'Oh that's great, you can keep it; we'll help you.'...My mom was like, 'You can't keep this. You have to have an abortion.'...Well not 'you have to,' she wouldn't make me. And my dad was like, 'Well let's start planning the wedding 'cause you're not having it without being married.' So three totally different reactions to it."

Fiona stated that the support she received from her boyfriend's parents to keep the baby made her decision to abort difficult. "I think what made it the hardest was that his parents were being so supportive [especially when we had broken up]....His parents were like, 'You can still have it, and you can raise it together but just not be together, and we'd help you out.' And so that made it difficult because I knew that they would stand by me."

Non-family Support. Some of the women described support they received from non-family members. Denise, whose parents had refused to help her financially if she

decided not to abort, discussed her situation with a friend's father, a church minister. He and his wife indicated that they would support her decision if she wanted to keep the baby or not. They offered a place to stay and "tangible support." Denise however, decided not to accept their help.

Decision-making Process

During the interviews the participants discussed three elements of their decision-making process about the abortion, including the short time frame in which they had to make a decision, their internal conflict, and outside pressures.

Short Time Frame

The women interviewed were faced with coming to terms with an unplanned pregnancy and the decision to abort within an eight-week period. Ellen described it this way: "I know it's a short timeframe to make a decision and have an abortion, but I don't think everybody is mature enough or stable enough to accept the responsibility or the feelings that go with abortion...I know I wasn't."

Fiona described this time as upsetting because she had to make such a big decision "...in a really short period of time. The whole thing was kind of upsetting 'cause I went from 'I'm young and single, not having this baby,' to 'I'm going to get married; we're going to raise this baby,' to now 'I'm not going to have this baby anymore.'"

Internal Conflict

Some of the women described "conflicting parts"-- a part of them that thought "You should have the baby" and a part that said, "I don't want to." For example, Fiona's decision to carry the pregnancy to term lasted for about two weeks. "Um, well I was going to end up marrying the guy, but he was going out, smoking a lot of pot, sort of

leaving me at home pregnant at his house with his parents, while he went out doing whatever and it just kinda was...I don't know, I think I was more whisked into the idea of keeping it than I was whisked back into the idea of not." However, it became clear to Fiona that she in fact did not want to carry the baby to term. "And then I figured out it just was not... just not going to happen like that. So then I decided again, to go back to the original plan of having an abortion."

Carol talked about her decision-making as a process of justification. "It took a long time for me to come to terms with the whole fact that, yeah I'm having an abortion and its okay and this is what I need to do." According to Carol, it is her nature to justify her actions with reasons. The justifications for having the abortion were "the things that came to mind immediately" such as she was in the "honeymoon phase" of a relatively new relationship and was feeling overwhelmed by school. Having an abortion was "right to do at the time."

Outside Pressures

Some of the women interviewed felt pressured to have an abortion. For example, Denise felt pressured by her parents to whom appearance was very important. Implicitly, they avoided "unbecoming events." Her father was "very protective" and really looked out for her and her sisters. However, he was very clear that he would offer no support to Denise if she carried the pregnancy to term. This experience was upsetting for her because her father was usually there for her when she was "in trouble."

On the other hand, Fiona stated she did not feel pressured. "I don't feel pressured by anybody 'cause all the time my mom was screaming, 'Have an abortion! Have an abortion!' I was gung-ho to get married, and then I decided not to on my own. So I don't

feel like I was pushed into it.” Fiona suggested that it was easier to make decisions on her own. “When you’re making a decision only on your own, then it’s a lot easier than making it with somebody supporting you...I think a big key is making your own decisions....You’re the one that’s going to have to live with this.”

Decision-Making Factors: Discussion

The present participants indicated that decision-making factors leading to their abortion affected their post-abortion experience. As described earlier in Chapter Two, pre-existing factors that influence a woman’s adjustment to abortion include her social context, personal resources, relational issues, and religious beliefs (Adler, David, Major, Roth, Russo, & Wyatt, 1990; Major and Gramzow, 1999; Major, Richards, Cozzarelli, Cooper, & Zubek, 1998). With the exception of religious beliefs, the results of this study suggest that these same factors also influence a woman’s decision to abort and are, in fact, similar to factors that influence any major life-related decision. However, the research reviewed did not identify the connection between factors that influence a woman’s decision to abort and factors that effect her post-abortion adjustment.

Most of the women interviewed indicated that the timing of the pregnancy was wrong: it was not the right time in their lives to have a baby. They were young, single, students and/or career women, who believed they had inadequate financial or emotional support to carry the pregnancy to term or raise a child as a single parent. Although the academic literature did not identify these factors, they are similar to those presented by Neustatter (1986).

Both the results from this research and the literature reviewed suggest that a woman’s abortion decision is easier when she feels supported by significant others

(Adler, 1975; Adler et al., 1990; Bracken et al., 1978; Shusterman, 1979). One of the participants, Fiona, who had some level of support, also suggested that her ability to make an independent decision was especially helpful. She said, “So, when you’re making a decision only on your own, then it’s a lot easier....” Her insight was supported by the findings of Moseley et al. (1981) who found that women who made their own decision to abort reported less difficulty making the decision. Curiously, Moseley et al. also indicated that these same women had high levels of hostility pre- and post-abortion; however, Fiona did not express any sense of hostility.

For many women in this study, the short time frame within which they had to make a decision was a significant aspect of their decision-making process. Within less than three months they experienced physical changes and internal emotional conflict caused by wanting and not wanting to carry the pregnancy to term. These two factors, time pressure and internal conflict, have not been addressed in the academic literature.

Short-Term Effects

The participants identified several emotional and physical short-term effects arising from the abortion. Their emotional responses included tears, secrecy, the return home, and “the aftermath.” Their physical reactions included hunger, bruised arm, physical changes, and complications. For women who had multiple abortions, the effects from the first abortion were not significantly different from the effects of any following abortion.

Emotional Response

All of the women reported some “upset” feelings after the abortion procedure; however, only three indicated any immediate feelings of regret. One participant described

her emotions as follows, “Like I didn’t go through the whole thing regretting it, and I don’t feel bad...but it was still kind of upsetting.” The emotional responses of women will be further discussed when the meta-theme of Healing Process is explored later in this paper.

Tears

Some of the women talked about waking up after the abortion crying. Fiona described it as follows, “I went through the whole thing and I remember when I woke up, I was...I don’t know what I was. I was upset, and I was crying...I don’t know why I was crying.” Fiona made meaning of her tears this way: “I mean obviously you were pregnant an hour ago, and now you’re not, right?...Which is a pretty big change in an hour. So I mean the whole thing was over...Probably because I was overwhelmed about everything, is probably why I cried.” To understand her tears, Amanda related her experience to something she had learned about the relationship between tears and trauma: “But I remember very clearly laying in the bed and waking up and I’m crying as I’m waking up. And it’s interesting, ‘cause having [learned] about trauma and releasing energy and all that stuff, I thought ‘Oh, yeah,’ and how ... people coming out of anesthetics are crying, and I thought, ‘Oh yeah. ’...Because I was crying, that furthered my fear, like my anxiety because I was laying there and tears are coming out. I’m like, ‘Oh my god. I’m crying. Why am I crying?’”

Secrecy

Some of the participants expressed concerns about their ability to maintain the secret of their abortion while they were in the hospital and afterwards. “You maintain the secrecy. That was the most important thing.” Barbara expressed concerns about being

recognized by hospital staff; Amanda became anxious about the time and made efforts to “solidify the charade” she had created for others.

Recognition. Barbara was concerned about her family finding out about the abortion because her sister was a nurse and a family friend was another nurse on duty. During the interview, she said, “My sister was a nurse and she worked there, but I knew she didn’t work the shift when I was there, but her best friend did. So, I had kept it a secret from my family up to that point, but she’s never mentioned it my whole life....But [she] came up to me afterwards and asked me if I was okay. So it made me feel warm and fuzzy....At the same time, I was in fear that, ‘Oh no, my family might find out.’”

Time. Participants suggested that time “seemed to drag” while they were in the hospital both pre- and post-surgery. The length of time was particularly difficult for the women that were concerned about maintaining the secret of their abortion. For example, Amanda said, “So going back into the, that little waiting room, and Fred and Chelsea were back, and feeling really anxious about time. Like, ‘Oh my God. I’ve got to get home. Oh no.’ You know, worried about having to maintain this guise of secrecy. And they kept saying, ‘You’ve got to lay down, you’ve got to lay there for half-an-hour; you can’t get up yet; here you can have something to drink’ whatever, whatever.”

Charade. Amanda reported phoning her mother to reinforce the story she had told to explain her absence while she went to have her abortion. “Prior to leaving the hospital, I phoned my mom... and said, ‘Oh yeah, I’m just at Chelsea’s house. Yup, we’re having dinner, we’re watching Star Wars and I’ll be back later.’ So here I am coming off this anesthetic kind of feeling all wonky, but knowing that I should phone, just make that contact ‘cause I want [to] solidify this charade that I have created.”

The Return Home

The participants' return home was diverse; each experience depended on the woman's feelings about having the abortion. For women who reported feeling confident or settled with their decision, recovery was easier; whereas women who were conflicted about their decision to abort, recovery was complicated. What was common was that most participants received some support from a partner, friend or family member.

Participants described different experiences the night after their abortion: some went home to rest while others went out. "I think he just brought me home, and we just hung out, and I just wanted to be still." Another said, "So, I came home, laid in bed, felt like okay I'm in bed, it's okay, everything is okay." A different participant described the post-abortion evening as follows, "...we went out to a movie and came back. Like it wasn't really like a big [deal]." Overall, most women reported resuming their usual work and leisure activities on the next day.

The "Aftermath"

Both Denise and Ellen described their difficulties coming to terms with the abortion; Denise called it the "the aftermath." She said it was "hard to carry on" during this time and that she needed to have someone to "pick up" for her. The "world was going on around" and she was just "holding it together." Denise had not researched possible complications after abortion; therefore, she did not feel prepared for "the aftermath" of her abortion. She did not think that the abortion would be emotionally difficult, but "...it was very, very emotionally difficult." She had not foreseen any of the "emotional fallout" and "it just hit [her]....I shouldn't have done this." She described her feelings as anger, guilt, discomfort, upset, "wasted," numbness, and grief. Shortly after

the abortion, she “hit the bottom of the barrel.” She split up with the conception father, had multiple relationships, and drank a lot. On weekends, she would “go ballistic”: party, drink, “crack-up,” cry uncontrollably, and have to be taken home by a friend.

Physical Reactions

In general, the women reported few immediate physical reactions to their abortions; however, one participant experienced a very negative reaction the night after her abortion that included a fever, chills, and severe cramping. Other reactions described by participants included hunger, bruising, physical changes, and complications.

Hunger

Two participants reported being very hungry when they emerged from the anesthetic. For example, Fiona said, “When I woke, I was just starving to death. I wanted to get out of there and go eat, which is kind of...odd for a first reaction. Because you can’t eat before you go in, I was totally hungry....”

Bruised Arm

Amanda reported a bruised arm. “Well, it’s interesting because, when I left the hospital...my vein was all hard and gross...So this vein was really horrible looking, and [bruised] really bad. So I lied to my mother and told her it was because I gave blood and the needle was too blunt, or something like that.”

Physical Changes

Fiona reported some fairly significant physical changes during her pregnancy and after her abortion. “I know I lost a lot of weight right after that. Like tons, like probably an extra five or ten pounds after what I gained...I know my hips spread, my rib cage spread and still, three years later, I’m still not the same size...my hips and my boobs, I

never had boobs until I was pregnant.”

Another example was when Barbara’s “milk let down” 3-4 days after the abortion. “I remember...it was three or four days after I’d had the abortion, and my milk let down... right at the table and I didn’t know what to do...I didn’t know [what] to expect,...I wasn’t told that or anything, so it came as a complete shock to me.”Complications

Four of the participants reported medical complications they believe were connected to their abortions. Immediate complications included fever, chills, and cramps. Complications that were more lasting included recurring bladder infections, Pelvic Inflammatory Disease, and vestibulitis. Two of the participants had to be readmitted to the hospital to deal with the resulting infections.

Short-Term Effects: Discussion

Although long-term effects after abortion are the primary focus of this research, all of the women mentioned short-term effects including emotional responses and physical reactions. Many of the women interviewed reported tears immediately after their abortion procedure and a few struggled to make meaning of the tears. As one participant indicated, it has been suggested that there is a connection between waking from an anesthetic and tears. Scaer (2001, p.149) states that, “...experiences associated with charged events, such as pain, paralysis, helplessness, or derogatory remarks while supposedly under anesthesia may be expected to contribute to intraoperative traumatization.” Another participant related her tears to feeling overwhelmed by the drastic change she had experienced (from being pregnant to not being pregnant in less than an hour).

Maintaining secrecy during and immediately following the abortion procedure was very important to several participants. These results are consistent with the findings of Major and Gramzow (1999) who advised that almost half the women in their study reported they kept their abortion a secret because they were concerned that others would view them negatively because of the abortion. Literature about the development of shame (e.g. Banmen, 1988; Schore, 1998) may be useful to further explain these findings.

Four of the participants reported physical complications that ranged from immediate (fever, chills, and cramps) to more lasting (recurring bladder infections, Pelvic Inflammatory Disease, and vestibulitis). All of the women who experienced physical complications had disclosed their abortion to their partner. These results are interesting in light of findings from Major et al. (1990) who found that women who did not disclose their abortion to their partner reported significantly fewer physical symptoms than women who disclosed. This study does support the findings of Major et al. (1990). However, three of the women in this study, who did not report any physical complications, also disclosed their abortions to their partners. The findings in this study may also be related to those of Guilbert and Roter (1997) who found that preparation was negatively related to a woman's perception of pain. It is possible that increased complications and pain were also related to a woman's ambivalence about her decision to abort and her perception that the abortion was threatening to her 'self' and others. More research will be required to determine what other factors might be at play.

All participants reported some "upset" feelings immediately following the abortion procedure; three participants had immediate feelings of regret. These results differ somewhat from Major, Cozzarelli, Cooper, Zubek, Richards, Wilhite, & Gramzow

(2000) who stated that women in their study reported feeling more relief than positive or negative emotions. However, the experience of the three women that reported immediate regret were similar to Miller's (1992) findings which suggested that "...when a woman was ambivalent about her decision...then she was more prone to regret her decision" (p. 90). All three women in this study who experienced regret had been ambivalent about their decision.

Post-Abortion Relationships

All of the women interviewed suggested that relationships played a key role in their post-abortion experiences. As shown in Figure 2, these relationships included those with partners, parents and siblings, children, and friends.

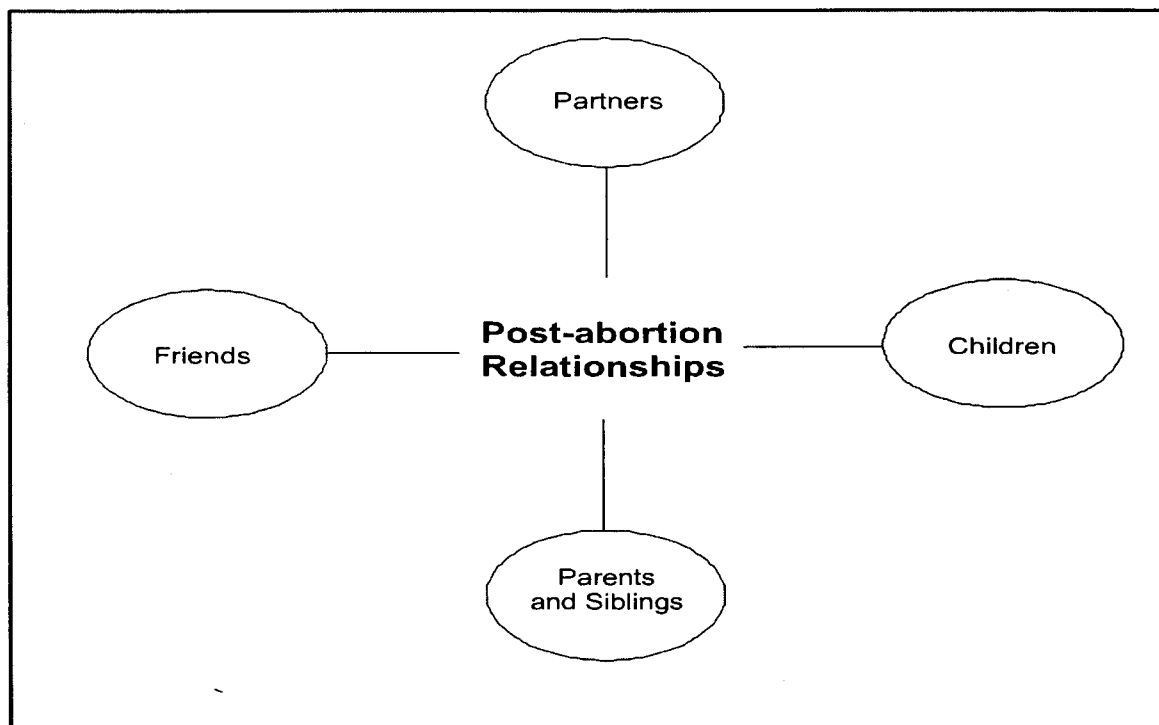


Figure 2. Post-Abortion Relationships

Partners

All of the women indicated that the pregnancy and subsequent abortion they experienced had an effect on their relationship with their partners. Some relationships ended shortly after the abortion, while others remained intact and became closer.

Changes

Several of the women commented that after the abortion they became more aware of their personal power; subsequently, they no longer always deferred to their partner. Ellen said it this way, "I think I realize now that my husband isn't the end-all-be-all just because he is my husband." The women felt more empowered to make personal decisions and have a say in their relationships and future; they would not be as easily influenced by the men in their lives. Other changes they noted included solidifying existing relationships, breaking up, and starting new relationships.

Solidifying Relationships. Carol believed that the experience of the unplanned pregnancy and the subsequent abortion that she shared with her partner brought her and her partner closer. She said, "I think we've had a few trials in our relationship since we've been going together and I think that that one was just another one. Well, not another one. It's a big one. But I think it really helped us become closer because we went through it together and we supported each other."

Breaking Up. Fiona described the many changes in her relationship as follows, "...We were broken up, and then we got back together, and then we were going to get married, and then when I wasn't pregnant anymore then we weren't going to get married. So it definitely, and then that was like, like that was it." She reported that the relationship with her boyfriend continued for approximately three weeks after the abortion. When

they broke up, she experienced mixed emotions. On one level she was “even happier about the decision [she had] made, ‘cause he said, ‘I’m not just marrying you because of this baby.’ But that’s exactly why that was happening.” On another level Fiona said, “...I was really angry with him afterwards because if it wasn’t for him and his behaviour we would’ve got married, we would’ve kept it, we would’ve had this little family, and it would’ve been fine.” Fiona has never spoken to him since their break-up.

Ellen linked her abortion to her husband’s addictions, her eventual depression, and the ultimate dissolution of her marriage. “And my husband, he kind of turned back to drugs, and he really got heavily into the drinking, and that got worse and worse and worse. And I wondered if it wasn’t because he had felt bad because of course [the abortion] was never talked about again...and I wondered if that’s why he turned to substance abuse...And he seemed to suddenly have this incredible hate for me and then I had a hate for myself and my depression. He hated my depression and of course we had total family breakdown by spring of 1997.”

Amanda described ending her relationship shortly after her second abortion and then later getting back together. “Well it was my choice to end the relationship. Was that based on a lack of intimacy? No. It was based on feeling like, I’m not actually in love with you so I don’t think I should be in this relationship anymore... So anyhow... there was lots of ... breaking up and getting back together...until two years ago when we just got back together, and decided to live together.”

Starting New Relationships. A few weeks after her first abortion, Amanda started a new relationship that lasted for three to four years. On their first date, she told Zak about her recent abortion: “So the first night that Zak and I went out, he was noticing [my

bruised vein]... So I told him that I had just had an abortion, you know three weeks before. And his reaction was, fine I guess.” Amanda doesn’t believe the abortion directly affected their relationship. “I don’t think it impacted that relationship. However, she “found it interesting” that Zak never liked the father of the aborted fetus.

Unresolved Issues

In most cases, there were some unresolved issues between the women and their partners. In some cases the women blamed the fathers of the unplanned pregnancies; in others they resolved the issues with their partners. In some instances, the women later spoke to the father of the unplanned pregnancies; in others, they didn’t.

Blaming. Ellen blamed her respective partners for not stopping her from having the abortions but, she never spoke to them about it. She suggested her feelings towards her partners changed after the abortions, leading to the dissolution of her marriages. When talking about her first husband, she said, “I blamed him totally because I just had such a hate-on for him after that I just could have killed him. I guess psychologically I felt he should have stopped [the abortion] or come up with some nifty idea to shut [the doctors] up or something, and I hated him so bad it was unreal.” After her second abortion, Ellen blamed her second husband because he didn’t want the pregnancy to proceed and asked her to get an abortion. She said, “I realized I really, really blamed my second husband a lot, because...if he would have been happy with regard to the pregnancy, it would have been a pregnancy...full-term, but he wasn’t.”

In Barbara’s case, she became pregnant after a “one-night stand” and encountered the father of the pregnancy and told him about the pregnancy. “I guess I was having an ‘I hate men night’ one night with all my friends, and we were at the dance where he was

and I got him up to dance with me, and I just said, 'You were almost a father, but I had an abortion.' I was mad at him...but it wasn't his fault. He didn't even know....I guess I just did it to spite him or something...." However, Barbara was clear during the interview that her anger had passed. She described the situation as follows: "I felt like he was an innocent party...and that I didn't feel like I could force anyone into being responsible for a baby....At that time, I wasn't even working. I was on unemployment then, so I felt less able to take care of myself, let alone anybody else."

Resolution. Three of the participants talked with their partners about their abortion experience. Several months after her abortion, Carol wanted to talk to her partner about her experience. He did not want to talk about the abortion and at times appeared removed from the situation. She described it as follows, "I...really needed to talk to him about it because it was stuff I was working through. And he seemed kind of reluctant at the time...He sat there and listened, but he did seem a bit reluctant to bring it all up again." She suggested he responded this way because this was "his nature" and because he doesn't like to see her cry. In retrospect, she recognized this was his way of coping with a difficult situation.

Amanda's conversation with her partner (the father of her second unplanned pregnancy) occurred about a year after her second abortion. "So we were talking about how that was for him because I'd never really [asked]...I said to him at that time, 'I was so not involved in how you were feeling at all. I was just doing what I needed to do, and this was about me and not about you.' So, we were able to talk about that, and how that was for him, and what were his feelings around that. I remember him saying, 'It was more about what were your feelings around that and not about mine were.'"

Denise's situation was different because the conversation she had was with her husband who was not the father of the unplanned pregnancy. She indicated the conversation about her abortion became a pivotal point in their marriage; it provided her with an opportunity to see him as vulnerable, and consequently allowed "us to move on with our marriage....He said 'I feel like I need to ask for your forgiveness,' because he felt he encouraged me to go through with the abortion. I don't really remember him doing that.... Quite soon after [the abortion] he started pursuing me again and we worked on our relationship...but he wasn't willing to marry me when I had somebody else's baby. He never actually said that to me but I knew that." She described this conversation as "another kind of building block in our relationship" and said, "It was wonderful ...like he was just broken, sensitive, and...that we were so close that he carried the grief too and that it was an experience for him too...that it just wasn't all about me, but it wasn't even his baby."

Intimacy Concerns

Most of the women that continued relationships with their partners after the abortion suggested that the sexual intimacy in these relationships changed for a time. Some of the women were afraid they might get pregnant again; another experienced discomfort with the IUD; others lost interest. The women reported that the sexual intimacy returned to their relationships in a few months or as long as a few years.

Contraception. At the time of their unplanned pregnancies, most participants were not using any contraception. Three participants explained that they were not on "the pill" due to severe reactions; two of those participants had been hospitalized. However, after the abortions, most of the women suggested they were much more careful about choosing

and using effective methods of contraception. Though some of the women still could not tolerate the side effects of “the pill,” they chose alternative methods including an IUD’s, Depo-Provera shots, condoms, abstinence, or a combination of methods.

Amanda described her fear of getting pregnant this way, “Like I recall...saying...‘No way man. Oh my God. What would happen if I got pregnant again?’ ...I was scared that I would get pregnant again, even though I was on the pill, right?” Amanda was very clear about her current position with respect to the use of effective contraception. “I’m still on the pill. I don’t think I’d ever go off of it.... I wonder about that and my body, but, unless I was ready to have children I wouldn’t go back and take that risk. Clearly, I’m able to get pregnant.”

Carol noted that prior to her unplanned pregnancy and subsequent abortion, she and her partner had been very sexually active during the “honeymoon phase” of their relationship. After the abortion, the sexual intimacy in their relationship tapered off. She attributed the decrease in sexual intimacy to the abortion, stress from school, her “fear of pregnancy,” and the IUD she had inserted after the abortion procedure. She said she “hated” the IUD and was very “aware of it.” Deeper penetration was painful, and intercourse was not enjoyable at all. She went to her family physician complaining because she could feel the IUD. The family physician said, “No, you can’t.” She had the IUD removed after 5-6 months; the couple started using condoms for contraception “every time” and has not experienced another unplanned pregnancy since the abortion.

Fiona said, “I know I was really aware of birth control after [the abortion]....I had definitely decided to be more careful...I still didn’t go back on the pill. Actually I took the shots, the Depo-Provera shots. That’s what I ended up on.”

As previously noted, three of the women interviewed experienced subsequent unplanned pregnancies that led to other abortions. At the time of these pregnancies, the women's more careful use of contraception had temporarily lapsed.

Sexual Interest. Two of the participants reported that their sexual interest waned after the abortion. Carol said, "I was just not into having sex at all. And it's interesting, because that was a big part of that time." She noted that the sexual intimacy in her relationship resumed and perhaps even increased a few years after the abortion. She suggested that her relationship with her partner is "more passionate now" though "it took two years to really feel like I could relax and enjoy" having intercourse more frequently. She once again feels content about the sexual intimacy in their relationship. Amanda's boyfriend suggested she may need to see a counsellor because she wasn't interested in the sexually physical part of their relationship after the abortion. It "...was a hard thing for him. And what was my feeling about that? I didn't feel connected to that...I was scared of getting pregnant again."

Parents and Siblings

Parent and sibling relationships were intertwined with participants' post-abortion experiences.

Parents

After the abortion, Denise experienced angry feelings toward her parents for a few years. "Real angry feelings. Towards my dad for a few years and, some towards my mom, but I think I expected more of my dad." She noted that her parents did not speak of the abortion after the day it happened. "Like I noticed when something would come up about abortion or unplanned pregnancies the channel would be switched and...So there

was just a part of me observing.”

Most of the women described their relationships with their fathers as very influential, although the degree to which their fathers were involved in their abortion experience varied. Three of the fathers knew about the unplanned pregnancy and abortion prior to the procedure. Denise’s father was very involved both before and after her abortion; the father of Fiona and Gloria however were less involved. Fiona’s father was supportive of whatever decision she made, and Gloria’s father knew about the abortion from her mother, but never spoke of it.

The other women kept their unplanned pregnancy and subsequent abortion a secret from their fathers, believing they could never tell them; however, in one case, a sister told her father about a participant’s abortion years later.

Denise, Fiona, and Gloria told their mothers about their unplanned pregnancies at the time they occurred. Although they disclosed the situation to their mothers, none reported close relationships. Nevertheless, all three stayed with their mothers while they recuperated from the abortion procedure.

With respect to parental relationship, the most salient themes that emerged included disclosure, appearances, and intergenerational patterns.

Disclosure. Due to feelings of shame and fear, some of the women chose not to disclose their unplanned pregnancy and subsequent abortion to their parents. The women who chose to tell their parents appeared to have more open relationships with their parents; however, disclosure did not necessarily imply a supportive relationship. For example, Fiona reported not liking her mother and described her as follows, “My mother has never been like the ‘mother’ type. Like I’ll never figure out to this day, why she

decided to have a child. 'Cause she's so, is very selfish, very in it for her, and she's never around when you need her, and she's just not, she's not my ideal mother. Like when I am going to be a mother, everybody has their ideal of what a mother should be, and she is so not it."

Four of the participants chose not to tell their parents. For example, Carol and her partner decided not to tell their parents although she admitted guilt about keeping it a secret. She noted his parents are Catholic and would not have approved. Although she described her parents as open-minded, "I just didn't feel I could talk to them about it at the time." She suggested her secrecy was due to an internal conflict between the part of her that thought, "you should have the baby" and the part that didn't want to.

Amanda had decided not to tell either of her parents about her abortions. However, approximately 13 years after her first abortion, her sister, "in a weak moment," told their father that Amanda had terminated a pregnancy at 19 years old. "So, I phone up my dad and say... 'Okay, I just want you to know that you can ask me whatever you need to and that's fine and I'm happy to answer those questions.' So he didn't want to do that then. So he phones me back a few days later and was just sort of curious and asked about who? And how that happened? And what I did? And who was there for me?" Amanda said that when her dad found out "He was so incredibly supportive, and so sad that he didn't know." She regretted that she hadn't told him at the time; however, she has never told him about the second abortion. "...There is also this part of me that is saying, 'Yeah, but you're never going to tell him that it happened a second time 'cause then he's not going to be so understanding and so, kind and loving.'" One of the side effects of Amanda's father finding out about her abortion was that she learned he is pro-choice. But

she wondered what his perspective would be if he hadn't learned about her first abortion.

Amanda described her continuing effort to control who knows about which of her abortions. "...I need to be sure that everybody is clear; okay this is who knows what. And I've had to say to my brother, 'So dad knows about the abortion that happened when I was 19, not the one when I was 26 with Mark.'...And I have to say this to my sister every now and then just to kind of keep her straight 'cause she has, has been the one that ended up telling him." Though she would prefer that her siblings not disclose information to her parents, she also reported that if someone told them it would be okay.

Three of the participants chose to tell their parents about the unplanned pregnancy and subsequent abortion. When Fiona told her parents, she was not seeking help or support; she was providing them with a report of the situation and with her decision. Gloria used her mother as a sounding board as she made her decision to abort. Denise involved her parents in her decision to abort, and ultimately deferred to their wishes that she abort. These three women whose parents knew about the abortion reported that they have not talked about the abortion with their parents since shortly after the procedure. Fiona described it this way, "We don't talk about it anymore--like it just never, it never comes up." And Denise has never raised the topic of her abortion with her parents since her recovery; however, she indicated that one day, she may question her parents. Gloria has spoken of her abortion with her mother only shortly after the procedure. They discussed the positive effect it had on her younger brother's use of contraception

Appearances. Denise suggested that "appearances" are very important to her parents. Implicitly, they prohibited the outward expression of "unbecoming events." She described her father as someone who was "very protective" and "really looked out for"

her and her sisters. She stated that her parents were very upset when she had initially cancelled the abortion, because they really wanted her to have the abortion. Her father made it very clear that he would offer no support if she carried the baby to term. This decision was upsetting because her father had usually been there for her when she was “in trouble.” Her parents had been involved throughout the decision-making process; her mother for example, attended the hospital with Denise for the abortion. Immediately following the abortion, Denise recuperated at her parents home where both parents “took good care” of her.

Intergenerational Patterns. An unexpected finding was that every woman stated that at least one other woman in her family had experienced an unplanned pregnancy. In four of the families, the unplanned pregnancies were intergenerational; some pregnancies were carried to term; others were aborted. Most of these unplanned pregnancies were family secrets. Amanda told her family story as follows, “My sister got pregnant at 19, and she got married.... Another interesting point...is that my mother... was pregnant when she got married...so I found it very interesting.” Ellen believed that her older sister had had an abortion during her teens; however, the sisters have not disclosed their abortions. Denise reported that her maternal-grandmother, mother, and niece had all experienced abortions. Her mother talks about her abortion experience in a very technical way, unlike Denise. However, Denise continues to wonder if her own abortion experience “touched on some of her [mother’s] stuff.” Fiona also recognized a pattern of intergenerational unplanned pregnancy in her family: “I thought it was kind of interesting. I remember thinking that my mom was 18 when she had me and gave me up for adoption, and I was 18 when I got pregnant, so when my daughter is 18, she’s going

to be in a chastity belt. It's going to be like a trend.”

Siblings

Most participants reported feeling more comfortable telling their siblings about the abortions than telling their parents. Only Ellen and Barbara chose not to tell any family members about their experience. Some participants were concerned that their parents might find out about their abortions because they have disclosed the secret to their siblings. Usually the participants told their siblings about their experience in an effort to prevent a sibling's unplanned pregnancy or to help the sibling through an unplanned pregnancy. For example, approximately one year after Carol's abortion, her partner's brother and his girlfriend experienced an unplanned pregnancy and abortion. Carol encouraged her partner to talk to the couple and “let them know we've had the same experience.” Carol also talked to the girlfriend about her abortion experience, and her partner talked to his brother. Since then the couple have split up and his brother's girlfriend disclosed the abortion to his parents. Carol was concerned, “Did she tell them about us?” Her impression is that her abortion remains a secret.

Gloria felt positive about her brother's knowing of her unplanned pregnancy and subsequent abortion. She believed gave him a “reality check” and made him more careful regarding his use of contraception.

Children

Only one of the participants had a child at the time of her abortion; however, most women discussed issues related to children that included a desire to have children, the disclosure of their abortion to children, and their determination to provide effective sexual education to children.

Desire to Have Children

At the time of their abortions, all participants wanted to have children at a more appropriate time in the future; these plans did not change after having the abortion. Although most participants reported they took measures not to get pregnant again soon after their abortion, Denise reported being “obsessed” with getting pregnant. Approximately a year later, Denise married the man with whom she was in a relationship before the unplanned pregnancy; he was not the father of the unplanned pregnancy. She now had a relationship that provided, in hindsight, the “perfect scenario for a baby.” She became “obsessed” with her desire to conceive another child immediately, which she did approximately one year after their marriage.

Planned Pregnancy. At the time of their abortions, the participants without children were hoping to have children later in their lives through planned pregnancies, adoption, or foster care. One participant said, “I’m sure that I will have biological children, but I’m also interested in adopting children, or fostering children. There’s lots of kids in this world to spend time with, so I would be open to that.”

Unplanned Pregnancy. All of the participants believed that any pregnancies they experienced after their first abortion would be planned; however, since the seven participants experienced their first abortions, they collectively have had five planned pregnancies and six unplanned pregnancies, one of which was a “forced conception.” Two of the unplanned pregnancies were carried to term; the other four resulted in abortions. Only one of the women has not experienced a subsequent pregnancy.

Two of the participants suggested that if they were to have another unplanned pregnancy they would carry the baby to term. Amanda suggested she would choose to

have the child because, "...there's this part of me that would choose to have it just because I wouldn't want to say I had an abortion three times...But I also think that I'm in a way different place in my life, and my relationship is in a stable place. I have a home and ...there's lots of reasons why I would.... I'd be okay with that."

At the time of the unplanned pregnancy, Carol asked her partner if the future held the possibility of a planned pregnancy if they terminated now. She and her partner decided that "after what we've gone through," they would have a baby "no matter what." She couldn't face the emotional turmoil of having another abortion and would willingly have a baby if an unplanned pregnancy occurred.

Ellen had another unplanned pregnancy after her first abortion; she decided to continue the pregnancy. "Immediately after the abortion, I got pregnant and refused to listen to the doctors and refused to get another abortion." Ellen had the baby after an uneventful pregnancy.

Disclosure

The participants expressed varying degrees of willingness to share their history of abortion with their children. Most indicated they would tell their children about their history of abortion under certain circumstances. Their reasons for telling their children about their experience included preventing their children's unplanned pregnancies and abortions, and maintaining openness in their relationship with their children. One of the greatest concerns about telling their children was how the children may view them after learning of their experience.

Ellen, for example, described a very close and open relationship with her only child, a son; she however has not disclosed her abortion history to him. She stated she

would never talk to him about her two abortions unless she was trying to stop a partner of his from having an abortion. "He's very religious. I think it's not appropriate and it's wrong to have an abortion. If he ever considered it for a girlfriend of his, I would do anything to talk him out of it. I would take the child in. I would do anything. I just cannot imagine ever having a reason to tell him that I killed his brother or sister, twice...I think I would if I was trying to stop another abortion from happening. Yeah, that would be the one instance." Ellen was concerned about how her son would view her if he knew her abortion history. "I could just imagine him losing all respect for me as a parent, as a human being... everything." Although she has never discussed abortion with him, she believes he is pro-life. "And him being so Christian, I would imagine that he is against abortion. Although we've never discussed the situation."

If Carol had a daughter, she is not sure she would tell her about her abortion experience. She believes that if her daughter were to get pregnant, Carol would respect her "right to choose" and support whatever decision she made.

On the other hand, Amanda indicated she would likely share the story of her abortion with a daughter. She said, "I have thought about what would you tell your kids? What would you tell your 16-year-old daughter about your experiences with pregnancy? What do I think about that?...More often than not I think I would share that information, just because...parents get fearful about telling their kids things because they don't want to give their kids permission."

Denise wrote an academic paper that she dedicated to her family and her aborted child; she named the child in her acknowledgements. When asked by her children who this person was, she replied, "That's a dear little friend of mine that I used to have." She

noted this was a sincere response that would be explained more as they develop and mature.

All of the women agreed that if or when they tell their children about their abortion experience it is a decision they would make with their partner. Amanda said, “That wouldn’t be a decision that I would make on my own if I was in a relationship. Dads get to be consulted on those sorts of things to...I wouldn’t be averse to sharing that.”

Sexual Education

One of the areas directly affected by the participants’ abortion experiences was the sexual education of their children. They all wanted to ensure their children would become knowledgeable about effective contraception. For example, although Ellen had difficulty imagining herself ever telling her teenage son about her abortion experience, she openly discusses issues of sexuality and unplanned pregnancy with him. “I would rather discuss sexuality in the initial stages when it’s developing, because I think sexual development is normal. It’s nothing to be ashamed of. It is a part of who you are and so forth, so I’ve always attempted to, as a parent, be open and honest about it.” This openness was influenced by both her abortion experience and her experience growing up. “Where as I felt um, a huge amount of shame...I’ve never wanted to instill that in my son...However, you do need to be responsible...That’s what I’ve tried to instill with him.” She has also discussed the possibility of an unplanned pregnancy with her son. “I have told him that if he ever has a girl pregnant and her parents won’t take her, just bring her here. It’s not a problem.”

If Denise’s daughter experienced an unplanned pregnancy, Denise stated she

would “attempt to sway her from having an abortion”; however, she acknowledges that it would ultimately be her daughter’s decision.

Unresolved Issue

When Denise gave birth to her second child, a daughter, she felt an intense need to protect her. She directly related this experience to her earlier abortion. She became “paranoid” that her daughter may die, so would watch her breath as she slept. It “was way over the line” and very different from what she experienced with her son, her first born. Her fears about her daughter left when a friend of hers had a vision of Denise’s daughter as a young woman.

Friends

All of the participants, except Ellen, discussed their abortions with friends. Some friends were directly involved; others, later shared their experience. The support and understanding they received varied.

When Amanda had her first abortion, her boyfriend and a female friend went to the hospital with her. She noted that it was “interesting” to her that this female friend shared this experience with her, but they have not seen each other in years, “...which is funny ‘cause I was thinking about her recently, and thinking wasn’t it strange that we had this very significant experience together, and...I may never speak to [her] again in my life.” On the other hand, she had friends who did not accompany her to the hospital but would call her for several years around her anniversary date to ask her how she was doing.

Carol recalled phoning all her really good female friends after she and her partner had decided to have an abortion “...and found out that all of them had had an abortion.”

This revelation just “blew me away” and she wondered, “What does this mean about me, my friends, about birth control?” She decided that it meant that she had “really cool friends ...really forward thinking, kind of aware, etc.” All of them supported her decision “...and always said don’t feel guilty...you’re doing the right thing.”

Barbara’s experience with friends was very different from Carol’s. After Barbara had her first abortion, a friend would make “moral judgments” about her decision. Barbara described it as follows, “She would constantly tell me, ‘You killed your baby.’” This behaviour merely reminded her of the date of the abortion and made her think about how old the baby would be.

To understand how others experienced abortion, Denise talked to friends who had also had abortions. She said, “But as I’ve gotten older over the last few years and more mature, I’ve... kind of polled people...And I’ve asked you know ‘Well how was it...for you afterwards?’” She discovered “...the people that I’ve talked to experienced grief and loss afterwards, too. But it’s...like a secret that nobody knows, that nobody wants to talk about... [and] it’s not necessarily an easier way out.”

Post-Abortion Relationships: Discussion

The women interviewed noted that relationships with partners, parents and siblings, children, and friends were important to their post-abortion adjustment. Partner relationship themes included change, unresolved issues, and concerns of intimacy. Family-of-origin themes included disclosure, appearances, and intergenerational patterns. Child related themes included the desire to have children, disclosure, sexual education, and an unresolved issue and surfaced after themes related to other relationships. Friends were reported as either comforting and supportive, or distressing.

All of the women interviewed reported that support from conception partner, parents, and friends (significant others) greatly influenced the emotional and psychological effects of their abortion experience. This finding is supported by a majority of the studies reviewed for this paper, reporting that the most important determinant of a woman's psychological reaction to abortion is the perceived amount of support from significant others (Adler, 1975; Adler et al., 1990; Armsworth (1991); Bracken et al., 1974; Major et al., 1990; Major et al., 1997; Moseley et al., 1981; Romans Clarkson, 1989, as cited in Guilbert & Roter, 1997; Shusterman, 1979).

Moseley et al. (1981) stated that, "support from any one of these [significant others] is enough to offset opposition from another" (p. 279). However, this is not consistent with all of the present participants' experiences. For example, before her abortion Denise was offered support from friends, but not her parents. This support from friends was not significant enough to mitigate the negative "conditional" post-abortion support she received from her parents.

Two of the participants did not receive support from significant others: one did not reveal her experience to anyone, the other sought support from an unsympathetic friend. Although not assessed in this study, attachment may be a factor in their not receiving support, as discussed by Cozzarelli et al. (1998). They found that "mental models of attachment" were related to post-abortion distress and positive well being. Cozzarelli et al. noted that their findings were "...consistent with other research that demonstrates that having a positive self-view is critical for successful mobilizing and taking advantage of one's social network in times of stress" (p.463). More research about the quality of relationships and support is needed to better understand the influence of

relationships on the abortion experience.

Bracken et al. (1978) stated, “women not discussing abortion with partners, mothers, or fathers were more satisfied about their decision to abort than were other women choosing that option” (p.329). This statement was not entirely supported by participants’ comments which suggest that disclosure to significant others is not necessarily related to satisfaction with a decision to abort. The four women that were positive about their decision to abort did disclose their decision to significant others including partners and/or parents. This finding may be related to whom these participants chose to disclose. They disclosed their decision only to those whom they believed would be supportive. Bracken et al. (1978) stated, “Support for the decision to abort from all significant others was also associated with increased happiness over the decision” (p. 326).

Five of the seven women interviewed ended their relationship with the conception partner before or after the abortion. Reasons given for the ending of these relationships included a lack of support during the unplanned pregnancy, an increase in personal power for the women, and blaming the conception partner for the unplanned pregnancy and/or the abortion. This finding is similar to Franke (1978, cited in Joy, 1985) who reported “nearly every relationship terminated either before or after the abortion” (p.375). An unplanned pregnancy and subsequent abortion undoubtedly place stress on a relationship and may lead to its demise. Some relationships may end after an abortion due to a low level of commitment in a relationship at the time of the unplanned pregnancy and subsequent abortion, changes in the level of intimacy after an abortion, or interpersonal dynamics that may not surface until a relationship is tested by a stressful life event such

as an unplanned pregnancy.

Major et al. (1985) found that women accompanied by their partner to the clinic coped less well immediately after the abortion than women unaccompanied by their partner; this appeared to be a short-term effect because this difference was not observed three weeks later. However, of the women interviewed in the current study, only Amanda and Carol were accompanied by their conception partners; both reported the support from their partners as a positive experience. In fact, Carol's relationship with her conception partner, and Amanda's relationship with her second conception partner have continued. None of the other five women continued their relationship with the conception partner post-abortion. This finding is supported by the results of previous research (Belsey et al., 1977; Bracken et al., 1978; and Shusterman, 1979), which suggested that a perceived strong and supportive relationship with a partner is predictive of more successful coping.

Both Amanda and Carol made their decision to abort supported by, yet independent of, their partners. Miller (1992) suggested that "the woman who had a strong, satisfactory relationship with a stable partner, but who was at the same time capable of making decisions independent of him and of her family and friends, was less prone to late post-abortion upset" (p. 90). However, Major et al. (1985) noted, "further research is needed to determine more precisely the psychological significance of partner's presence during a life crisis such as an abortion and the relationship of this variable to perceived social support" (p. 598).

All of the participants reported greater vigilance about the use of contraception following their abortion. Only one academic paper reviewed referred to post-abortion contraception; Miller (1992) reported "...having an abortion tended to improve the

woman's subsequent use of contraception" (p. 90).

In this study, the women's first-hand knowledge about the effective use of contraception encouraged a forthright approach to the sexual education of their children. All of the women wanted to ensure that their children, male or female, would not experience an unplanned pregnancy. This desire to provide adequate sexual education was an effort to prevent their children from facing the challenge of an unplanned pregnancy and the difficult decisions that necessarily follow. This issue was not addressed by the academic or popular literature reviewed.

Participants reported that the level of sexual intimacy in their relationships dropped for a few months to a few years post-abortion. In the academic papers reviewed, changes in sexual intimacy were mentioned only in two: Ashton (1980) and Miller (1992). Ashton (1980) reported, "For some women the operation led to a deterioration in their feelings for their partner, in the quality of the central relationship, [and] in their sexual fulfillment from that relationship" (p. 1120). Further research is needed in this area because as Gottman (1999) suggested, sexual intimacy is one of the two most common problems for couples. It may be that changes in sexual intimacy affect the relationships tested by abortion.

Based on the work of Lindeman, Rando (1984) suggested that one of the basic tasks of grief is the formation of new relationships. She suggested that the emotional energy withdrawn from the previous relationship has to be reinvested in someone or something else. She noted that this new relationship will not necessarily be a substitute for the loss, but "...will constitute a different attachment and reinvestment of emotional energy" (p. 20). This idea may relate to Denise's strong desire to have another baby soon

after her abortion.

As noted in “Intergenerational Patterns” above, one of the unexpected findings was that every woman interviewed identified at least one other woman in her family who had experienced an unplanned pregnancy; four of these pregnancies were intergenerational, and some ended in abortions. It may be worth noting that the unavailability of reliable contraception may be a factor in the unplanned pregnancies of older generations. The issue of intergenerational patterns of unplanned pregnancy was not addressed in either the academic or popular press reviewed, yet this pattern appears to be a potential area of intervention from a preventive perspective. More research in this area is needed.

Values, Beliefs, and Language

Participants discussed their values and beliefs including pro-choice/pro-life, the influence of the church, and judgments about self and others (Figure 3 below). Their discussions revealed that their choice of language about the abortion experience also varied.

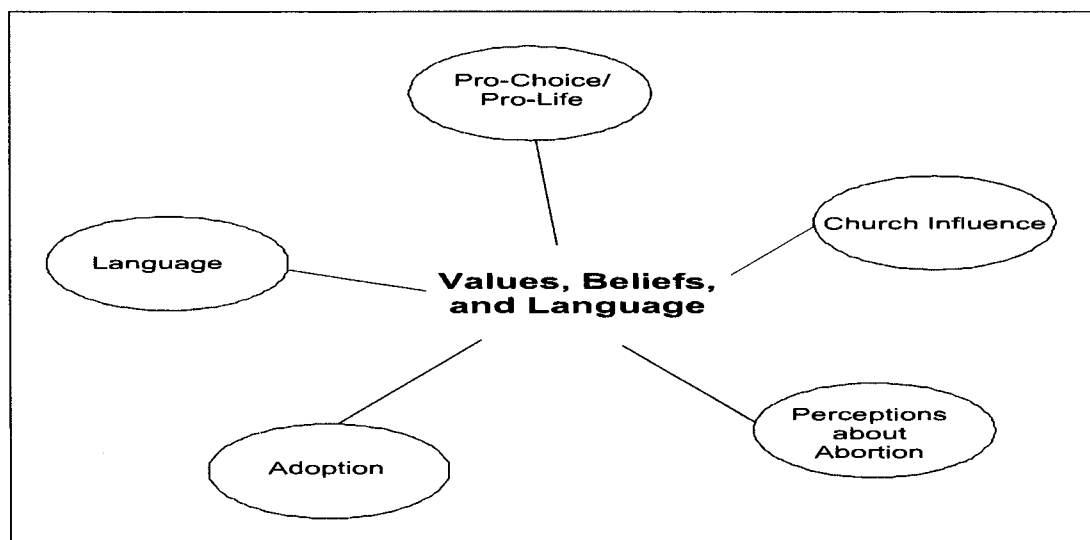


Figure 3: Values, Beliefs, and Language

Pro-Choice/Pro-Life

All of the women interviewed had very strong opinions about the issue of Pro-Choice versus Pro-Life, yet none presented it as a legal issue. Four of the seven women held pro-choice beliefs; the other three held pro-life beliefs. All of the women however, believed that the decision to have an abortion or not must be made by each woman individually. None of the women believed she had the right to decide what was right for another woman. All of the participants talked about the need for accurate information when women are faced with an unplanned pregnancy and considering an abortion.

Five of the women reported no change in their beliefs after having experienced an abortion. Of the five women, the four women who were pro-choice suggested that having an abortion reinforced their beliefs that women should have the right to choose. Carol stated that the pro-choice issue has “always been a passionate issue” for her although it has become more passionate since “it happened to me.” She noted she has become more politically astute: she saw abortion before as a “woman’s right”; now that it has become a personal experience, she has a deeper understanding. The other women shared similar experiences.

Conversely, Denise and Barbara who held pro-choice beliefs at the time of their abortions, noted a shift in their beliefs toward pro-life since the birth of their children after the abortions. Denise was “totally pro-choice” prior to her abortion; at the time of the interview however, she said she is “less so.” She described the abortion issue as having no “rational” explanation, and identified contradictions in her beliefs about abortion. She was “uncomfortable saying that abortion should be made illegal,” and believed abortion might be a desirable option particularly in cases of rape and abuse.

After having her daughter, Barbara realized that she probably would not have had her second and third abortions had she carried her first unplanned pregnancy to term. She said, “I think made some bad choices. I can imagine I wouldn’t have had the other two if I’d kept the first one or gone through with the first one because I would have known how big it really is. The sense of responsibility that comes when you give birth is so overwhelming.”

All of the women, except Barbara, reported being inactive in abortion politics; however, all had wanted to participate in the dialogue about abortion. For many, participating in this research project was a way to give voice to their experience and their beliefs. “Having a voice” was identified by many participants as an important part of their post-abortion healing process.

A common issue raised by all the women was the use of violence to promote the pro-life cause. Many expressed concern about the apparent connection between violence and the pro-life movement. None of the participants advocated the use of violence as an acceptable or effective way to resolve the personal issue of abortion rights.

Pro-Choice

The four women who expressed pro-choice beliefs during the interviews were pleased that the option of abortion had been available to them. One said, “I am so glad, but I’ve always thought this way. It didn’t change anything. I definitely think that people should be able to make their own decisions about things like that.” Another said, “I don’t think it should be that cut-and-dry, so I’m glad that it was legal, and I’m glad that I had that option, and I’m glad that I didn’t have to go to some clinic... [where] there’s some big rally outside where I get fruit thrown at me on the way in. I’m just glad that that

option is available and that it's easy and that the laws are that way. I really feel that I made the best decision.”

The four participants that expressed pro-choice beliefs noted they make an effort to understand other views, and believe that pro-choice allows women to make a choice either way. Amanda said, “I think that in pro-choice you have a right to say, ‘yes’ or ‘no.’ Pro-Life you have a choice to say, ‘No, I’m not going to do that.’ So, I don’t understand what that means. Like doesn’t Pro-Choice cover all of the spectrum? It makes sense to me that it means, yes you could have an abortion, or no you can’t. Therefore, it’s fitting everything.”

All of the participants that expressed pro-choice beliefs and one who was more pro-life had intense reactions to pro-life demonstrations. They had feelings of oppression, concerns about misinformation, and the participation of children in the demonstrations.

Carol “gets mad” at the pro-life protesters, and believes that the men particularly, have no business protesting. “I remembered reading somewhere that if men could get pregnant, abortion wouldn’t be an issue.”

Amanda had a strong reaction to children participating in pro-life rallies. “My reaction is that these are children and they don’t know yet, and they’re not talking about their own personal beliefs and attitudes. They’re talking about yours as the adult... I just think, you know, your child has the right to make their own decisions.”

Pro-life

The three women who held pro-life beliefs clearly articulated that they don’t recommend abortion to anyone. Ellen, the only woman who consistently held pro-life beliefs, described her position this way, “It isn’t just a cold clinical surgical

procedure...there's a great deal more to it.... it's almost like a right-to-life type of attitude.... If I could talk anybody out of getting an abortion, I would because I wouldn't want to see anyone else feel this bad. No one should have to feel this bad. Everything has a right to life.”

Denise and Barbara held pro-choice beliefs at the time of their abortions, but shifted to pro-life beliefs after the births of their children. Denise was clear that abortion wasn't the right choice for her and has a strong desire to influence others not to choose abortion; however, she remains unclear about her beliefs regarding abortion. She said, “There's some contradictions in my own belief system about it all that I'm not clear on...Who am I to say what is right for others?” Barbara, the one participant actively involved in the pro-life movement, seemed to be of two minds: she believed that although abortion is no longer an option for her, it might be for others.

Barbara also allowed her daughter to participate on a “pro-life chain”: “Yeah I took [her] on a pro-life chain and made sure that she knew what it was. I told her in the simplest terms that I could of what it means, and let her make her own decision if she wanted to come on the line or not.”

Denise interestingly, had an intense negative reaction to pro-life rallies. She said, “Anti-abortion rallies will trigger me. That'll bring stuff up. Mainly anger.” She went on to say, “I'm realizing now that [condemnation] of abortion came from the Christian community...So that's kind of interesting because I never experienced that condemnation from God. It was just total mercy and love. But when I would see people in the anti-abortion rallies and blabbing off about it, I became quite angry. I had a very angry reaction to that because I felt that it was all very well and easy for people to march

through the streets declaring their opinions about what's right for other people, but are any of them there to actually help?"

Although three of the women held pro-life beliefs, they also recognized situations in which they thought abortion should be an available option. These exceptions included pregnancy as a result of rape, pregnancy in an abusive relationship, or pregnancy complicated by health problems. Ellen said, "I feel like if someone's health is in jeopardy, like they're going to die, then I can understand...even getting an abortion."

Church Influence

Three of the women were raised as Roman Catholic; the other four were raised Protestant. Generally, the women were not actively involved in any organized religion at the time of their abortions; however, the church became important for three of the women post-abortion. According to these participants, the church has changed their perception of their history of abortion and abortion in general. All three talked about seeking forgiveness from God regarding their abortions.

Roman Catholic

All of the women with a Roman Catholic history described unfortunate post-abortion occurrences as a kind of penance for their abortions. The forms of penance included health problems, the death of a pet, loneliness, and family infertility. None of the women was a practicing Catholic or described God as a punishing God.

Amanda described her feelings of Roman Catholic guilt as follows: "In terms of the cruelty of the universe and [our] kitten [dying] and [my brother and his wife] not being able have kids, what do I think about that? I think there is...that good old Catholic guilt inside that's saying, 'Oh yeah, you're sure it's about that.'"

Both Ellen and Barbara suggested that the health problems they had experienced since their abortion may be a form of penance. Ellen for example, believed that diseases such as cancer and other more general health problems are related to one's thought processes. Since her abortions, for example, she has experienced a number of difficulties with her reproductive system and believes they were related to her conflicted feelings about the abortion. "Yeah, if I die of cancer of the ovaries I wouldn't be surprised... If there is something I've always hated it is... you know, my ovaries, my uterus, and what I've done... So I figure this conflict is going to... head cancer right down in that area... I had a lot of infections, a lot of cysts... I just had trouble from the get-go down there."

Loneliness may be another way of doing penance for an abortion according to Ellen. She said, "I think it's unusual that my sixteen year-old boy, who is quite intelligent, has a very independent life. I spend a horrendous amount of time alone. Sometimes I think to myself I've been punished... for removing these people from the world."

Amanda suggested that she believes that the infertility issues faced by her brother and his wife are in some way related to her abortions. "Ironically enough... in the past six months they've been unable to have kids, finally she gets pregnant, ectopic pregnancy, miscarriages, the whole bit, this whole pregnant stress. Isn't that interesting that ... I end up getting pregnant, and the one person in the family that really wants it can't have it happen."

Protestant

The church was identified by many of the participants as an institution that supported society's negative judgments about abortion. Denise, who is very involved in a

Christian community, described her concerns about the judgments and condemnation regarding abortion expressed by many members of the Christian community as follows. She noted that the “Christian community” expressed opinions about what is right and wrong for other people yet, “Are any of them actually there to help?” She clearly articulated that the condemnation does not come from God, it comes from individuals in the Christian community; from God she has experienced “...total mercy and love.”

Perceptions about Abortion

Women’s perceptions of their abortion experience ranged on a continuum from “It is a sort of non-event to me” to “I had stolen my son’s siblings from him.” They also discussed issues related to how they believe society perceives women who abort, how they perceived others, and how they perceived themselves.

Society’s Perceptions

In general, the women believed that women who choose to have an abortion are viewed negatively by society. Denise said, “Through this experience, I found myself feeling somewhat invisible and afraid perched on a societal boundary, which clearly prohibited the outward expression of such unbecoming events.” Some of the women identified a connection between this perceived negative judgment by society and the guilt they experienced about the abortion.

Denise also expressed confusion about the incongruity in the hospitals: “On one floor of the hospital you have babies in intensive care with people doing whatever they can to keep these babies alive and on the other floor, babies are being thrown in garbage cans.”

Perception of Others

Before her first abortion, Ellen thought very negatively about women who chose to have an abortion. "I thought girls who got an abortion were sluts--that they were trash--they were white trash." These views shifted after her abortion. Now she doesn't judge others for having an abortion, yet wonders "what they have been taught with regard to themselves, identity, sexuality, reproduction, and all that."

Amanda described her thoughts about others who had abortions this way: "I think I know people that had abortions. I think that maybe one or two girls in high school...I think I thought that you do what you're going to do. It must be hard for them...And I would assume that it was for her as it was for me, that it wasn't, or maybe it was...and that's okay."

All of the women, including those that had experienced repeat abortions, noted they had to make a conscious effort not to negatively judge others who have had more than one abortion. Barbara, who had three abortions, described it this way, "I do feel like somewhat of a bad person for having let it happen that many times...like how could you do that?"

This struggle to accept the idea of repeat abortions appeared to be linked to the idea that one unplanned pregnancy is a mistake that can be rectified by abortion; after one abortion, a woman has "learned her lesson" and will practice more effective contraception. None of the women believed that abortion should be used as a primary method of contraception; it should be used as only a back up. Fiona explained it this way: "I think that if you keep getting pregnant and keep having abortions over and over again, that you've got to work something out with the decisions that you're making."

While attending a pro-choice rally, Carol noticed that she couldn't even say the word "abortion" and caught herself judging another woman for talking about having had two abortions. On other occasions Carol has noticed her negative attitude towards repeat abortions and attempted to adjust it, thereby supporting a woman's right to choose.

Self-Perception

Fiona believed that her decision to have an abortion was best for everyone involved and society. She said, "I didn't go through the whole thing regretting it, and I don't feel bad because I don't see it as I was killing a person. I saw it as doing society a favour because we don't need anymore unwanted, uncared-for kids...I felt I was doing everybody a big favour by not having it."

Ellen stated, "I felt I had stolen my son's siblings from him and never gave him the opportunity to get to know them...I felt like a murderer...I killed a child that was mine, that was his, that was my son's [sibling], that had grandparents. I suddenly became acutely aware of the web of my family and how I had...remove [d] this person from these people's lives."

The women who felt positive about their choice to abort their unplanned pregnancy also made a point of noting during the interview that the abortion was not something they were "proud" of.

Adoption

With the exception of Fiona, all participants saw adoption as a viable option. Fiona held some very strong beliefs about adoption because she had been adopted as an infant. She would never consider putting a child up for adoption, "No, definitely not. Well, being adopted, and hating every minute of it, I would never put a kid through what

I feel like I've been put through...I would have rather have been a victim of abortion than be born and having been adopted."

Denise, on the other hand, said about adoption "... [originally] I looked at adoption but I didn't want to...I couldn't stand the thought of never seeing my baby again." Since her experience she has explored the idea of open-adoptions and described her interest this way, "I think it's an alternative that needs to be considered...My personal interest in open-adoption has evolved out of my own early experience with a crisis pregnancy and the aftermath."

Language

The language participants chose to describe the status of the fetus at the time of the abortion and to describe the act of abortion itself was directly related to their personal and political beliefs regarding abortion. The language used to describe the fetus ranged from a "blood clot" to a "baby"; some of the participants described the act of abortion as "murder."

Fiona described the fetus at the time of her abortion as follows: "I really felt that...It's not a kid: it was a blood clot...So I didn't feel...I was killing a person at all."

Ellen described her experience this way, "I just went through this big barrage of 'I didn't just have an abortion, I killed a child that was mine.'" Gloria and Barbara referred to the fetus as a "baby."

The act of abortion was described in different ways. Denise described abortion as "murder," but later clarified she was still uncertain about this description. She was "horrified at how late abortion can happen...I believe that it's a baby from the moment it's conceived. I believe that there is a soul there, a spirit there. I don't believe there really

is a difference between that and five months... You know, at basically five months gestation women can have abortions and it's like a still birth. They give birth to dead babies. I think, what kind of a society can do that? To me that's murder."

Values, Beliefs, and Language: Discussion

Categories discussed by participants included the pro-choice/ pro-life debate, the influence of the church on post-abortion experience, perceptions about abortion, and adoption. Language was a category that emerged from the data although participants did not directly identify it.

All of the women interviewed held very strong attitudes about abortion. They discussed the complexity of the choices surrounding an unplanned pregnancy, and ultimately proposed that every woman has a right to choose the path right for her. Surprisingly, this proposal was not influenced by identification with either the pro-choice or pro-life movement. Every woman's right to choose was identified as more important than any participants' political stance. A participant's stance appeared to be more related to the choice she was prepared to take if faced once again with a similar situation. This disparity between a woman's political beliefs and her beliefs about personal choice was not addressed in the literature reviewed.

As mentioned above, all of the participants expressed concern about the apparent connection between violence and the pro-life movement; none advocated the use of violence as an acceptable or effective way to resolve the personal issue of abortion rights. One area for future research might include exploring the impact of aggression and violence, associated with pro-life activism, on women who are considering abortion or who have had an abortion.

Barbara, Denise, and Ellen, all of whom reported regular church attendance, leaned toward a pro-life stance. McKinney (1989) and Granberg (1978) indicated that “religiosity and traditionalism/conservatism” were correlated with opposition to abortion. Singh and Leahy (1978) found that “education and attendance at religious services” were important predictors of abortion attitudes. In this study however, a connection between level of education and opposition to abortion was not evident. One of the participants that espoused pro-life beliefs had an advanced degree.

The suggestion that religiosity and traditionalism/conservatism were related to abortion opposition was supported by findings in the current research. Participants that held religious, traditional views were opposed to abortion; further, these same participants reported a negative post-abortion experience. This negative experience may be in part “because many formal religions have views opposing abortion [; therefore], women who were more religious may have felt more in violation of “God’s laws” and therefore experienced more guilt” (Major et al., 1998, p. 749).

Barbara, Denise, and Ellen reported using religion to cope with their abortion; nevertheless, they continued to feel dissatisfied about their decision to abort. This dissatisfaction may relate to the findings of Major et al. (1998) who reported that the benefits of religious coping on well being were weakened or reversed if obtaining an abortion conflicted with a woman’s religious beliefs. In particular, they noted that coping with abortion through religion was related to lower post-abortion satisfaction with the abortion decision.

Major et al., (1998) also discovered that religious coping was unrelated to psychological distress or positive well-being. Although psychological distress was not

measured in the current study, Denise and Ellen each reported experiencing significant psychological disturbance post-abortion; Barbara however, did not make a direct connection between her abortion and psychological disturbance post-abortion. Contrary to the findings of Major et al., all three participants reported experiencing some sense of well-being from post-abortion religious coping.

As previously noted, three of the women interviewed were raised Roman Catholic, and four were raised Protestant. Miller (1992) claimed that “being Protestant reduced the women’s chances of post-abortion regret, probably because such women are less likely to have been imbued during childhood with moral proscriptions against abortion and were, therefore, less likely to feel guilty” (p. 90). The current research does not completely support the findings of Miller: two of the three women experiencing post-abortion regret were Protestant.

Osofsky and Osofsky (1972) stated that “among Catholics, guilt and difficulty with the decision and the procedure have occurred somewhat more frequently” (p. 59). In the current study women who were raised Catholic reported experiencing some “Roman-Catholic guilt.” This guilt was connected to regret for one participant.

Denise perceived negative judgments by people in church. This perception was also reported in Kuenning (1987). Kuenning reported that Jan, a woman she interviewed 10 months after an abortion said, “I haven’t been to church since I did it. The hypocrisy on my part keeps me away – and on the churches part, too, because of the judgment. There are so many people who are so opinionated one way or the other about abortion.... I wish the church were as forgiving as God” (p. 127).

All of the women interviewed expressed concern that they would be negatively

viewed by others for having had an abortion. This concern was echoed by the findings of Major and Gramzow (1999) who reported that “two years after their abortion, almost half of the women in the sample (47%) ‘agreed’ or ‘strongly agreed’ that they felt they would be stigmatized (looked down on) if others knew about the abortion” (p. 739). This stigma of abortion obviously causes discomfort and could lead to isolation and discrimination. The perceived stigma is likely amplified by the adversarial approach of the pro-life movement.

Adoption was something only Fiona and Denise referred to directly during their interviews; each supported opposing views. Fiona would never consider giving up for adoption a child resulting from an unplanned pregnancy, Denise would. None of the academic papers reviewed noted women’s views about giving up a child for adoption; however, in the popular press, Zimmerman (1977) suggested that “the emotional strain of parting with a baby they saw themselves becoming attached to was paramount in the rejection of adoption. A few women also thought the consequences for the adopted child would be undesirable” (p.142). More research in this area is needed to potentially expand the options women have when faced with an unplanned pregnancy.

Language was not discussed in the literature reviewed, yet in the course of this research the emotionally loaded language surrounding abortion appeared to be directly related to a woman’s satisfaction with her choice to abort and her post-abortion experience. Further research in this area would be useful.

Healing Process

The women expressed many different ways of managing the effects of their abortions. For some it was a time to heal; for others a time to learn about self, family, and

community. For all participants, the process has been continual, multifaceted, and marked by unexpected turns. Each woman's process varied according to intensity and duration. Five of the seven women described particularly complex healing processes.

For the purposes of this paper, the word "healing" does not necessarily imply poor health or illness for the participants; healing refers quite specifically to their need "to make whole, sound or well" (Canadian Gage Dictionary, 1997). During the interviews the participants appeared to describe an attempt to bring together pieces to create a whole picture. This picture was required to understand and integrate their experience of abortion and the effects that followed.

As Figure 4 below indicates the women discussed several categories under the meta-theme Healing Process: Mourning, Forgiving, Finding a Voice, Meaning-making, Moving On, Remembering, Revisiting, Seeking Professional Help, and Helping Others.



Figure 4. The Healing Process

Mourning

The women that experienced a sense of grief and loss after their abortions described the feeling as “invisible.” Denise noted when the bleeding started after the abortion, “There is this blood coming out and it is so visible and you know it’s so, it’s such a visual reminder of the loss that I was beginning, you know that I had just experienced. I felt like the world was going on around me, but I was invisible.”

Avoidance

Avoidance of thoughts and emotions related to experience of abortion appeared to be one of the more immediate post-abortion reactions; however, not all of the participants identified avoidance as part of their post-abortion experience. All women expressed a need to carry on with life as soon as possible after their abortions; avoidance enabled some of them to accomplish this goal. Later they would find time for introspection and healing.

For example, Carol knew she had to deal with issues after her abortion because “Afterward I kind of buried myself in my schoolwork for the rest of that semester. ‘Cause that was in early November and I needed to just focus on just getting through that semester. So I just kind of buried it...I knew there was a lot of issues that I was still carrying around in my head.”

After her first abortion and the end of her marriage, Ellen sought a “geographical cure” by moving across the country. Denise on the other hand, avoided in a different way, by partying and becoming more promiscuous after her abortion. Barbara did not spend time grieving her abortion. She said, “I always had other distractions to help me out, so I didn’t spend time crying or grieving or anything.”

Grief

All of the women experienced some form of grief; however, only a few experienced the sense of regret that can accompany grief. Grief was often triggered by a variety of experiences and manifested emotionally and somatically.

Triggers. Feelings of grief, loss and regret were triggered by different life events: anniversary dates, Mother's Day, media, other women's unplanned pregnancies, and the decision to have no more children. In general, the effect of the triggers was more profound for the women that expressed regret about their choice to abort.

All of the women identified "anniversary dates" as triggers. For some women the anniversary date was the date of the abortion, for others, the predicted due date of the pregnancy. For some, the anniversary date was a trigger for a few years; for others, it continues. For the women who experienced multiple abortions the first abortion was more of a trigger than the anniversary dates for the abortions that followed.

Amanda described the anniversary date of her first abortion as follows: "I remember November 25th. Always there was this week long period...that I'd start thinking...While I did spend time every year having these thoughts about it, it was never anything that played big into my life, any other time. It was just something that happened."

Barbara said, "The first one carried through for a lot a years, then maybe once or twice a year I would think, 'Oh well, I could have a kid this old.'...[I thought about] the second one...for a little while...I have very good blocking mechanisms or something...It [all] stopped before I got pregnant with my daughter." She has never been triggered by the anniversary date of her third abortion.

Another trigger identified by participants was the due date of the pregnancy.

Fiona described it this way: "I remember the due date passing and thinking about it then. But I didn't think about it often, but I thought about it at certain points...I'd feel like I'd be this much pregnant or here's the due date." Denise as well said, "You know just a little while ago I realized she would have been eleven now and what would it be like to have an eleven-year-old right now."

Mother's Day was another date that acted as a trigger for some of the participants.

Fiona described her experience this way: "I know the first Mother's Day, after the child would have been born...I bought little stuff, not for that baby, but just for a baby, like just kind of in memory of I guess. I don't know, it's weird; it's kind of like Remembrance Day.... So I know I still think about it, but I don't think about it and cry, and I don't think about it...with regret, really."

One of the triggers Gloria identified was seeing a child of a friend that was born around the same time as her pregnancy would have come to term. She described it this way, "Well a girlfriend of mine was pregnant at the same time as me, and she had... a child.... I kind of look at her daughter and go, 'Wow!' She's in high school now and when I see her it triggers it more than anything else, 'cause...I look at her and ... I could have had like a 16-year-old here."

The media was another trigger. Gloria said, "Every now and again something will trigger it. It could be something on TV." Denise indicated that talk shows and movies about the loss of a child trigger her. She described it this way, "I couldn't watch movies where children get hurt or where they get abducted." She also noted that songs on the radio trigger her. One example she gave was Madonna's, "Papa Don't Preach." She has

come to recognize that it is her own grief that is triggered by the grief experiences of others.

Denise also noted that her sense of loss was triggered when she and her husband decided not to have any more children. “The loss, the sense of ... regret will come through when something is going on, like...when [my husband and I]...decided we weren’t going to have anymore children.”

Emotional Effects. The emotions women experienced after their abortions were varied, and in some cases intense and debilitating. The nature and intensity of the emotions appeared to relate to the participant’s beliefs, the circumstances surrounding the abortion, and post-abortion experiences.

Some participants experienced a sense of resolution following the abortion; others experienced a sense of shame and guilt. Emotions continued to change during the post-abortion period. Figure 5 illustrates the variation of pre- and post-abortion emotions for one participant.

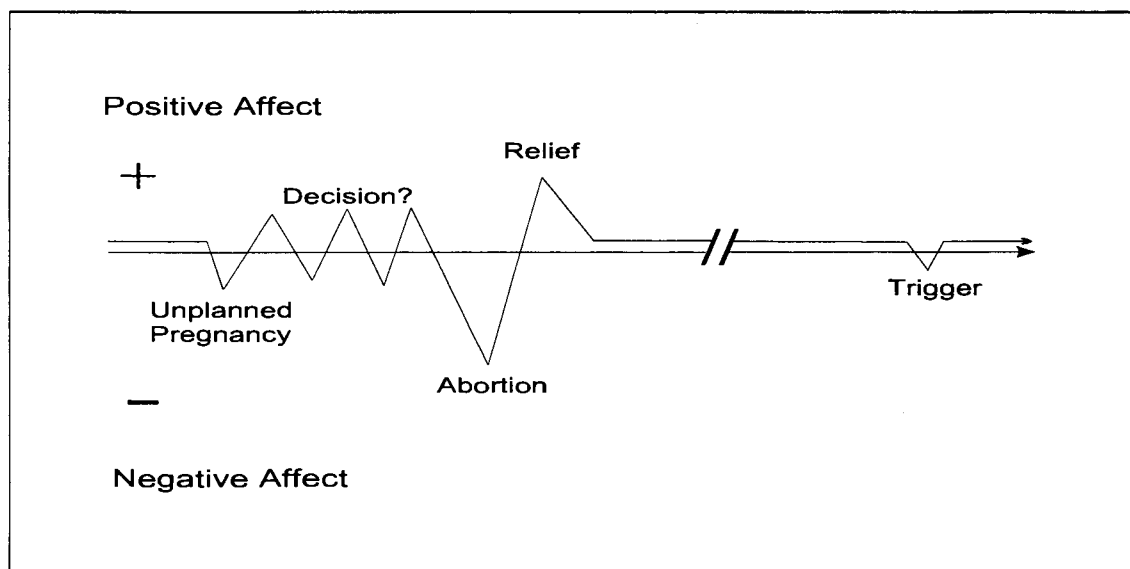


Figure 5. Emotional Variations

Although the participants experienced other emotions, the more negative emotions of guilt, shame, and depression were repeatedly discussed by some participants. Shame and/or guilt were recurring emotions experienced by most of the women; only Fiona and Gloria did not refer to either. The shame and guilt described by participants was often experienced alone and in silence.

Amanda said, "I was shameful about the second time, so I would rather just have forgotten...I probably...don't live my life in lots of mistakes. I try not to do that. So my inner judge would say, 'Oh my God.' And it did when it was two [abortions]. It was like, 'Oh my God Amanda.'...That's where the shame came from, 'cause that's the inner judge making it shameful, 'cause those are big mistakes. Those are fairly significant." Amanda made no mention of guilt.

The only time Barbara mentioned shame was when she noted that she didn't ask for much information about the process of abortion prior to her procedures: "I think I was somewhat ashamed myself anyway and the less I had to be with the doctors the better." Barbara's shame was unfortunate because it prevented her from getting the information that she suggested might have led to a different outcome for her unplanned pregnancies. Given more information, Barbara suggested she would likely not have chosen abortion.

Carol frequently mentioned guilt as being related to her self-judgments and her decision to have an abortion. She knew that she continued to "have issues" after her abortion when she continued to think about it and feel some guilt. She said, "I kept thinking about it I guess. Maybe still feeling a bit guilty." She did not mention shame.

Ellen appeared to experience the most intense and debilitating feelings of guilt. "I was completely overwhelmed by the feelings of guilt...and I started suffering from

depression at that time.” Some of her guilt may have been related to her later understanding that her first abortion was perhaps unnecessary. She explained, “It turns out it really wasn’t that big of a deal; I’m one of five percent of the population or something where it [multiple sclerosis] doesn’t even affect my life, so it was a totally unnecessary abortion.” Ellen did not directly mention shame.

Ellen, Amanda, and Barbara experienced some depression after their abortion. Ellen directly related her depression to the guilt she experienced after her abortions; Amanda was unclear whether there was a connection between her depression and abortion; and Barbara indicated that if she had carried her first unplanned pregnancy to term she may not have necessarily experienced her depression.

Ellen experienced her first bout of depression related to her abortion, after the birth of her son. “Even though I had gotten pregnant and had another child, I just started suffering from depression at that point, and I was only twenty-one years old... I never spoke to anyone about that abortion, and I never received any counselling.” After her second abortion, Ellen experienced further depression that she related to her anger towards her husband. She described it as follows, “I felt that he was my husband and what he says goes and I went ahead and got him his abortion. So then I had really terrible depression after that and I just absolutely plummeted into depression. So I mean I realize it’s my choice and I could have said no at anytime, but...I think I was so incredibly disappointed and angry with him that I just, kind of just really plummeted into a huge depression. I had really low self-esteem at that point and no self-value.” At that time, Ellen seriously contemplated suicide. “It was my son, his life, that kept me alive, which I thought was a little ironic.” Ellen used antidepressants for four years.

The possible connection between Amanda's first abortion, ensuing depression, and weight gain was pointed out by her friends and family. "I think there was questions from my family members...when I had depression at twenty-two.... Then my dad found out [about my abortion] and then he had this other conversation about deciding that that's how I gained weight. Going through stress and all this stuff."

Barbara did not directly connect her depression and her abortion, although she did indicated that if she had carried her first unplanned pregnancy to term she would not have necessarily experienced a decade of "madness and wildness" and recurrent depression. She said, "I think if I had gone through the first one, my life would have been a lot more responsible.... It was just a multitude of things...I was diagnosed as manic-depressive. Although I didn't think that was a right-on diagnosis at the time, I was depressed somewhat off and on."

Somatic Effects. Denise experienced her grief in a very physical way. She said, "I carry it in my body, like it's a physical experience for me and I can't deal with it."

Acknowledgment. Denise experienced her sense of loss over and over again. It was not until she listened to a program on a Christian radio station about women who had experienced miscarriages that she acknowledged the abortion as a grief and loss issue. As she listened to the women talk about their experience of loss, "It hit me. This is what I'd experienced and I hadn't put it together like that...I pinpointed it as a grief and loss issue and acknowledged that I've lost a child...I cried with the woman telling her story on the radio" and acknowledged that she had "lost a baby...a child.... It wasn't just a fetus or cells--it was a baby."

Denise started to heal once she recognized the grief and loss she experienced from

the abortion. “I needed to move through my grief, and move through my loss and acknowledge that loss of what could have been...of that child...There was some kind of resolution for me, an acknowledgement, an understanding.” She talked about being “allowed” to have her own experience and feel her pain. It is something she continues to “hold with her.”

Forgiving

Two aspects that participants identified as being important in their post abortion healing were self-forgiveness and God’s forgiveness.

Self-Forgiveness

Ellen described self-forgiveness this way: “Unless I forgive myself, then I’ll never move forward and I’ll always be stuck and I’ll go backwards and that’s not going to help me, my son, or anyone else.” Self-forgiveness however, did not eliminate the emotion attached to the experience. Both Denise and Ellen indicated they are still “allowed to fill the tub and have a good cry every now-and-then.”

God’s Forgiveness

Ellen said that self-forgiveness was not possible until God forgave her. “I needed to be forgiven by the Almighty in order for it to be good enough for me to forgive myself. It wasn’t enough...to say, ‘You did what you did and there’s nothing you can do.’...As helpful as the counselling was, [from]...my physician and the psychologist...the ultimate huge forgiveness...had to come...from a priest.”

Denise didn’t believe she needed God’s forgiveness until she became a Christian. “I didn’t feel like I needed God’s forgiveness at that point in my life; after I became a Christian, I did.”

As noted in the earlier meta-theme of Values, Beliefs, and Language several of the participants talked about making amends, or doing penance. Making amends offered an opportunity to find forgiveness. As Ellen said, "I think it's important that if you've...made a grievous error, that you need to go to God in order to fix it." For other participants making amends was more indirect.

Finding a Voice

For the women interviewed, their abortions were significant life events that hardly anyone knew about. For some women this silent secret was temporary. They sometimes disclosed it to friends and family, and in some cases participated in public rallies. In all cases the women believed they had a voice through their research interviews and were willing to share their experiences in other situations if they believed it would help someone else in a similar circumstance.

Silence

Many of the women talked about the secrecy surrounding their abortions and the silence that followed. One participant referred to the silence that surrounds abortions as "the culture of silence." Ellen talked repeatedly about the secrecy and silence of her abortions. She did not tell anyone except professionals that included her family physician, church minister, and counselor; she had not talked to others.

Denise described her abortion as "a secret nobody knows." No one wanted to talk about her abortion experience after it happened. She described this silence as a lack of openness in her family and community. She believes women are culturally silenced about experiences like abortion. She decided to participate in this research because she doesn't want to be silenced.

Amanda and Barbara, who each have experienced more than one abortion, rarely tell people about the number of abortions they've had. Amanda for example said, "One I could...Two I would be fearful about people going, 'Two? Holy!'"

Self-Disclosure

Carol suggested that telling people about her experience is discretionary. She indicated this discretion is due in part to her feelings of guilt, and in part to her situation being "nobody's business." She may tell someone if she thought it were relevant or helpful, as with a friend considering abortion, or in this research project.

Fiona did not keep her abortion a secret. She said, "Well it's just reality...I didn't see any reason to keep it a secret...Some people are really private and I'm not. I totally accept it. I can't see any reason to pretend it didn't happen, because it did happen and there's nothing wrong with me that made it happened or because it happened. It just did."

Barbara said, about telling others, "If somebody came to me and actually told me that, 'cause I haven't heard anyone having three myself, I'd just have to share with them and say I relate and maybe we can exchange some stories or something"

Public Expression

When Carol attended a pro-choice rally with colleagues she realized that rallies were a positive experience because they weren't introspective and it felt "really good" to chant, shout, and yell about beliefs.

Meaning-making

All participants talked about what they have learned from their abortion experience. For some women the meaning was immediate, for others it came with time and healing. Their discussions revealed seven themes: personal growth, self-confidence,

self-empathy, openness, letting go, understanding tears, and abortion as a catalyst.

Personal Growth

Amanda believed lessons can be learned from her abortion experience. She said, “Even out of something that one person can look at and say, ‘Gee that’s a really unfortunate tragedy, what a terrible thing to have happen.’...Still within that there is learning...I believe...‘cause I need to make meaning of it; there has to be meaning in this.”

Fiona shared a similar belief and said, “It’s something that I went through and learned and did...Like every experience I’ve ever had, every crisis I’ve ever had...it’s just changed my perspective [and] broadens it. And you have...more empathy, more understanding, more world-knowledge, more experience...It’s totally a cheesy line, but you know, whatever doesn’t kill you makes you stronger.”

Self-Confidence

Ellen stated that she had become more confident about her beliefs. “I don’t think I’m as easily influenced by society. I’m more solid in what I believe in...I learned that it didn’t matter how many times I moved or who I talked to, the only one who can fix it or make it manageable was me, and God.”

When discussing what she had learned from her experience, Denise said, “Greater trust in my own decisions.... I’m growing in my understanding of what I need to do for myself...not necessarily doing things because they are right or wrong, but because of how I’m made.”

Denise also noted that since her abortion she has learned, “I can survive without a man and... I can make my own money and I can take care of my kids.” She described

this shift as “owning” her power.

Denise said that as her understanding of herself has grown and changed, so has her perception of self as a woman. “I’ve got this big pie and there’s all these different parts of my identity and, the whole thing is...me as a woman...I can’t be either/or...I need to make room for [all] parts of myself.”

On the other hand, Fiona doesn’t believe that the abortion had any effect on her identity or perception of herself as a woman. She suggested this was due to the fact that she grew up quickly and has been making adult decisions since she was thirteen.

Self-Empathy

Ellen suggested that over time, she has learned to be more “empathetic toward” herself about her two abortions. She said, “I think...I try to be a little bit empathetic towards myself.... There were no parents to turn to...or no one to turn to for counselling. So I try to cut myself some slack realizing the first time, I was just a kid.”

Openness

Denise identified that her abortion experience has fostered a strong desire for openness in her relationships. “Everything is real open here, and if not, I kind of kick it down.” She went on to say, “I believe that openness in any form can provide a healing circle in which people can give voice, give sound to their silent experiences.”

Letting Go

Amanda described her “big learning” was about “letting go.” “The learning in it, the big learning, has been about letting go.... It came to me that I’m no longer attached to either of those days.... It was about freeing me.... So that was great.”

Understanding Tears

Amanda pointed out that her formal education has allowed her to understand the tears she shed after her abortions. She learned about the relationship among anaesthesia, medical trauma, and tears after surgery. She believed that her tears were a way to release tension, stress, and other unidentified emotions.

Abortion as Catalyst

In one case, abortion became a catalyst. The grief and loss resulting from her abortion motivated Denise to create a program to help children cope with grief, and write an academic paper about open-adoption.

Moving On

Many of the participants identified a time in their healing process when they were ready to move forward. Fiona said it this way, “You do what you know until you know better. And then once you know better, you’re able to move forward from that. I sort of look at it now as I’m in a lot better place than I was even four years ago, ‘cause four years ago I was just stuck. Working through all that crap that was in between my ears was the only thing that allowed me to move forward, but I had to get through that first.”

Amanda identified a point when she noticed that she had moved on. She said, “I actually go there to the point that it’s like December 17th...or it’s you know, November 26th and it’s like, ‘Oh yeah, wow, you didn’t even think about it.’...I don’t need to do that anymore. It’s a really, really great thing.”

Denise experienced a time of “letting go” of the negative aspects of her abortion experience toward the end of the first year of marriage. She suggested this release was facilitated in about one month by completing exercises in a book about women coping

after abortion. One of the exercises she identified as “very good” was to write a letter to her unborn child. “It was my funeral time. It was a time of saying this is what’s happened. I’ve lost a baby.” Letting go appeared to be a time of closure, and closure seemed to be related to a sense of acceptance by many women.

Although Denise didn’t believe the sense of loss ever went away, she indicated that the intense emotional pain wasn’t there any longer and that she could get on with her life. She no longer lives with the pain everyday; however, she also noted she is “still allowed to” cry about her loss. She described this process as “leaving room for other layers of grief.”

Acceptance

Fiona described her acceptance when she said, “I totally accept it, and I can’t see any reason to pretend it didn’t happen, because it did happen, and there’s nothing wrong with me that made it happen or because it happened. It just did.” She went to say, “I’ve chosen to accept it, ‘cause in my head there is just no other way about it. You either accept it or you’re going to be miserable about it, and I don’t want to be miserable.” Acceptance appeared to be a turning point for many of the participants. Only one participant appeared to have difficulty finding acceptance.

Some of the participants suggested that time and maturity were needed to integrate their abortion experience into their lives to the point where it no longer interfered in their everyday lives. Ellen explained it this way, “Time and maturity. Knowing there is nothing I can do, and crying over it isn’t going to help.... I don’t think it’s ever going to go away, but it gets manageable.” Fiona said, “...after a certain amount of time it heals and you’re fine.” Barbara revealed, “I don’t know if I dealt with it, but it

just kinda faded away. I'm not proud of them now but I'm not afraid to talk about it anymore either so that...it doesn't have any hold on me."

Self-Definition

Amanda realized that she had moved on when her abortion experience was no longer a defining part of her. "It just was this releasing of having to acknowledge this as some sort of defining part of me.... It was freeing...I was really glad to have that happen."

Remembering

All of the participants noted that although their abortion experience was no longer something they thought of regularly, it was something they thought of from time to time. Amanda said, "It was about respecting...Is respecting the right word? It was about honouring. Honouring or respecting? But maybe that isn't it. It was about remembering and recalling and just recognizing that this had happened and that this is a part of my life."

Remembering sometimes occurred in the form of wondering "what if...." At other times, it manifested as dreams or visions. Denise believed she will meet her aborted child in heaven one day.

Fantasies

Five of the participants reported wondering about "what if..." they had not gone through with the abortion. This curiosity did not appear to include a sense of regret.

Many times over the years since her abortion Denise wondered about how life would have been if she hadn't terminated her unplanned pregnancy. "Sometimes I think it's like I've got this life here and then the would-have-been life...So that's always there,

but not in a lousy kind of a way. It's just there. It's just with me.... Sometimes I wonder with [my son] how he would have been if he wasn't the oldest. It would change everything."

Fiona thought "what if..." shortly after her abortion and again later. "I remember thinking I would have been sitting at the table, living somewhere else. I'd moved out of my parents' place, and I was thinking, 'I would have been five months pregnant now.'" Fiona also noted that she later had thoughts about how old the child would be if she had carried her pregnancy to term. She said, "I just know I made the right decision. It doesn't stop me from thinking my little boy or whatever would be...?"

Sometimes Amanda wonders about the gender and age her child would have been if she had carried her pregnancy to term. She said, "If I hadn't...had an abortion...what would that child be like? Would it be a boy or a girl? But I'd think about it not in like 'Oh I wish I had. Oh, I never should have...' Not in sort of that way. But more in just a, 'Hmm. Yup.'"

Dreams

Fiona mentioned that after her abortion she had a dream that she'd had a boy, and then a few months later had another dream that she'd had a girl. She remains curious about the gender of her first born as she wonders if there is some loose connection to her abortion. She recounted her dreams as follows, "I had a dream. Two dreams actually...I had a dream that I had a boy...I dreamt the whole pregnancy...the birth and everything... A few months later I dreamt that I had a girl, and the boy that I had had in the first dream was there at the appropriate age...It could just be a total fluke, but I'll be really interested to know, if my first kid is a girl or a boy, and if it's a boy, will I have a girl after; or if it's

a girl...I don't know. It's kind of like a loose connection...but it's interesting. So I'll just wait and see."

Afterlife

Denise talked about meeting her aborted daughter one day in heaven. "I know that I'll meet her one day. Maybe not in body but maybe more in spirit. I'll have a chance to be with her in a more tangible way than now. But I still feel like she's with me."

Barbara also talked about her aborted children going to heaven. She said, "I feel like my mom was surprised when she got up there because I believe that they all went to heaven." The idea of heaven appeared to offer comfort to both participants.

Revisiting

Amanda believed that she may need to revisit her abortion experiences when she has children. She explained, "I'm more than open to saying that [the abortion experience] may come back and I may be revisited by feelings around that.... I would think that maybe as I get older and look to having children in my life that that may revisit more often. I wouldn't close the door on that. I'm not so naive to think that, 'Oh well, it's all done and over with.'"

Carol had a planned pregnancy after the initial research interview. She reported, "Now being pregnant again and having a baby, I'm reminded all over again about my abortion. Not only because of the personal experience of being pregnant, but when filling out health forms or answering questions, I have to say it's my second pregnancy, first baby."

During a follow-up discussion, Carol expanded on her earlier comment and noted that sharing the information that she had had an abortion was "...largely limited to the

early days...and now those days have passed. I think I can leave it behind again. The trouble for me was just having to remember all over again that I had the abortion. I presume I still feel residual guilt/shame, whatever. I realize this feeling is mine, as I've not received a negative reaction from anyone.... The midwife and nurse I had to tell this information to took it very matter-of-factly. I did have a conversation with the midwife about it at one point, and cried my face off, re-living the guilt. As I said before, now that I'm further along in the pregnancy, it's easier to deal with as it feels farther away."

Carol went on to say that reliving some of her experience has not changed her view on abortion. She said, "I would say [my belief about abortion has not changed] - I still feel 'every child a wanted child' - that's in general. As for my own? As this pregnancy is very planned, it feels 'right' for me now...we are in stable jobs, in a house, and in a stable and loving relationship. I still feel we did the right thing before."

Seeking Professional Help

Carol, Denise, and Ellen reported that they attended some counselling sessions after their abortions. Carol saw a counselor at a university counselling centre; Denise saw a minister for prayer counselling; and Ellen has spoken to both a Master in Counselling practicum student and her minister.

Types of Help

Two types of help were common to these women: psychological and religious.

Psychological. About three months after her abortion, Carol saw a counsellor for one individual session. She reportedly found the counselling experience helpful as she was able to talk about the abortion openly and cry "uncontrollable tears." She noted, "When I went to see the [campus] counselor, she asked me some questions that really

made me think.” Carol identified one of the questions as particularly helpful, “When she asked me this one, I just immediately burst into tears...She asked me, ‘If you could say something to it now, what would you say?’ And my answer was, ‘I’m sorry.’” After the session with the campus counselor, Carol went home to talk to her partner, “I really needed to talk to [my partner] about it because it was stuff that I was working through.”

Ellen did not receive any counselling at the time of either abortion, but later was sent to a counsellor by her family physician due to intense suicidal ideation. Ellen talked about needing counselling on both a mental and spiritual level: “I took counselling for four years or longer with my physician [and] with a girl doing her masters...” Through counselling Ellen made a connection among her depression, suicidal ideation, and her abortion.

Denise identified talking with to her sister as “healing.” Her sister is a psychotherapist whom she described as “right in your face.” Denise spoke with her sister about her experience: “I just broke. It came like a flood and she held me and I cried and she just held my grief with me...I was just like weeping and wailing and that was really healing for me.”

Religious. Denise and Ellen sought counseling from ministers. Although Ellen had received counseling from her family physician and a graduate student, she said that the counselling with her minister was the most helpful. “I needed to be forgiven by the Almighty in order for it to be good enough for me to forgive myself. It wasn’t enough at that point for someone to say, ‘You did what you did and there’s nothing you can do.’ It wasn’t deep enough. I was very fortunate to have met (the Baptist minister) and to obtain counselling from him.... The ultimate huge forgiveness...had to come...from a priest.... I

needed the counselling on a spiritual level to help me heal emotionally.”

Though Denise was not a Christian at the time, she saw a Minister for prayer counselling soon after her abortion. She described this experience as “a beginning.” When Denise prayed with the minister, he did a “spiritual cutting of ties” between Denise and the conception partner, and Denise and her ex-boyfriend. Denise said, “It was amazing. It was like an umbilical cord...and this was about my issues with [my ex-boyfriend] and it was like I could see them flying, floating in the air. I just went ‘Whew. Oh, I can get on with my life now.’”

Denise said, “In my prayer and in my mind, I took my baby and I handed her to the Lord...and said, ‘Here you go God.’ And he just took her and assured me that she would be well taken care of.” Denise stated that during the prayer session she had a vision of the child she had aborted. She said, “I saw her vividly...I saw what she looks like. I knew it was a girl. It was so healing for me and it brought closure for me...It was a gift.” At this time, she didn’t experience any guilt or feel like she needed God’s forgiveness; she experienced both after she became a Christian.

Suggestions for Improvement

Denise, Ellen, and Barbara made suggestions for people who may be able to help women experiencing a crisis pregnancy and possibly an abortion.

Denise is a psychotherapist who has her own personal experience of abortion and the experience of her clients to draw upon. She identified what she hoped other women will experience when faced with a crisis pregnancy. She hoped they would find a “community of loving arms” where they experience “...unconditional love, acceptance, and acknowledgement.” She believed that communities should enable girls/women to

make decisions that are best for them including keeping the pregnancy or aborting.

As a therapist Denise noted, “What I have seen as a professional many times, with women that relinquish their children for adoption or have abortions, is that they go AWOL after:...a period of ...drinking, drugs, partying, promiscuity, all that stuff.” She believed women have this reaction “...because there’s no acknowledgement...and no preparation for the experience of loss and grief...” Denise wondered if this could be avoided.

Denise was very clear that she did not want others to experience the pain she had experienced. She encouraged girls/women to “slow down” as they make their decision about the outcome of a crisis pregnancy. She said, “I think sometimes it happens just out of fear.” When making a decision regarding the outcome of a crisis pregnancy, girls/women must take into consideration their personality, value systems, and beliefs.

As a psychotherapist, Denise has struggled when working with girls/women in the decision-making process. She suggested that the important questions a professional should ask include: “How can I help you?” and “What do you need?” She believed that girls/women experiencing a crisis pregnancy need tangible financial help and support regardless of their decision to deliver the baby or abort. She also would like some “professional acknowledgement in the health care system” of the loss women may experience with abortion.

Ellen hoped that other women seeking abortions received more counseling. “I just hope that other people who are getting abortions are getting more counselling with regard to their decision. I know it’s a short timeframe to make a decision and have an abortion, but I don’t think everybody is mature enough or stable enough to accept the responsibility

of the feelings that go with abortion.” She expanded to say that she believed that during counselling the “...repercussions of abortion should be discussed.”

During her interview, Barbara suggested that if she were faced with the same situation again, she’d like to be given more information before she made her decision to abort her pregnancies. She said, “I think if it was me when I was nineteen again, I would like to be given the information...some hope, and support. Even like a phone line that you can call in need.”

Helping Others

Three of the women described helping others when they worked at a birth control clinic or group homes for girls facing unplanned pregnancies.

Birth Control Clinic

Fiona worked as a volunteer at the birth control clinic for the past several years. She suggested that her experience has given her invaluable insight and understanding for her work at the clinic. Fiona noted that she doesn’t tell all of her clients that she has had an abortion, but will self-disclose if she thinks it would be helpful. She described her approach this way, “I especially talk about it to kids...I don’t do a lot of self-disclosure, but if they...tell me they’re using the withdrawal method of birth control, then they really hear it from me.”

Group Homes

After their abortions, both Amanda and Denise worked at group homes for girls experiencing unplanned pregnancies. As part of their work, they helped clients make decisions about their unplanned pregnancies and supported them regardless of the choice they made. They also accompanied clients to hospitals and clinics.

Amanda described her experience working in the group home, “Well, in between (the two abortions), I was working in a group home with teenagers, and two of my clients, young women, um, got pregnant. And both of them had abortions. And it was interesting...The first one was fourteen, the second one was fifteen.” With respect to the fourteen-year old client she said, “It was really important to me that she got all the information on the different options. We went to the adoption people; we did all of these things because I really wanted her to make an informed decision...I also think that I was really aware that it was her decision and not mine...because we had a relationship [in which] she would in some way be influenced by [me]...She chose to have an abortion...and I go with her...to the hospital.... But I’m not with her in the room; I’m just with her through out the process...And that was really fine for me.”

In the end, Amanda revealed that the experience didn’t bring up anything to do with her own abortion experience. She said, “Lots of people were just like, ‘Why are you doing that? That’s going to be way too hard for you.’ So it was okay. It was actually fine. It didn’t bring up anything.” Approximately a year later, Amanda worked with a fifteen-year old. “She decides to terminate...and we go to... Every Woman’s Health Clinic. That was different because of all the media hype that was around it. We did a lot of talking around what that was going to be like.... I was with her in the room, and she was conscious, she was just under anaesthetic.” She considered her own experience, “So, what was that like for me? It was more about being present for her because she was so young. Were there any parts of that that was hard for me? At the moment, no. Afterwards, I would say I don’t think so...I think I was more involved in her.”

Amanda suggested that what helped her most through both situations with the two

girls was knowing that the decisions she had made to abort her two unplanned pregnancies were the right decisions for her. She articulated her certainty, “It’s...knowing that it was the right decision.” Confidence about her decisions appeared to free her to be available for the girls she worked with.

A few months after her abortion, Denise worked in a group home for pregnant teens and teen moms. She said, “So that spring I got this job working in this group home it was right in my face...That was really tough, but it forced me to look at some of my own issues...in kind of a methodical way.”

She respected the girls who wanted to keep their babies and believed they were more courageous and brave than she had been. “I found myself, because of my own experience,...I had the utmost respect for these girls...the one’s who wanted their babies...I just saw the courage in them and the bravery that I felt I didn’t have.”

Denise also described a particular experience at the group home that brought some of the unresolved issues about her own abortion to the surface. She recounted her experience, “I worked with a girl who gave up her child for adoption and I picked her up from the hospital and drove her back to the group home.... This was a few months after my abortion. She was so angry I could not talk to her at all in the car. I thought she was going to hit me...she was like a wolf...she was venomous. That always stuck with me and it hit me really hard that day because I hadn’t dealt with my own anger around my own experience. I hate that word ‘dealt.’ I hadn’t allowed myself to experience my own anger.”

Healing Process: Discussion

As noted above, the data from the current research revealed a post-abortion

healing process that included mourning, forgiving, finding a voice, meaning-making, moving on, remembering, seeking professional help, and helping others. This healing process appears similar to other loss experience processes. Healing was not a linear process; although some women experienced all phases, others experienced only a few. Healing as a process was not described in the academic literature addressing women's post-abortion experience; however, aspects of this process were identified independently. The findings of the current research will be discussed in light of the academic and other literature considering post-abortion effects and the more general grief literature

All of the women interviewed reported an experience that could be described as mourning, a term that encompasses two responses: avoidance and grief. In Kuenning (1987) for example, mourning was linked with a deep sense of regret. A woman named Jan described her experience of mourning this way, "It is a death to me. In time, it will get easier, but it will never get better, nor will it ever be right. A woman whose baby has died is free to mourn; it is socially acceptable. She can talk to anyone about her baby's death, but I can't talk about my baby. It's not socially acceptable" (p. 127).

Four of the women described behaviour that could be considered avoidant; however, most women did not identify their behaviour as avoidant. The avoidance identified in this study is similar to Rando's (1984) description of a person's experience after an important loss. "There is a desire to avoid the terrible acknowledgement that that which is loved is now lost" (p. 29). She said further, "Just as the human body goes into shock after a large enough insult, so too does the human psyche go into shock when confronted with an important loss. It is the natural reaction to the impact of such a blow" (p. 29).

Rando (1984) suggested that “the duration of grief is variable and will depend upon factors influencing the grief response” (p. 115). The women interviewed in the current study appeared to experience grief for varying times, from a few days to years. Ellen, in the current study, continued to grieve her abortions for years even at the time of the research interview. Her grief is similar to Reeves (1999) “complicated grief.” “Grief is complicated when it continues to be the center of a person’s life for a very long time, and/or when it is extremely intense, and/or when it is incredibly complex” (p. 42). Complicated grief may be adaptive, but becomes maladaptive when it negatively affects a person’s self-esteem, as it seemed to affect Ellen. According to Reeves (1999), complicated grief may last a lifetime if it goes untreated.

All of the women interviewed described behaviours and/or emotions that appeared to be responses to grief. Some of the behaviours were similar to those described by James and Friedman (1998) as common responses to grief: reduced concentration, a sense of numbness, disrupted sleep patterns, changed eating habits, and a “roller coaster of emotional energy” (p. 14).

According to Rando (1984) anniversary reactions are to be expected for people experiencing grief. James and Friedman (1998) agreed, “Any day that has significant meaning...can be considered an anniversary date” (p. 165). Most of the women in the current study reported triggers that reminded them of their abortion experience. Triggers included anniversary dates, Mother’s Day, a song, a movie, an item in the news, and other women’s unplanned pregnancies. Triggers had an intense effect for women reporting regret about their decision.

In the current research, the emotions women experienced after their abortions

were varied ranging from relief to shame and guilt. Adler et al., (1992) found, “A woman’s responses to abortion are complex, she may feel a mixture of positive and negative emotions” (p. 1198). Emotions changed during the post-abortion period. Although some participants implied positive emotions such as relief, others discussed negative emotions such as guilt, shame, and depression; some expressed both. Adler, et al., (1992) found that the most frequent post-abortion emotions were relief and happiness. Ashton (1980) reported that guilt was common among women with physical grounds for abortion and women with persisting psychiatric difficulties.

Participants in the current study did not identify any history of depression prior to their abortions or immediately following the procedure itself; however, three of the participants reported later experiencing depression related to the abortion. Rind (1991) reported a decline in anxiety and depression scores of women immediately following their abortions. Major, Cozzarelli, Cooper, Zubek, Richards, Wilhite, & Gramzow (2000) reported that “26 % of 386 women had experienced an episode of clinical depression at some time prior to the pregnancy, where as 20 % had experienced an episode of clinical depression in the two years after their abortion” (p. 780). According to two studies, Ashton (1980) and Major et al. (2000), women with a prior history of depression or emotional instability may be predisposed to subsequent depression and regret.

Although one of the women in the current study reported experiencing somatic effects related to her grief, the abortion literature did not address these effects; however, according to the grief literature, somatic reactions frequently accompany grief (e.g. Rando, 1984; Reeves, 1999). Rando (1984) stated that “Frequently somatic symptoms are the only overt indications that grief still remains unresolved. Their presence is often the

sole reason that individuals with unresolved grief are referred for therapy” (p.37).

One of the women in the current study discussed the importance of acknowledging “abortion as a grief issue.” Acknowledgement was not addressed in the post-abortion literature reviewed; however, in her paper about pregnancy loss, Covington (1999) stated, “When loss is not acknowledged or discussed, a deep sense of shame and personal failure is intensified” (p. 232).

The data from the current research revealed a healing process that included forgiving. Two of the women indicated they were unable to begin healing until they were able to forgive themselves and receive forgiveness from God. Ellen said, “Unless I forgive myself, then I’ll never move forward and I’ll always be stuck and I’ll go backwards and that’s not going to help me, my son, or anyone else.” Denise said, “I didn’t feel like I needed God’s forgiveness at that point in my life; after I became a Christian, I did.”

Lilly Redmond (in the anthology Dropped Threads, 2001) also talked about forgiveness with respect to her abortion, “It took me years to forgive myself for not being strong enough to have that baby. Nothing has marked me more. I am now thirty-six years old. I do not have children. I remain single. My greatest fear is that I will miss my chance to have a family – that time will run out on me – and that I will look back on the two occasions when I actually could have had a baby and regret that I didn’t. I hope I will remember that I made the best decision I could at the time.” (p. 165).

The need for forgiveness is supported by the grief literature. Reeves (1999) stated, “Forgiveness leads to release of the feelings of bitterness, hate, or vengeance that keep us from healing. Refusing to forgive keeps those anxiety producing feelings very much in

our awareness” (p. 26). James and Friedman (1998) suggested, “Forgiveness is giving up the hope of a different or better yesterday” (p. 138).

Many of the women interviewed for the current study talked about a silence surrounding their abortions. In part, this silence was self-imposed; however, the women also noted that they believed people didn’t want to hear about their experience. Gilligan (1982/1993) suggested, “Choices not to speak are often well-intentioned and psychologically protective, motivated by concern for people’s feelings and by an awareness of the realities of one’s own and others’ lives” (p. xi).

Long-term silence about one’s abortion experience does not appear to facilitate women’s healing process. For example, Ellen, the only participant to keep her abortion a “secret” for years, experienced recurrent depression and guilt about her decisions to abort. Her long-term post-abortion distress may be related to the findings of Major and Gramzow (1999) who found that secrecy was related to thought suppression and decreased emotional disclosure, and that thought suppression was in turn related to an increase in intrusive thoughts. Both suppression and intrusion were related to an increase in “residualized” psychological distress following an abortion.

Participants in the current study disclosed their abortion experiences selectively, primarily to help others; however, this self-disclosure may have had two other unidentified benefits; reduced psychological distress and feelings of normalization. According to Major and Gramzow (1999), women who disclosed their emotions to others experienced less psychological distress than women who didn’t disclose. Therefore, participants in the current study who self-disclosed may have unknowingly reduced psychological distress following their abortion experiences.

Further, self-disclosure in the current study, helped women normalize their experience. When the women disclosed, they understood their experience in a larger, more general context. In the novel Clara Callan (2001), Clara wrote after her abortion, “It is humbling to recognize that one’s private and peculiar moments are only part of a general pattern shared by countless others” (p. 111).

All participants in the current study reported learning from their abortion experiences. They made meaning and some of them gained self-confidence, openness, and an ability to let go. The process of meaning-making experienced by the participants was similar to that described by Reeves (1999). She suggested that for people to adjust to a loss they must understand not only the loss, but also the implications and meanings around that loss.

All of the participants in the current study eventually accepted their abortion experience. They identified the passage of time, an increase in maturity, and the integration of their abortion experience as ways through which they accepted the fact and were subsequently able to “move on.” According to Covington (1999), “Acceptance or ‘resolution’ occurs when the loss has been integrated into the person’s life and no longer consumes all energy” (p. 234).

James and Friedman (1998) described this “moving on” as “completion.” They stated, “Completion means that you have discovered and communicated what was unfinished for you in all aspects of the relationship that you have remembered up to this moment. It does not mean that you will never be sad again...Completion allows you to return to a full range of human emotions. It means you don’t have to go over the same things again and again” (p. 155). This description was supported by Amanda in the

current study who noted, "It was this releasing of having to acknowledge this as some sort of defining part of me...it was freeing."

Although all of the participants in the current study suggested they no longer thought of their abortion experience regularly, most thought of their experience from time to time. Amanda said, "It was about remembering." Denise said it this way, "I don't believe that [it] ever goes away. I still remember, the pain isn't there anymore. I don't mean that you forget or you don't ever experience that sense of loss, 'cause I have, over and over again. But there was some kind of resolution for me...an understanding.... I came to a sense of resolution about that whole time in my life, and that loss...."

Five of the participants in the current study experienced either dreams and/or fantasies related to their abortion experience. Their dreams/fantasies were more future oriented. They wondered what life would be like if they had made a different choice. This finding is not supported by Reeves (1999) who stated, "...two dream themes are common during adjustment to loss...one encourages you to face the reality of your loss...the other reminds you that you will always keep something valuable associated with the ...experience".

Changes in self-concept were not directly addressed by the women in this study; however, the women did describe what they had learned from their abortion experience about themselves and the way they operate in the world. These learnings reflect changes to self-concept. For example, some of the women who went against their beliefs when they chose to have an abortion described learning the importance of making choices appropriate for themselves, not others. The experience of these women is supported by the research of Gilligan (1982) who suggested that there is an opportunity for personal

development when women are faced with an unplanned pregnancy and decision to abort.

Three of the women interviewed in the current study received counseling after their abortion. Seeking professional help was not an area directly examined by the academic literature; however, some researchers (e.g. Major et al, 1998; Miller, 1992; Turell, Armsworth, & Gaa, 1990) did suggest in their conclusions that clinical intervention for women who do not adjust well after an abortion could be helpful. Interventions might include learning to use beneficial forms of coping (Major et al, 1998); exploring what the woman has learned from her experience (Miller, 1992); and "...clarifying the meaning of the abortion to herself in order to determine and own her decision" (Turell, Armsworth, & Gaa, 1990, p.65). The popular press did note the importance for women to be able to find understanding and support. For example, Neustatter (1986) stated, "...the importance of understanding and support throughout the experience of abortion is recognized by many people..." (p. 105). Kushner (1997) said, "Postabortion counseling is a must. Although nearly all abortion facilities require a two-week follow up visit, they usually focus on the physical aftermath of an abortion, not a woman's emotional responses. Why not pay just as much attention to her feelings afterward as before?" (p. 345). Kushner's statement contradicts the findings of the current study: not all of the participants felt they needed post-abortion counseling; however, most participants expressed a desire for help as needed.

Three of the participants in the current research discussed their abortion experience in relation to their work at group homes and a birth control clinic. This interaction with girls and women making a decision about unplanned pregnancy or the use of contraceptives appeared to be part of their healing process. The connection

between helping others and healing was not discussed in the literature reviewed; this is an area requiring further research.

CHAPTER SIX

IMPLICATIONS AND CONCLUSION

Abortion is a complex, emotionally challenging, and life-changing experience. This study sought to amplify the current understanding of women's long-term experience after abortion. The findings indicate a need for further qualitative research by the profession, more practical resources for women experiencing abortion, and more reliable information for helpers.

Summary of Findings

The experience of abortion was life-changing for all participants. It changed the way they viewed themselves, others, and the world around them. The five meta-themes that emerged from the data reflect the importance of considering the totality of the abortion experience. Meta-themes include Decision-making Factors; Short-term Effects; Post-abortion Relationships; Values, Beliefs, and Language; and Healing Process. Each meta-theme is summarized below.

Decision-making factors had a significant effect on all participants' post-abortion experiences. The two categories that emerged from the data regarding a woman's decision to abort were pre-existing factors and the decision-making process. Timing, social support, and physical and psychological well-being influenced both her choice to abort and her long-term adjustment. This finding is supported by Adler, David, Major, Roth, Russo, & Wyatt (1992) who suggested that the circumstances surrounding an unplanned pregnancy and abortion, in conjunction with a woman's psychological and social resources are likely to affect her later responses. Clearly a woman's abortion experience begins prior to the procedure.

Although long-term effects after abortion are the primary focus of this research,

all of the women mentioned emotional responses and physical reactions as short-term effects. As well, all of the women reported some “upset” feelings after the abortion procedure; however, only three indicated any immediate feelings of regret. These three women also reported ambivalence about their decision to abort. In general, physical reactions were minimal; however, one participant experienced a negative reaction that included a fever, chills and severe cramping the night after her abortion. The women who reported regret and ambivalence about their decision had also noted that they did not feel adequately prepared for the abortion procedure or the physical and emotional responses that ensued. Their experiences relate directly to the findings of Guilbert and Roter (1997) who indicated that adequate preparation is a factor that leads to higher levels of satisfaction immediately following an abortion procedure. In general, the findings from this study and others point to the importance of adequate preparation and follow-up.

Relationships with partners, parents, siblings, children, and friends played a key role in a woman’s post-abortion experience. The unplanned pregnancy and subsequent abortion directly affected each woman’s significant relationships, in particular her relationship with her partner. Some relationships with partners ended shortly after the abortion, while others remained intact and became closer. Family relationships, in particular those with parents, were influential in both a woman’s decision to abort and her long-term adjustment after the abortion. Family-of-origin themes included disclosure, appearances, and intergenerational patterns.

Although only one of the participants had a child at the time of her abortion, most women discussed issues related to children that included a desire to have children, the disclosure of their abortion to children, and their determination to provide effective

sexual education to children. This desire to teach children effective contraceptive use may relate both to a woman's personal experience of unplanned pregnancy and the intergenerational patterns of unplanned pregnancy identified within her family. All of the participants, except Ellen, discussed their abortions with friends. Some friends were directly involved; others later shared their experience. The participants described their friendships as providing varied support. Some participants felt comforted and understood by their friends; others felt shamed.

The results of this study with respect to the influence of a woman's relationships on her post-abortion response were supported by the majority of studies reviewed for this paper (Adler, David, Major, Roth, Russo, & Wyatt, 1990; Armsworth, 1991; Bracken, Hachamovitch, & Grossman, 1974; Major, Cozzarelli, Sciacchitano, Cooper, Testa, & Mueller, 1990; major & Cozzarelli, 1992; Major, Zubek, Cooper, Cozzarelli, & Richards, 1997; Moseley, Follingstad, Harley, & Heckel, 1981; Shusterman, 1979). For example, Major and Cozzarelli (1992) reported that perceived social support indirectly enhances a woman's adjustment to abortion through its effects on self-efficacy. Positive and supportive relationships are particularly important for women who may view abortion as traumatizing (Scaer, 2001).

Participants discussed their values and beliefs about pro-choice/pro-life, the influence of the church, and judgments about self and others. All of the women interviewed had very strong opinions about the issue of pro-choice versus pro-life, yet none discussed it as a legal issue. Four of the seven women held pro-choice beliefs; the other three held pro-life beliefs. Surprisingly, all of the women agreed that the decision to have an abortion must be made by each woman. This collective support for every

woman's right to choose appears to contradict the more general beliefs expressed by the women who supported a pro-life platform.

Generally, the women were not actively involved in any organized religion at the time of their abortions; however, the church became important for three of the women post-abortion. According to these participants, the church changed their perception of their experience of abortion and abortion in general. All three talked about seeking forgiveness from God regarding their abortions. Their dissatisfaction may relate to the findings of Major, Richards, Cooper, Cozzarelli, and Zubek (1998) who reported that the use of religion to cope with abortion was associated with lower satisfaction. They suggested this dissatisfaction may be related to the conflict between abortion and religious beliefs.

The women's perceptions of their abortion experience ranged from "It is a sort of non-event to me" to "I had stolen my son's siblings from him." They also discussed issues related to society's perception of women who abort, their perceptions of others who abort, and their perceptions of themselves. All participants identified the stigma of abortion as a reason not to indiscriminately disclose their experience to others; this was particularly true for women who had experienced more than one abortion. Major and Gramzow (1999) also noted a positive correlation between the stigma of abortion and a woman's desire to keep an abortion secret from her family and friends. They further noted that secrecy was positively related to the suppression of thoughts and intrusive thoughts, which are in turn, positively related to psychological distress over time.

Healing Process was the largest and most complex meta-theme to emerge from the data. Each woman's healing process varied according to intensity and duration, with

five of the seven women describing particularly complex processes. These processes are similar to other loss-experience processes (James & Friedman, 1998; Kubler-Ross, 1969; Rando, 1984; Reeves, 1999). The categories included in the meta-theme Healing are as follows: Mourning, Forgiving, Finding a Voice, Meaning-making, Moving On, Remembering, Revisiting, Seeking Professional Help, and Helping Others. Healing was not a linear process; although some women experienced all categories, others experienced only a few.

The implications of these findings will be discussed below. Implications for research include a discussion about the limitations of this study and suggestions for future research. Implications for helpers address the lack of informed resources and the importance of counselling.

Implications for Research

Most previous research focused on the measurement of psychological states and psychiatric outcomes. The focus of the current study was the subjective experience of each participant. Interviews were used to gather information about each woman's long-term experience after abortion. Each woman was provided with an opportunity to tell her story in its entirety and in her own words. For most of the participants, it was the first time they had given voice to their full experience. The women's words were used in the analysis and presentation of data. Verbatim quotations allow readers to hear the women's experiences in their own voices; therefore, readers do not have to rely solely on the researcher's interpretation.

The interviews allowed women to express not only the facts of their stories, but to elaborate on the conflicting emotions regarding their initial decision to abort and their

abortion experience. They could share their struggles, hopes, and expectations without fear of judgment or repercussions.

Several steps during the analysis (for example, the member checks and the peer research group) were used to address the issues of verification. Although each of these several steps required increased time and labour, they provided an opportunity to confirm the findings collaboratively and further expand the researcher's understanding of the women's experiences.

Limitations

A limitation of the study is that the small homogeneous sample limits generalizability because it does not allow for "statistical generalization"; however, the study does allow for "analytic generalization" (Maxwell, 1996). Readers are left to consider the extent to which the results are relevant. Another limitation is the cultural homogeneity of the participants and researcher; all of them are of Canadian-European origin. Larger culturally inclusive samples could reveal other aspects of women's long-term experience after abortion.

Suggestions for Future Research

Several directions for future research arise from the complex nature of the participants' post-abortion experiences. They include group research, individual emotional analysis, longitudinal research, couple and family research, culturally-inclusive research, and possibly a survey or other quantitative research.

All of the women interviewed expressed curiosity about what the other participants were saying about their experience of abortion; therefore a focus group could be considered for future research. The inclusion of a group exchange might be

particularly useful during the follow-up stages when the proposed findings are shared and reviewed with the participants. This group method would allow for findings to be expanded on and could assist with defining the “essence” of women's experience of abortion.

Another research project might more closely explore a woman’s emotional process before, during and after an abortion. Exploration of this nature could be particularly important in light of recent theories which suggest that unresolved emotional pain can manifest in physical ways (e.g. van der Kolk, 1996). As well, longitudinal research that permits women to be interviewed on several occasions over a period of time may provide an understanding of the changes that occur over time and during life transitions.

Results from this study and previous research indicate that the quality and nature of relationships play an important role in a woman’s long-term experience of abortion (e.g. Adler, David, Major, Roth, Russo, & Wyatt, 1992). Therefore, to further examine the perceptions and responses to this experience within the context of a meaningful relationship, qualitative research could be conducted to explore the experience of intimate relationships of women who have had an unplanned pregnancy and subsequent abortion. Other relationships to consider for this type of research include those between parent-child, siblings, and physician-patient.

Given the individual nature of a woman’s experience of abortion in this study of seven women, it seems likely that women’s experience of abortion might differ across cultures. Differences between cultures that might influence a woman’s experience of abortion may include beliefs, politics, access to contraception and abortion services, and

family dynamics. A cross-cultural perspective on the long-term effects of abortion could be achieved by interviewing women of other cultures.

The use of a survey or other quantitative methods to research the long-term effects of abortion would be helpful. A quantitative approach that queried women's long-term processes after abortion would provide more data and allow for more statistical generalization.

Implications for Helpers

Abortion has the potential to profoundly affect a woman; yet limited information is available about the long-term experience of abortion and its possible effects over time. The research interview gave women who may have previously felt silenced and invisible an opportunity to share their stories, to be heard, and to help other women faced with a similar choice. Some of the women interviewed also hoped that the research would enable them to tell helping professionals what would be most useful to other women in similar circumstances. As noted in the findings, a woman may seek help and resources years after her abortion. She may present with issues of unresolved loss and grief or with problems seemingly unrelated to the abortion.

There are no universal responses to abortion; post-abortion effects are unique for each woman. This uniqueness is important for helpers to consider as they review abortion research that may inform their practice; that is, the uniqueness of every client must be carefully considered when a helper is tempted to apply the generalizations of widely accepted research. Post-abortion effects may be layered. That is, some effects may be more immediate than others. For example a woman may need to revisit her abortion experience as life transitions occur, such as another pregnancy or the birth of a child.

The women interviewed who had sought help from the medical community and/or a counsellor suggested they would prefer to work with someone who is sensitive about their individual experiences and willing to respect their values and beliefs. A concern raised by the women interviewed was that some professionals may impose an inappropriate or insensitive framework. As Armsworth (1991) suggested, "It may be in the client's best interest if [the counsellor's] value position is clearly articulated to allow her to determine if counselling that matches or is contrary to her own beliefs and values will be most useful to her" (p. 378).

Some of the women interviewed indicated ambivalence about seeking help after their abortion for fear of encountering negative judgments about their choice to abort. This ambivalence revolved around issues of shame, concerns about confidentiality, and the conflicting values and beliefs. As Smetana (1982) proposed, "Counsellors and service providers must be sensitive to the qualitatively different meanings ascribed to abortion and to the relationship between these judgments and the choices women make to resolve their unplanned pregnancies" (p. 138).

The findings imply that counselors and other helpers could do more to provide a context in which women feel safe and encouraged to express their abortion experience. As with any other significant life event, therapy provides one avenue that may facilitate the expression of a woman's experience, and ultimately assist with the resolution and integration of her experience. In her conclusions, Stotland (1998) suggested the importance for women to have both the opportunity and ability to share and acknowledge their experience.

As well, the findings from the current study support the importance of

understanding the grief and loss potentially experienced by women choosing abortion. Helpers should not confuse natural grieving processes with negative mental health issues. The two may look similar, yet grief becomes a mental health issue only when it remains unresolved. Overall, effects reported in the current study do not appear to be outside the range of a typical grief experience; however, for a few women the effects were more lasting and intense. Therefore, it is important for helpers to remember that understanding and dealing with the continuum of effects that a woman may experience after an abortion is more important than debating the morality of abortion. Grief research, literature, and treatment approaches could be useful.

Guilt and shame were expressed by several women in the current study. Helpers may consider Joy's (1985) comments: "Guilt regarding abortion is a...complex issue.... The anger turns inward, and punishment occurs in the form of depression" (p. 376). She suggests, "...the rationale underlying the choice to abort should be explored and the factors that contributed to the decision should be clearly specified... [establishing] a clear cognitive base from which to work as the process moves into the more affect-laden components" (p. 376).

The findings of the current study also suggest that the silencing of women who abort needs to be addressed by helpers. The guilt and shame participants experienced often prevented them from talking to family or friends. This issue is important because extended silence and a lack of self-disclosure may lead to complicated grief and psychological distress.

Women in the current study experienced changes to their sense of self by the meaning they made of their experience and the integration of the learning that naturally

followed. This finding suggests it may be useful for helpers to encourage a woman to consider the way the abortion affected her sense of self and explore what she has learned from her experience. Every woman interviewed for the current study was able to make meaning of her experience and identify an area of personal learning resulting from her abortion. Helping women to make meaning and find a positive outcome could be a useful endeavour for helpers. This pursuit is supported by Turell, Armsworth, and Gaa (1990) who stated, "The focus of intervention may need to be on helping women clarify the meaning of the abortion to herself in order to determine and own her decision" (p. 65). In a paraphrase of Bowlby (1980), Joy (1985) suggested, "Of primary importance when providing grief counseling is determining the particular psychological meaning of the 'loss' to the client" (p. 375).

Two of the women in the current study reported "promiscuous" and addictive behavior post-abortion. One identified this uncharacteristic behaviour as a way to cope with her abortion. Helpers working with women using destructive coping behaviours have the opportunity to assist with the identification of their personal resources and the learning of more positive forms of coping. This suggestion is supported by Major et al. (1998) who suggested, "...an important avenue for clinical intervention with women who are not adjusting well after an abortion is to help women learn to use more beneficial forms of coping" (p. 749).

Another key issue for the women interviewed was the desire to have their individual experiences normalized in a societal context. All of the women were curious about what the other women said during their interviews. Group therapy would provide opportunities for women to hear about others' experiences, potentially reducing the

stigma and secrecy often associated with abortion.

Couples therapy or family systems therapy could be a consideration in the provision of services before and after an abortion. Participants who perceived a lack of social support experienced more negative responses to their abortions. Also, some participants blamed their conception partners for their unplanned pregnancies and subsequent abortions. As well, changes in intimacy may also need to be addressed in counseling. If the above relationship factors are not adequately addressed they may contribute to the dissolution of a relationship post-abortion.

Due to the perceived lack of support from family, friends, and community, some women may choose to abort rather than carry a pregnancy to term. According to the women interviewed, informed helpers should also provide information on and practical assistance with shelter, financial support, stable employment, and accessible counseling for women who may choose to carry the pregnancy to term.

As suggested by the findings of this study and the literature reviewed, adequate preparation provided by helpers prior to an abortion may ameliorate post-abortion effects. Preparation may include providing accurate details of the procedure as well as potential physical and psychological consequences. Preparation may be particularly important for women who lack social support and who have expressed ambivalence about their choice. Guilbert and Roter (1997) stated, "Preparation was a key element of satisfaction for all women, but especially for those who were alone." They further stated, "Efforts could also be made to improve the accuracy of information" (p. 157).

Given the findings of this study and the number of women who experience an unplanned pregnancy and a subsequent abortion, helpers must be adequately prepared to

assist them. Training programs for counselors, nurses, psychologists, and other helpers need to address the issue of abortion directly and comprehensively. Training must include the totality of a woman's experience. Educating helpers who may encounter women who are considering or have experienced abortion may positively influence a women's adjustment to the choice she is required to make.

Conclusion

The purpose of this study was to explore the long-term effects of abortion for women who have experienced abortion. Five meta-themes emerged from the data: decision-making factors; short-term effects; post-abortion relationships; values, beliefs, and language; and healing process. The women interviewed provided a rich description of their experiences that suggested abortion is embedded in a complex process that begins with the decision to abort and continues for years after the procedure. The experience of abortion affects a woman's relationships, sense of self, and world-view.

Because of the sweeping implications for women, it seems imperative that counselors and other helpers become more aware of the long-term effects. As noted earlier, women may present for help with issues seemingly unrelated to a previous abortion only to discover a connection to their abortion experience. As counselors who will potentially work with women who have experienced abortion, we are challenged to evaluate and define our value systems with respect to abortion, expand our definition of grief and loss to encompass abortion, and address women's experience of silencing and shame about abortion.

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APPENDICES

Appendix A: Recruitment Forms

Recruitment Letter

Women and Abortion

My name is Heather Vale and I am a graduate student in Counselling Psychology at the University of Victoria. As a graduate student, this research is part of the requirements for a degree in Master of Arts.

In this project, I would like to learn more about the post-abortion experience of women over 19-years of age. I am interested in how you understand or look at yourself and your post-abortion-experience as a woman.

Your participation will take approximately three hours. First the study will be explained to you and your questions will be answered. If you wish to participate, this will then involve signing a consent form that indicates that you are willing to participate in the project. The project itself involves one in-depth interview, a follow-up interview and a short questionnaire. The interview will be strictly confidential. You will be asked questions about your background, your thoughts on different issues, and your experience of abortion. If you start the interview and then decide that you don't want to finish, that is all right.

The interview will be tape-recorded because it is easier than writing down everything that you have to say at the time of the interview. The tapes will not be identified by your name but instead will have a code number. They will be stored in my home in a locked filing cabinet. These tapes will be heard by myself and transcribed. Transcribing the tapes gives you more anonymity because your voice cannot be identified. The transcription will be read by me. At the end of the project, the tapes will either be erased or given back to you if you want them. These procedures are to ensure that all information remains anonymous and confidential.

After your interview, I will be available to talk with you about the project in more detail. I welcome any comments that you have about the project.

If you would like further details, please contact me, Heather Vale, at (250) 743-9274 or e-mail at hvale@uvic.ca. All calls and e-mail will be kept confidential. Thank you for your interest and participation in the project.

Heather Vale, MA Candidate
Counselling Psychology
University of Victoria

Appendix B: Participant Handouts

Informed Consent

You are being invited to participate in a study entitled *A Study of Women's Long-Term Experience After Abortion* that is being conducted by Heather Vale. Heather Vale is a graduate student in the department of Educational Psychology and Leadership Studies at the University of Victoria and you may contact her if you have further questions by calling (250) 743-9274 or e-mail, hvale@uvic.ca.

As a graduate student, this research is part of the requirements for a degree in Master of Arts (Counselling Psychology) and is being conducted under the supervision of Dr. Anne Marshall. You may contact the supervisor by phone at (250) 721-7815 or by email, amarshal@uvic.ca.

The purpose of this research project is to investigate women's subjective experiences after abortion within the context of their lives, and to identify common themes. Thus far, most research examining abortion has been quantitative. A qualitative approach will provide a more in-depth view of the impact of the experience of abortion, the way women integrate this event into their lives, and the meaning they give this experience.

Overall, it is hoped that the findings from this study will amplify the current and future understanding, adjustment, and well being of women making a choice regarding abortion. A better understanding of women's experience will help inform the practice of counselors who may encounter women faced with an unplanned pregnancy and/or abortion. Further, findings may increase the awareness of counselors working with women to potential long-term post-abortion reactions. Presently, there are few resources available to women for understanding and acceptance due to the politically sensitive and highly emotionally charged issue of abortion.

You are being asked to participate in this study because you are a woman over the age of 19 who has experienced abortion in the past 3-twelve years. Potential participants for this study have been recruited from the community and through word of mouth.

If you agree to voluntarily participate in this research, your participation will include a 90-120 minute interview, and a 30-minute follow-up meeting. Participation will require about three hours of your time. Interviews will be held at your home, at the researcher's home in a private room that will be set up for the purpose of interviews, or at the University of Victoria, which ever is most convenient for you.

The potential benefits of your participation in this research include the opportunity to tell your story and to expand the current understanding of women's post-abortion experience, beyond three months. It is hoped that the results from this study will better inform the practice of therapists who may encounter women faced with an

unplanned pregnancy and/or the decision to abort or women who are attempting to understand their previous experience of abortion.

There is a remote possibility that participation could trigger some emotional upset. To deal with this possibility, a resource list of crisis numbers and therapists competent in dealing with post-abortion issues will be provided.

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time, or refuse to answer certain questions without any consequences or any explanation. In the event that you do withdraw from the study, your data will not be used in the analysis and will be destroyed unless removal of the data is logistically impossible.

To preserve your anonymity, all names and other identifying information will be changed. Your confidentiality and the confidentiality of the data will be protected by keeping the transcripts, tapes, consent forms, and key to the coded names in a locked file cabinet. Only the researcher will have access to the data. Audio-tapes, transcripts, and the researcher's notes will be disposed of 2 years after thesis completion.

It is anticipated that the results of this study will be shared with others in the following ways: directly with participants (upon request); MA thesis; and possible publication in a scholarly journal.

In addition to being able to contact me [and, if applicable, my supervisor] at the above phone numbers, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Associate Vice President Research at the University of Victoria (250-721-7968).

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researcher.

Participant Signature

Date

I would like to receive a copy of the completed thesis when it is completed. Yes
or No

***A COPY OF THIS CONSENT WILL BE LEFT WITH YOU, AND A COPY WILL
BE TAKEN BY THE RESEARCHER***

Demographic Information

Number:

Phone Number:

Contact through:

Birth date:

Age:

Place of birth:

Marital status:

Length of marriage:

Children and ages:

Religious affiliation:

Parents' religious affiliation:

Importance of religion:

Ethnic identification:

Occupation:

Highest level of education:

Current SES:

Number of prior abortions:

Appendix C: Interview and Analysis Forms

Interview Guide

Initial question:

Tell me in as much detail as possible about the abortion itself and how the experience has influenced your life.

Possible probes (if not covered by participants on their own):

Pre-existing Factors

- History
- Decision Making

Relationships

- Family
- Intimate

Effect/Meaning

Healing

Being a Woman

- Personal
- Political

Observations

#