

ABSTRACT  
THE POST-ABORTION EXPERIENCE:  
A CONTENT ANALYSIS

By

April Lynn Boos

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The purpose of this thesis was to explore the written accounts of women post-abortion, the experiences they faced associated with abortion, and how they found resolution through faith. The study included a content analysis of 15 women's published essays about the factors involved in making the decision to terminate their pregnancy, the effects of their abortion from a bio/psycho/social/spiritual model, and how resolution was achieved. A literature review was conducted to understand abortion from a systems perspective and to examine the history of the abortion movement, policies that have developed surrounding the topic of abortion, social stigma, and the possible negative effects and coping strategies for post-abortive women. This exploration will support social work professionals by providing an overview of possible abortion experiences and in turn, help them to provide improved care to clients, such as providing educational services to women with unplanned pregnancies and appropriate support for post-abortive women.



THE POST-ABORTION EXPERIENCE:  
A CONTENT ANALYSIS

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Committee Members:

Lisa K. Jennings, Ph.D. (Chair)  
Venetta Campbell, Psy.D.  
Brian Lam, Ph.D.

College Designee:

Nancy Meyer-Adams, Ph.D.

April Lynn Boos

BSW, 2012, California State University, Long Beach

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GO BEACH!

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## CHAPTER 1

### INTRODUCTION

In 2009, out of every 1,000 women in the United States 102.1 women became pregnant, of these pregnancies, 66.2 pregnancies resulted in live births, 18.5 resulted in induced abortions, and 17.4 resulted in fetal loss (Curtin, Abma, Ventura, & Henshaw, 2013). In total there are over 1 million abortions performed annually in the United States across all ethnic backgrounds, socioeconomic status, and age groups. Research suggests a majority of women never report physical, emotion, mental, or spiritual distress associated with their abortion (Harris, 2004; Major et al., 2009; Steinberg & Russo, 2008). However, there are women who do experience negative symptoms post-abortion; these symptoms may last several years and even decades (Wilson & Haynie, 2008). This study will discuss possible symptoms and side effects of abortion and explore individual reported experiences with their own healing and resolution process via published accounts.

#### Statement of Purpose

The purpose of this thesis was to explore the written accounts of women post-abortion, the experiences they faced associated with abortion, and how they found healing and resolution. A content analysis of 15 written testimonials of publicly published essays was used to examine the experiences of women who received an abortion. Additionally, this researcher discussed a strength-based perspective of the

resiliency of these women who chose to write about their post-abortion experiences. The following open-ended research questions will guide the analysis of the testimonies and essays collected:

1. What circumstances or who influenced their decision to obtain an abortion?
2. What are the experiences of women who have received an abortion?
3. How have they resolved their decision to terminate the pregnancy within the context of their belief systems?
4. What role does spirituality and coping play in the post-abortion experience?

#### Conceptual Definitions

The following terms were used throughout the context of this study. The definitions provided will be helpful to the reader's comprehension of the subject matter:

*Crisis pregnancy counseling or options counseling:* Singer defines this type of counseling stating it “offers a woman who is undecided about her options, support, and information necessary to explore pregnancy resolution and to clarify values and feelings” (as cited in Ely, Dulmus, & Akers 2010, p. 104).

*Dilation and evacuation:* “Involves a combination of vacuum aspiration, dilation, curettage (removal of tissue by scraping or scooping), and the use of forceps,” this procedure is usually performed between 15-23 weeks of gestational age (Cappiello, Beal, & Simmonds, 2011, p. 2).

*Induction of labor and saline instillation:* The use of a saline solution, often potassium chloride to induce fetal death between the gestation age of 20-23 weeks (Diedrich & Drey, 2010). Induction of labor is less commonly used, only about 4% of abortions use this method (Cappiello et al., 2011).

*Medical abortion:* The use of pharmaceutical drugs to induce uterine contractions and evacuation of the embryo. This procedure is usually performed up to 9 weeks of gestational age (Cappiello et al., 2011).

*Pre-abortion counseling:* According to Singer, pre-abortion counseling “is specifically the counseling that takes place prior to a surgical abortion, with women who have already decided not to continue their pregnancies” (as cited in Ely et al., 2010, p. 104).

*Vacuum aspiration:* The removal of the developing fetus by vacuum, usually performed between 9-15 weeks of gestational age. Aspiration is currently the most common form of abortion in the United States (Cappiello et al., 2011).

### Cross-Cultural Relevance

Abortion and family planning are services utilized by a large range of age groups, ethnicities, socioeconomic backgrounds, and religious beliefs. According to Curtin et al. (2013), while pregnancy rates have decreased by 10% since 1990, women their 20s are still more likely to become pregnant than any other age group. A noteworthy trend is the decrease in pregnancy rates among women ages 15-29, while there has been an increase in pregnancies among women ages 30-44, therefore, family planning services are needed in a wider age group than ever before (Curtin et al., 2013). Further, the authors found

that pregnancy and abortion rates were reported for both married and unmarried women; married women documented pregnancy in 114.1 women out of every 1,000 and unmarried women documented 92.1 out of every 1,000 in the United States in 2009.

Research suggests women of lower socioeconomic status (SES) and non-Hispanic Black women have higher rates of abortion than their peers (Dehlendorf, Harris, & Weitz, 2013; Jones, Darroch, & Henshaw, 2002; Jones & Kavanaugh, 2011). Dehlendorf et al. (2013) explained that the disproportion in abortion rates concerning SES and ethnicity should be seen as being “reflective of adverse social circumstances rather than individual failings” (p. 1773). This disparity is exemplified by a decrease in abortion rates among middle and upper class women beginning in the early 1990s, whereas the abortion rate for poor women has increased from the 1990s to 2008 (Jones & Kavanaugh, 2011). From 1994 to 2000, abortion rates in general decreased in the United States, however among women experiencing poverty there was a 25% increase during the same timeframe (Jones et al., 2002, p. 229).

The majority of women in the United States will become pregnant during their life time, they and their partners may need referrals, counseling, family planning and other social work services. Men may choose to participate in family planning services when their partner has tested positive for pregnancy, thus both women and men can benefit from interacting with a knowledgeable social worker. Coyle, Coleman, and Rue (2010), noted that many male partners of pregnant women who sought an abortion had some level of involvement in the process, yet abortion counseling is not typically offered to men. Kimport, Foster, and Weitz (2011) interviewed 21 post-abortive women in

relation to emotional distress. Many participants reported their partner's attitude regarding pregnancy prevention, abortion, and child rearing as the responsibility of women, showing gender perception differences about abortion issues. Coleman, Rue and Coyle (2009) found that men and women who experienced abortion in their current relationship conveyed higher intimate partner violence compared to couples that never had an abortion. Lauzon, Roger-Achim, Achim, and Boyer (2000) conducted a study which included 113 men whose partner obtained a first-trimester abortion and found that 3 weeks after the abortion 30.9% of the participants were still highly distressed. Most research and clinics are focused on women's reproductive health (Papworth, 2011), however it is clear that men's health and wellbeing are also affected by abortion.

#### Relevance to Social Work

According to the National Association of Social Workers (NASW), social workers were employed in a variety of settings, including "health clinics and outpatient health care settings" which may include "clinical and macro approaches, as well as policy and advocacy" (2011, p. 1). In addition, 93% of abortions are performed in health clinics and outpatient care settings where social workers are often employed (Ely et al., 2010). Jones and Kavanaugh (2011) found that if the current trends in abortion rates continue, then 30.1% of women aged 15-44 will have an abortion by the time they reach age 45, this is almost 1 in 3 women in the United States alone. Social workers have an opportunity to work with women to provide a range of interactions unique to social work such as ecological, strengths-based, and person-centered approaches, which can be very beneficial to women experiencing an unplanned pregnancy or post-abortion distress.

Since abortion is a common medical procedure, social workers are likely to work with a client who has had an abortion, or whose partner had an abortion, whether they work in a family planning clinic or not. Thus it is imperative that all social workers have at least a basic understanding of the abortion process, pre-abortion counseling, options counseling, the potential side effects of abortion, the healing and coping process women may experience post-abortion, and resource guides linking clients to professionals familiar with abortion experiences. This education is especially significant for social workers who work in outpatient clinics or family planning agencies.

Finally, examining issues about the abortion experience is important for social work students who may be exposed to clients who are facing an unplanned pregnancy. Social workers must either be equipped to provide crisis pregnancy counseling or have the knowledge to link clients to appropriate resources where such services can be administered. Social workers who plan to work abroad may want to consider the different policies and laws in regard to abortion and post-abortion counseling, especially in developing countries where abortions are often illegal, but are performed nonetheless.

## CHAPTER 2

### REVIEW OF THE LITERATURE

The review of literature will focus on various topics related to the abortion and post-abortion experience. This review includes information on the history of abortion including the passage of *Roe v. Wade* and the Women's Rights Movement, the political tensions among pro-choice and pro-life groups, and the development of pre-abortion counseling and after abortion care counseling and programs. Furthermore, the possible effects of abortion and post-abortion syndrome will be reviewed, and finally an exploration of various coping strategies.

#### History of the Abortion Movement

##### Early American History

In the mid 1800s abortion was gaining public attention and as a result, legislation was created to restrict the practice; however for many decades following, there was not an attack on the newly created abortion laws (Jackson, 1978, p. 95). However, after the 1930s, a growing number of people began to reject anti-abortion laws; this movement grew throughout the subsequent decades and led to the culmination of legalizing abortion (Kalmar, 1977). In 1959 the United Nations took a stance on the rights of children and the developing fetus as part of their Declaration of Human Rights stating, "The child, by reason of its physical and mental immaturity, needs special safeguards in care, including appropriate legal protection before as well as after birth" (as cited by Koop, 1978, p. 8).



This stance, however, did not reflect the opinion of the entire international community, especially in the United States, where an increasing number of people favored abortion rights.

### The 1970s

On January 22, 1973, more than four decades ago, the Supreme Court ruled in favor to legalize abortion in the case of *Roe v. Wade* (Major et al., 2009). This case was initiated by a woman from Texas who challenged the constitutionality of the state law prohibiting abortion unless the woman's life was at risk (Warren, 1989). The ruling of the Supreme Court decision specified when and under what terms a state can restrict abortion. The most well-known aspect of this court ruling pertains to the first trimester of pregnancy, which states during this time the decision for abortion is considered a private matter between a woman and her doctor (Kalmar, 1977). The second and third trimesters of pregnancy were given different regulations. Throughout the second trimester a state could enforce restrictions only on the matter of medical safety and during the third trimester states were given the right to prohibit all abortions unless the mother's life or health were at risk (Kalmer, 1977).

After the ruling of *Roe v. Wade*, the abortion debate dramatically increased and has continued to the present day with political and ideological controversies between pro-life and pro-choice groups. The debate has been characterized as "the second American anti-abortion movement" with pro-life groups attempting to eliminate legal abortion and pro-choice groups attempting to remove abortion restrictions (Warren, 1989). *Roe v.*

*Wade* has become the most well known court case surrounding abortion rights and continues to be the center of much political and social debate.

### The 1980s

By the 1980s, many groups became vocal in the pro-life movement including the Catholic Church, many fundamentalist Protestant churches, the Moral Majority, and other conservative groups. These groups attempted to and argued for the overturn of the Supreme Court's decision to legalize abortion (Warren, 1989). Specific issues surrounding abortion continued to appear in courts such as when the life of a fetus begins and whether that life has protection under the law, the use of public funds for abortions and abortion related uses, and the requirement for viability testing prior to abortion for women after 20 weeks. All of these issues were brought up in the case of *Webster v. Reproductive Health Services* in 1986 where the Supreme Court ruled to uphold the existing law of Missouri and its restrictions on abortion (Warren, 1989).

Pro-choice groups and activists at this time advocated for Congress to enact a piece of legislation called the Freedom of Choice Act (FOCA). This act was originally introduced in 1989 and has been brought to Congress many times throughout the 1990s and 2000s (Burge, 2009). The focus of FOCA and pro-choice supporters has been to protect women's reproductive choices and to prohibit states from restricting abortion prior to fetal viability (Burge, 2009).

### The Feminist Perspective

The Women's Movement or the Feminist Movement, views the legality of abortion as a fundamental right and as the liberation of restrictive laws against women

(Kalmar, 1977). The feminist perspective seeks the right of women to choose abortion as being necessary to self-determination and autonomy. This view understands that if women with unwanted pregnancies are not able to have the option of abortion, then they “remain captive of their sexuality and enslaved to the sexual codes established by others” (Kalmar, 1977, p. iv). The feminist perspective grew out of the 1970s and has continued to play a critical and influential role in today’s abortion movement.

### Pre-Abortion Counseling

In recent years, debates in the United States have arisen as to the effectiveness and the ethics of state-mandated pre-abortion counseling. According to the Guttmacher Institute (2014), there are 17 states that have mandatory counseling for women before obtaining an abortion. While education in each state is different, some of the required material includes the possible link between abortion and breast cancer, the ability of a fetus to feel pain, and long-term mental health consequences for women. Other pre-abortion counseling focuses on the woman’s self-acknowledgment, which De Puy and Dovitch describe as “awareness of their reasons for choosing to have an abortion, an accurate assessment of how they may feel after the abortion, a truthful evaluation of their support system, and a positive belief in their ability to successfully cope after the abortion” (as cited by Harris, 2004, p. 107). According to Harris (2004), women who have higher levels of self-acknowledgment prior to abortion report lower levels of emotional distress after abortion.

Coyle et al.’s (2010) study collected data from 374 women and 198 men pertaining to their experience with pre-abortion counseling. Their research found that

over 85% of both men and women stated they did not consider their pre-abortion counseling to be adequate. The authors further argue that due to the fact that abortion is exclusively a legal right for women, and that men are not required by law to receive any such counseling, men are therefore not likely to be offered pre-abortion counseling. However, their study suggests that inadequate counseling contributes to relationship challenges between partners and individual psychological stress.

### Why Women Choose Abortion

In a literature review by Kirkman, Rowe, Hardiman, Mallett, and Rosenthal (2009), 19 articles were collected from 1996 to 2008 where women were directly asked why they chose to have an abortion. The authors compiled an extensive list of women's reasons to reveal the complex situations that pregnant women experience. One of the most commonly reported reasons women gave for not continuing their pregnancy was that it was the wrong time, whether they thought they were not ready for motherhood or because it might interrupt education, work, or other personal plans. The second most common reason women chose to have an abortion was due to financial and material limitations. A third reason was directly related to the woman's relationship with her intimate partner, with most stating difficulties in their relationship or the partner's absence or reluctance to be a father.

A smaller percentage of women reported seeking an abortion due to possible physical and mental health complications, however this category also included reasons related to "fear of giving birth" (Kirkman et al., 2009, p. 373) and considering oneself to be too old or too tired to raise a child. Other reasons included not wanting any additional

children, not wanting a child at all, “inadequate conditions to raise a child” (Kirkman et al., 2009, p. 374), pressure and influence from others, pregnancy due to rape or incest, and not wanting a disabled child. Half of the articles studied by Kirkman et al. (2009) reported feelings of ambivalence, revealing that women who chose abortion as the best option did not necessarily consider it a desirable option.

One participant from a study by Alex and Hammarstrom expressed her ambivalence by saying “The worse thing was that whatever choice I made it would be wrong” (as cited by Kirkman et al., 2009, p. 376). Other studies reveal similar findings of women choosing abortion due to their future plans being interrupted such as education and a career, as well as fears about financial instability and negative reactions by family members if they carried the pregnancy to term (Boulind & Edwards, 2008). Other women reported that being inaccurately told by medical staff or others that the fetus was only tissue, a blob, or not a baby yet contributed to their decision to abort rather than continue the pregnancy (Wilson & Haynie, 2008).

#### Negative Side Effects of Abortion

Given that the experiences and severity of effects related to abortion vary among women, the literature reports a broad range of findings. Factors that may influence the extent to which a woman might experience negative psychological outcomes post-abortion include:

personal characteristics; events that lead up to the pregnancy; the circumstances of their lives and relationships at the time that the decision to terminate the pregnancy is made; the reasons for, type, and timing of the abortion; events and

conditions that occur in their lives during and subsequent to an abortion; and the larger sociopolitical context in which abortion takes place. (Major et al., 2009, p. 866)

A similar study by Keys (2010) revealed that the belief system or ideology of women receiving an abortion played an important role in determining how the abortion experience would affect women in the years to come. The study showed that women who believed that abortion was wrong prior to receiving an abortion were more likely to experience negative side effects, while women who perceived abortion as nothing more than a medical procedure were less likely to experience negative side effects.

Kimport et al.'s (2011) study concluded that the majority of the 21 women who were interviewed experienced emotional distress post-abortion when they felt that the decision to keep or abort the baby was not their own, but rather their partner's or parents decision. In addition, many of the women experienced "insomnia, panic attacks, and anxiety" after their abortion when they attempted to keep their abortion a secret for fear that they would receive negative reactions from friends and family (Kimport et al., 2011, p. 107). Women who concealed their decision to obtain an abortion and those who did not have positive social support after their abortion faced negative psychological outcomes, especially for women who had ambivalent feelings about their decision.

#### Emotional and Psychological Effects

Many women experience negative symptoms or side effects of abortion, some of the consequences include "anxiety depression, substance abuse, suicidal ideation, and

suicide" (Broen, Moum, & Ekeberg; Coleman, Reardon, Strahan, & Cogle; Fergusson, Horwood, & Ridder; Pedersen, as cited in Coyle et al., 2010, p. 16). Coleman, Coyle, and Rue (2010) conducted a study to compare the levels of emotional distress between women who received an abortion in their first trimester (1-13 weeks) and those who received an abortion in their second and third trimesters (14-40 weeks). They found that those who elected to have an abortion after the first trimester were more likely to experience disturbing dreams, difficulty falling asleep or staying asleep, reliving the abortion, and feeling emotionally numb.

Other reactions may consist of guilt, an initial period of uncontrollable crying, decreased performance in school, social isolation, disengagement in previously enjoyed activities, and self-destructive behavior (Wilson & Haynie, 2008). The authors identified long-term effects that their participants experienced post-abortion, some of their behaviors and emotions consisted of "multiple subsequent sexual relationships, avoidance of pregnant women and babies, increased use of drugs and/or alcohol, dreams, hallucinations, attempted suicide" (Wilson & Haynie, 2008, p. 14) and "aloneness, insecurity, low-self esteem, guilt, shame, loss of God, anger, self-hatred, depression, and emptiness" (Wilson & Haynie, 2008, p. 15). In fact, many of their participants experienced long-term negative effects associated with their abortion. They found that 15 out of 17 women reported negative effects for multiple years after their abortion and within that group 7 women reported coping with negative effects for 6 to 10 years and 4 women reported coping for more than 20 years post-abortion (Wilson & Haynie, 2008).

In a case study by Boulind and Edwards (2008), their participant, Grace, understood that her negative self views of being “inherently a bad person” and “a failure” were connected to obtaining an abortion (p. 541). Grace met clinical criteria for Post-Traumatic Stress Disorder (PTSD) associated with her abortion. Some of the symptoms she exhibited included feeling distressed when she was reminded of her abortion, intentionally not talking or thinking about the abortion, having decreased interest in pleasurable activities, feeling disengaged and alienated from others, sleep difficulties which included hyperarousal, and experienced at least one panic attack. Grace described negative feelings associated with disappointment that she rushed into making the decision to end her pregnancy without considering it thoroughly and feeling angry at her lack of support in what she described as the biggest decision of her life.

#### Physical Health Affects

The data in the United States on the affects that legal abortion has on physical health is almost nonexistent; most articles document data outside the United States and for mostly illegal abortions. An extensive research article by Bartlett et al. (2004) traced the incidences of abortion related mortality in the United States from 1972 to 1997 and found a total 337 deaths. The authors calculated that 1.1 deaths occurred for every 100,000 legal abortions performed, however mortality was more likely to occur between the years of 1972-1979 compared to 1988-1997. The majority of these women died due to either infection or hemorrhaging post-abortion. In addition, their study linked gestational age to the likelihood of death, revealing that women who received an abortion



during the second trimester were more likely to suffer mortality compared to women who received an abortion in their first trimester of pregnancy.

### Effects on Social and Family Relationships

Intimate partner relationships. Coleman et al. (2009) examined the results of a study which included 906 women and 658 men, and found that abortion was associated with an increase in relationship problems between couples after having an abortion. Some of the intimate partner risk factors included an increase in arguing about children and having higher levels of domestic violence. These researchers suggested that these same issues could arise if the couple chose to continue with the pregnancy or that these results could be due to the couple not agreeing about the decision to abort. On the other hand, these results show the possible negative effects that could occur within an intimate relationship post-abortion. Their study also observed women who had an abortion in their current relationship as compared to women who had never had an abortion and found that women who had an abortion were at an increased risk of sexual complications with their partner. Some of the sexual complications associated with abortion included being more likely not to experience climax, more likely to report pain during intercourse, more likely to report feeling anxious during intercourse, and more likely to indicate difficulty interesting a partner in intercourse when compared to those who had never had an abortion (Coleman et al., 2009, p. 334).

Wilson and Haynie (2008) discussed two of their participants who identified difficulties within their marriage associated with their abortion experience. One woman described excessive alcohol consumption with episodes of crying, but felt afraid to tell

her husband what she was going through when he would inquire as to why she was crying. The other participant described difficulties within their intimate relationship given that “sexual activity seemed dirty to her” (Wilson & Haynie, 2008, p. 16), after 6 months of marriage she felt safe enough to tell her husband about her abortion, still she reported that they continued to experience difficulties with intimacy. In both of these cases, the women specifically mentioned being afraid to discuss their abortion experience with their spouses, this lack of communication may have caused increased marital complications in addition to the abortion itself.

Relationship with children. Some women report having difficulties either with their current living children at the time of the abortion or with children they gave birth to after having an abortion. Wilson and Haynie (2008) noted that some of their participants experienced being overprotective of the children they had after receiving an abortion while others reported problems bonding with or feeling detached from their children. Two women from their study admitted to feelings of fear due to being “concerned that God would punish them for their abortions by taking their living children” from them (Wilson & Haynie, 2008, p. 17). This suggests that women who receive an abortion may encounter difficulties in child rearing, therefore the effects of abortion within the family setting is an area that would benefit from additional social work research.

Relationship with parents. There is limited data on the effects of abortion on women’s relationship with their parents, however in a study by Wilson and Haynie (2008), one participant described feeling bitter and resentful to her parents who were involved in her abortion. In addition, a participant from a study by Kimport et al. (2011),

revealed feelings of disappointment as she felt her parents made the decision to abort rather than the decision being solely hers. Other studies revealed that in cases where parents were not involved, it was due to the pregnant woman not feeling comfortable or that she would not be accepted, and therefore did not tell her parents at all (Boulind & Edwards, 2008; Hess, 2004; Kirkman et al., 2009). Therefore, for some women, abortion may decrease the level of communication within parent-child relationships when they do not disclose decisions to abort.

### Media and Social Stigma

Kimport et al. (2011) found that women who faced stigma experienced higher levels of emotional distress about their decision to terminate their pregnancy. One article described the reactions of post-abortive women to pro-life bumper stickers, billboards, and websites as distressing and were difficult reminders of their decision, however some women were distressed at any advertisement pertaining to abortion, whether pro-life or pro-choice (Keys, 2010). Some of the participants in Kimport et al.'s (2011) study described friends making hurtful comments or ending their relationship when they were told about the abortion; one participant's relationship with her boyfriend ended due to her choice to abort. For other women their family members made comments in general about abortion being "mean" (Kimport et al., 2011, p. 107) or that women who get abortions are "despicable" (Keys, 2010, p. 63). In this way, women who confided in friends and family or other social supports were not always welcomed with support and sometimes experienced negative support.

Women who choose not to discuss their abortion with others are not exempt from experiencing stigma, in fact many women choose not to tell their loved ones in order to avoid negative reactions. Boulind and Edwards (2008) found that their participant Grace did not disclose her abortion to her family due to believing that they would be disappointed in her, especially her mother who she also thought would have insisted that she continue the pregnancy. Grace also decided not to tell her friends, believing that they would think of her as promiscuous or a “slut” (Boulind and Edwards, 2008, p. 541). In addition, Grace was hesitant to bring up her abortion with her counselor for fear that she would be judgmental of her. These reactions of friends and family members show a contrasting value system to what mainstream society considers about abortion, while abortion is one of the most common surgical procedures in the United States (Bartlett et al., 2004), it is not one that is necessarily considered honorable by many members of society.

In a contrasting note, many articles over the last 15 years have reported the way in which the media presents abortion, concluding the absolute majority of media coverage favors a pro-choice stance and portrays a pro-life stance as religious bigotry or as being a small percentage of the American population (Marklien, 2013; Parker 2003; Ross, 2012; Royko, 1997). Thus abortion media does not seem to contribute to a negative portrayal of abortion, but rather emphasizes women’s rights and encourages a more positive view of abortion. Social workers and practitioners should consider other sources of abortion stigma and the values held by the women themselves who receive an abortion.

## Coping and Healing Techniques

There are various strategies for coping within different populations and contexts, some coping strategies have positive effects, while others have negative effects. Positive coping strategies include: self-distraction, emotional support, positive reframing, humor, religion, acceptance, and venting; negative coping strategies include: denial, substance abuse, self-blame, and disengagement (Nielsen & Knardahl, 2014). Lazarus and Folkman, seminal researchers in this field, provide a widely used definition for coping, identifying coping as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (as cited by Kuo, 2013, p. 376).

In an effort to find methods to prevent future mental health issues, Thupaygale-Tshweneagae and Mokomane (2012) interviewed 15 adolescents between the ages of 14 and 18 who had lost a parent to AIDS. Their study included examining coping strategies utilized by adolescents after the death of their parent, their findings included talking about their deceased parent, spending time alone, reading literature on death and dying, writing poems about their deceased parent, getting support from family members, and going to a counselor. These specific coping strategies can be helpful to an individual dealing with the emotional distress of losing a loved one, including an unborn child, which is an area of future research that social workers may want to explore.

Coping and healing specifically in the aftermath of an abortion can use similar strategies as coping with difficult events such as the loss of a loved one, receiving the diagnosis of cancer, and other psychosocial stressors. Kack-Brice (1997) found that

writing, particularly poetry was an effective tool for supporting post-abortive women to express their emotions and process their experience. Her study concluded that writing poetry supported women to develop self-forgiveness and overcome feelings of shame and guilt. Kack-Brice (1997) emphasized the need for women to have an environment where they can talk about their experience verbally or even through art projects and that without these opportunities women often remain alone and silent. Boulind and Edwards (2008) had similar findings in their case study of Grace, stating that when she coped by not sharing, talking or thinking about her abortion, then she was not able to reflect on her experience or how she felt about it and thus could not resolve her inner crisis.

### Coping and Religion

This section will provide a brief overview of the belief systems on abortion of the five major world religions: Hinduism, Buddhism, Islam, Judaism, and Christianity. In addition, the coping strategies will be reviewed within the context of each religion and the cultures contained in each group.

Hinduism. In the absolute majority of Hindu perspectives, abortion is strictly not an acceptable practice and is considered equivalent to killing one's parent because of the belief that life starts at conception (Constantine-Julian, 2010; Subramuniaswami, 1993). The only condition in which abortion is tolerated is when the life of the mother is at risk because it would be considered a sin of the unborn child to kill the mother in the process of being born (Constantine-Julian, 2010; Subramuniaswami, 1993). However, in some Hindu countries, like India, abortion is legal and many of its citizens view this as a positive change in order to protect women and control the large population. In order to

overcome the sin of abortion, penance, or prayaschitta, must be done for atonement (Subramuniaswami, 1993). Atonement can be achieved through various methods, one highly accepted method is to adopt a child, believing that the adopted child is akin to the soul that was lost in abortion. Another method, which provides an opportunity for mothers and fathers to have a clear conscience is to write a letter of apology to the aborted child and burn the letter to get the guilt “out of you” (Subramuniaswami, 1993, p. 3). In the event that the parents do not atone for the aborted fetus then they will bring upon themselves a “karmic force of destruction” which could come in the form of financial difficulties or difficulties in raising future children (Subramuniaswami, 1993, p. 2).

Buddhism. Buddhism also has established an official opinion on the topic of abortion, stating that intentional termination of a pregnancy is considered homicide, only in the incidence of rape or to save the mother’s life is abortion permitted (Constantine-Iulian, 2010). One of the main arguments that arises from Buddhism against abortion is that the embryo is considered to have life at conception, especially due to the belief in reincarnation, thus the embryo is not a new life, but the continuation of life. In addition, Buddhists believes that conception is only possible with the help of a divine spirit or deity, therefore if conception has occurred it was at the will of the divine. If the embryo is viewed as human life, then the Buddhist’s moral principal of non-violence and of taking life prohibits the act of abortion (Constantine-Iulian, 2010). For the mother who aborts her child, she will have consequences in this life and her next life, she has not only committed the sin of taking life, but of greed and delusion. Greed because the woman

considered her own interests and comfort in aborting, and delusion because she denied that the embryo is a living being and held the idea that she “owns the fetus” which goes against the moral concept of “non-self” (Constantine-Julian, 2010, p. 132). Many women in Japan, and increasingly in other predominantly Buddhist countries have made a way for women to grieve over the aborted fetus, that is through a memorial service called *mizuko kuyo* (Perrett, 2000). These memorial ceremonies include prayer and offerings for the unborn dead to provide a method of resolving shame and guilt.

Islam. Islam is a diverse religion with different theology and interpretation of the Qur’an. According to Musallam, traditional Muslim scholars believe that abortion is not a crime or sin if it is performed before the “ensoulment” of the fetus, which is said to occur either at 40, 90, or 120 days gestation (as cited in Hessini, 2007, p. 76). Abortion after the ensoulment of the fetus is usually considered forbidden, except in cases when the mother’s life is at risk (Hessini, 2007). Just as in Hinduism and other religions around the world, practicing Muslims are reconsidering how they view abortion. There is insufficient research regarding women’s abortion experiences to identify if Muslim women have negative outcomes from abortion. However, El-Dawla, Hadi, and Wahab report that in some Islamic countries, women are more pragmatic and rely on Allah’s understanding as opposed to the authority of religious leaders and thus are comfortable to obtain an abortion if necessary (as cited in Hessini, 2007, p. 81). There was minimal literature and research on the healing and coping strategies of post-abortive Muslim women.



Judaism. Judaism, as many religions in current society, has different views among its leaders and members. Some more modern and liberal Jews consider abortion as an offense and immoral, but not equivalent to murder, as some consider the fetus to have less of a status as an infant (Feder, 1991, p. 37). On the other end of the spectrum, traditional Judaism, also known as Orthodox Judaism, views abortion as murder due to the fact that a baby in-utero is the work of God and should not be considered inferior. Judaism does not seem to have specific coping strategies, ceremonies, or rituals to support women through the post-abortive process. This could be due to the various views on abortion within Judaism that Jewish women might accept the interpretation that suites their lifestyle and thereby have reduced levels of distress post-abortion.

Christianity. For the purpose of this section, the term *Christian* will refer to all forms of Christianity, including Catholic, Protestant, and Orthodox denominations. The traditional Christian perspective on abortion considers the life of a person to begin at conception and to be formed by God, thus even an embryo has the right to life (Stephens, Jordens, Kerridge, & Ankeny, 2010). Therefore in Christianity, abortion is considered to be homicide regardless of the mother's psychological or social situation. Throughout Christian history, around the world and in the United States, abortion has always been viewed as immoral, and while this view may have not discouraged women from obtaining an abortion, it has had lasting effects of shame and guilt on Christian women (Kalmar, 1977). While there is limited academic research on post-abortion recovery within the Christian faith, there are numerous organizations that provide post-abortion Bible studies, retreats and counseling (Post Abortion Treatment & Healing, 2014).

## Post-Abortion Therapy and Treatment

There are a variety of techniques and therapies that can be incorporated in the treatment of post-abortive women, however there is not an official model for treatment as the topic of post-abortion trauma has not been researched extensively. One example of a therapeutic setting comes from the case study of Grace (Boulind & Edwards, 2008); treatment for Graces' emotional distress was effectively treated using a variety of techniques including mourning for the aborted child, trauma grief therapy, and revisiting the memory of the abortion and the events surrounding it.

The participants of a Christian post-abortion recovery program reported that the beginning of their healing process started when they were given an environment where they could openly and safely discuss their abortion and explore the emotions they felt about it (Wilson & Haynie, 2008). Many of the participants commented that this environment was helpful in that they were able to talk about their abortions without feeling criticized or judged, their feelings were validated, they recognized that some of their behaviors were related to their abortion, and they did not feel alone anymore. This post-abortion recovery program offered 4 steps of recovery, the steps were "learning to forgive others, accepting forgiveness by God, forgiving self, and grieving the lost child" (Wilson & Haynie, 2008, p. 45). All 17 women in Wilson and Haynie's study who completed the program reported that their personal recovery process came from three of those steps, which were "accepting God's forgiveness, learning to forgive self, and forgiving others" (2008, p. 45). Sixteen of the 17 women in their study reported that after

going through the recovery program, they finally had the freedom or courage to tell others about their abortion experience (Wilson & Haynie, 2008).

### Men and Abortion

Coleman et al. (2009) found that men who experienced their current or previous partner obtaining an abortion had increased levels of violent behavior. In addition, 53 of the 658 male participants experienced their current partner receiving an abortion, which was associated with higher levels of arguments about children with their partner; in fact, they were nearly three times more likely to argue about children than those who never had a partner terminate a pregnancy. For men who reported that they had a previous partner choose abortion, they were 75% more likely to argue about children with their current partner than men who had never had a partner have an abortion (Coleman et al., 2009).

In the U.S. Supreme Court case of *Planned Parenthood of Southeastern Pennsylvania v. Casey* the issue of spousal notification was determined to be unconstitutional because it caused an undue burden to the woman seeking an abortion (Kohm, 2014). While this court case took into account the needs of women who may have an abusive spouse or other such reasons not to inform their spouse, this ruling also removes any right a father has in deciding the future of his child or even knowing he conceived a child.

## CHAPTER 3

### METHODS

The writer used a qualitative content analysis approach to explore women's experiences with the post-abortion process. Qualitative methods can explore complex phenomena from an individual perspective (Creswell, 2009; Miles & Huberman, 1994). This type of analysis can be an important tool in understanding the emotions and perceptions of a health care experience. Content analysis is a method that creates valid inferences from written data to their context with a goal of providing knowledge, new insights, and a representation of an individual's situational experience. A deductive approach is based on an earlier theory or model and therefore it moves from the general to the specific (Creswell, 2009; Elo & Kyngas, 2008; Miles & Huberman, 1994).

The content analysis process is comprised of three phases: preparation, organizing, analysis and reporting. The preparation included an exploration of research related to the topic area, which culminated in the literature review chapter of this thesis. The researcher developed research criteria and guidelines for choosing the content to be analyzed. In the organizational stage, the researcher gathered women's essays about the abortion experience and then narrowed the gathered documents into included and excluded texts. The excluded texts table, TABLE 4, is included in the appendices of this thesis with an explanation of why they were not chosen for study. In the analysis phase, the researcher determined the analysis steps to be used. The key feature of the process is

to select the unit of analysis and a theoretical framework to guide the analysis process. The analysis process is dependent upon the researcher's skills, insight and analytic abilities (Morse, 1994; Miles & Huberman, 1994). The final stage included the reporting of the analysis process and the results of the study.

This study included 15 published accounts of women's post-abortion experiences. The primary documents were published essays written primarily by women of the Christian faith. Some of the women documented the date of their abortion, these dates ranged from the early 1970s to present day. The writer used an open coding process to analyze the written content. The written material was read multiple times to generate headings that described the content (Creswell, 2009; Hsieh & Shannon, 2005; Morse, 1994). The headings were collected and categorized into higher and lower order categories. The researcher then used the categories to increase understanding and generate knowledge. The analysis continued with an abstraction process to allow the researcher to look for similar events and subcategories. To facilitate transfer-ability, the researcher gave a clear description of the context, selection and characteristics of participants, data collection and process of analysis (Creswell, 2009; Miles & Huberman, 1994; Morse, 1994). Demonstration is needed to ensure the reliability of the findings and interpretations to enable someone else to follow the process and procedures of the inquiry.

#### Trustworthiness

The writer described the research process and assisted the reader in understanding the analysis steps and the strengths and limitations. The writer made inferences to the

data and linked it back to the research (Creswell, 2009; Elo & Kyngas, 2008; Miles & Huberman, 1994). Quotes from the data were used to provide authenticity to the content analysis. The researcher worked with her chair to increase inter-rater reliability, and she used contextual journaling (Creswell, 2009) to triangulate her data.

## CHAPTER 4

### DATA ANALYSIS

A content analysis of 15 published testimonies and essays in this study revealed 3 primary categories related to the women's abortion experiences: reasons for the abortion, negative effects of the abortion, and resolution after the abortion. Under each of these broad categories, there are several themes that provide in-depth content for the reader to explore the categories from the women's perspectives.

#### Reasons for Abortion

As noted in the review of the literature, there are many reasons why women choose to obtain an abortion (Alex & Hammarstrom, 2004; Boulind & Edwards, 2008; Kirkman et al., 2009). This section will review the various reasons that these 15 women described related to their decision to choose abortion. The following 5 themes emerged from the women's testimonies on how they came to choose abortion: the level of certainty about abortion, being influenced by others, fear about their future if they kept the baby, ignorance of fetal development, and worry about what others would say if they continued the pregnancy.

#### Level of Certainty About Abortion

When making the decision to obtain an abortion, there are many complex factors to consider and women have various levels of certainty about their decisions. The level of certainty about having an abortion was a theme present in each of the 15 personal

essays. Five of the women were confident or certain about their choice to have an abortion, whereas the other 10 women expressed ambivalence or a desire not to have the abortion. While each of these experiences will be discussed in this section, it is especially interesting to highlight the stories of the women who had uncertainty. Upon reading their stories, it is easy for the reader to ask why these women finally chose to have an abortion if they seemed certain about not having an abortion at an earlier point in their pregnancies. The subsequent sections will detail the reasons why, in the end, despite their level of certainty, all 15 of these women made their personal decisions. It is also interesting to note that in these essays, 5 of the women who were confident about their decision experienced unexpected negative consequences.

Ten women were uncertain, ambivalent or completely unhappy about their decision to have an abortion prior to the procedure. Tiffany shared the inner conflict and struggle she went through leading up to her abortion; she wrote: “Against my deepest convictions I made the appointment. While John drove me to the abortion clinic, I sat silent and numb while grieving.” Later at the clinic she described her feelings stating, “I put on the gown and waited for the doctor, frozen with fear. I wanted to run but it was too late.” Linda K.T. seemed to have reservations about her decision, but despite such feelings she kept moving forward with the abortion; she described her situation: “As I drove to the hospital, I uttered an anguished prayer that they would not have room for me.” Ultimately, she did go through with her decision. Cali also had uncertainty about her pregnancy and the baby; she stated, “I knew I wasn’t ready to have a baby, but I thought maybe I was meant to have one since I got pregnant. I struggled with the



decision of whether or not to keep the baby.” The decision to have an abortion was not easy for these women, and even when the decision was made, still many of the women held onto doubts, reservations, and uncertainty as they questioned whether or not they were making the right decision.

Some women initially had plans to keep and raise the baby. Among this group was Rebekah, who was happy to have a baby before she was finally persuaded that an abortion would be her best option. She wrote:

I decided to keep my baby from the start. For weeks, I followed her development with medical books and pictures. I took vitamins, drank juice, and ate vegetables I hated, even when I felt too sick to eat. When I felt scared, I talked to the life inside me. My hand was never far from my stomach.

Even at the clinic she described her idea about the abortion: “Waiting for the abortion was agonizing. I still had morning sickness, and it broke my heart. It reminded me that the life inside me was still growing, even though it was going to have to end.”

Another author, Leah, described her plans to raise the baby: “Living with my parents, we have always been a pro-life Catholic family. Mom accepted my abortion and said we would raise the baby.” When the psychiatrist recommended abortion, Leah “wouldn’t listen,” nevertheless she stated, “In pleading moments I changed my mind.” Around 4-5 months pregnant, right before the procedure, Leah shares how she wavered in her decision and stated: “A needle was placed on my abdomen and the saline poison began. About ½ hour later I asked the nurse if it was too late to change my mind. She said it was too late.” Finally, Theresa was certain she wanted to continue with her

pregnancy, even though she did not have a plan of how she would raise the baby she expressed desire to keep the baby writing:

I left the house with no job, no money, no home and nowhere to turn, feeling utterly abandoned and alone. It wasn't long before the baby's father and I broke up. Still, I was certain I would not get an abortion. I wanted my child.

Each of these 10 women were either ambivalent or initially made a clear decision to keep the baby, but for one reason or another they finally made the decision to terminate their pregnancy.

Five women described they were very certain they wanted to have an abortion, each of their reasons were unique to their situation, ideology, and desires. Christina considered bearing a child without being married as taboo; she described her situation as such:

It was out of sheer shame and disappointment, also the fear of being found out, that I scheduled my abortion as soon as I found out I was pregnant... My abortion date was set five weeks away. I went there alone, thinking nothing of it.

Despite being certain about her decision, Carolyn expressed sorrow in aborting her baby, she said, "I was panic stricken. I couldn't believe I was pregnant. I immediately blurted out, 'I have to have an abortion.'" Later she stated that she would not have changed her mind, even though she talked to her baby as she described in her testimonial: "I wondered if my baby knew what I was planning. I talked to my baby and apologized."

Two other authors conveyed how clear their decision was; Anne wrote:

My husband and I talked it over and decided we weren't ready for parenthood. Our solution seemed simple and uncomplicated: I would have an abortion... My friends and I celebrated my return to *normal life* by dining at a choice restaurant. In addition, Sarah disclosed her confidence in getting an abortion saying, "My mother always told us girls that we had a choice. Since I was going to college with a full scholarship, the choice seemed clear. No one in our family had given birth out of wedlock, and I was not about to be the first." These women were confident in choosing abortion, and, like those who were uncertain, would have a range of negative effects which will be discussed in the subsequent sections.

#### Influence From Others

Within this study of personal testimonials, 9 women described being influenced by someone in their life as part of their decision to get an abortion. Four women reported being influenced by their parents, 2 were influenced by their boyfriends, 2 by their doctor, and 1 woman was influenced by her school teachers. Rebekah described how her parents pleaded with her to get an abortion, and then kicked her out when she refused. This same writer expressed her frustrations: "I remember wishing that abortion wasn't legal. People say it gives women a choice, but I felt I didn't have one. Since abortion was available, it was my duty to choose it." Theresa had a similar experience with her parents who kicked her out of the house and disowned her. Her father urged her to have an abortion as she described in her essay, "My father sent several messages urging me to have an abortion. He even offered to pay for it. I refused. But as I began to feel more

desperate, I decided, finally, to let the abortion happen.” Family members and parents had a lot of weight in how these women responded to their pregnancy.

Partners or boyfriends of the women also influenced the women’s decisions to have an abortion. Tiffany’s boyfriend told her that it was not the right time and offered to pay for an abortion. Victoria experienced pressure from two of her boyfriends to have an abortion, after stating she must have an abortion they both drove her to Planned Parenthood to have the procedure performed. For her second abortion, Victoria described the situation with her boyfriend: “He said I had to have an abortion, so he drove me to the local Planned Parenthood and waited for me outside. I couldn’t believe I was going through the same thing, all over again.” She had a different boyfriend at the time of her third abortion, however he responded similarly to her previous boyfriend, as Victoria described:

He didn’t want a baby, no way, shape or form. I had to get an abortion. That was final! He wouldn’t discuss anything any further. That was the end of that!... He dropped me off to Planned Parenthood and said he would be back. I didn’t want to go through this another time, I was starting to show.

One author, Leah, had been hospitalized due to psychiatric symptoms. She described how her psychiatrist convinced her family that abortion was the best solution in order to give her higher doses of antipsychotic medication. She explained:

He wanted to increase my medication in order that I might get well. Because I was pregnant, he was afraid to increase my dosage... He tried to convince my family that abortion was the best solution. I wouldn’t listen. Finally, at 4-5

months along, I gave in. I had great love and respect for my psychiatrist who, by that time, had befriended my family.

Judith's doctor suggested she have an abortion considering she and her husband already had 4 children, she recalled their interaction: "When I became pregnant for the fifth time in seven years, my doctor asked me if I really thought I should 'continue the pregnancy.' Abortion had never occurred to me until he suggested it."

Finally, Linda C. described feeling pressure from the ideologies presented in her high school education stating, "In high school we were taught about population control, pollution, and the high cost of unwanted children in this world. Feminist teachers said that being a teen mother was low on the ladder of success." Later she would obtain 3 more abortions under these ideas as she "looked for answers to the pain caused by her 'right to choose.'" Linda had her first abortion in January of 1974, which was soon after abortion had been legalized in 1973 at the Supreme Court. Linda discussed that her education was influenced by the feminist movement and pro-choice values, which were common for that generation. After hearing from her teachers the many potential negative consequences of raising a child as a single teen mother, she decided to have an abortion. Whether each woman was influenced, by her family, friends, boyfriends, or society's value systems, these outside sources had great contribution to their prenatal decisions.

### Fear for Future

Carrying a baby to term and raising a child can impact the future of women in regard to their family life, social life, educational and professional career, and financial stability. For these reasons and others, some women choose abortion. Nine women in

this study stated that having fear about their future was part of their decision to get an abortion. Five of the women reported being worried that they would not be able to pursue their education or career if they had a baby. Averie was shocked when she found out she was pregnant and immediately began to think about being able to finish school, she wrote: "I just can't be pregnant! I kept thinking. Not now, with only a year and a half left before I earned my business degree." Linda K.T. also considered school a top priority and thought that having a baby might interfere, she stated: "I entered a university as an honor student, zealously throwing myself into studies. So, when I missed my second period in a row, denial set in... Abortion seemed my only choice. It would solve everything." In addition, Anne had similar thoughts in regard to continuing her career as a school teacher, she described her decision: "My husband and I talked it over and decided we weren't ready for parenthood... I was thinking of the freedom I would have to continue teaching and to get my tenured status." Having a career and finishing school were important values and priorities to these women, so when their opportunity to attain their goals appeared to be compromised, they chose abortion.

Two women expressed fear that they would be alone if they had a baby out of wedlock. After Tiffany's boyfriend told her that he did not want to have a baby she questioned the consequences of continuing the pregnancy, she described her thoughts:

I loved John and couldn't imagine losing him. A host of questions followed:

*Would John leave me if I kept the baby? If he leaves me, will another man ever love me? Will I become a single mom? Will John want to be part of the baby's life at all?*

Another author, Rebekah, listed many of the fears she had if she continued with her pregnancy as a single teenager, some of the fears she had included: “Afraid that no man would love me if I had a baby. Afraid that I could never fulfill my dreams of becoming a doctor. Most of all, I was afraid of being alone.” Fear or uncertainty plagued many of the women; for some of them they feared that their relationship with their boyfriends would be damaged and they would end up as single mothers, so they chose abortion.

Others described having anxiety or fear due to financial instability, Theresa recalled her situation: “I had no idea how I could support the baby and myself, and things began to feel hopeless.” Finally, Carolyn’s understanding encompassed many women’s understanding about having a child when they are young: “I saw it as my whole life being “over” if I stayed pregnant.” Between having the fear of a financially unstable future due to not being able to follow the educational or career path they desired, and the fear of being alone, it seems that if these women were given more support and encouragement that they could still pursue their personal goals in life, then they might have continued with the pregnancy. When women feel as Carolyn did, that her “whole life would be over” if she had a child, then it seems as if their only choice is abortion.

#### Negative Reactions from Others

For some women finding out they are pregnant can be quite exciting, however, they also have to encounter the responses and opinions of those around them. The previous section portrayed how the women were influenced directly from others; this section illustrates how they were indirectly influenced based on how the women perceived others would respond. Seven women expressed concern about how others

would perceive them if they continued with the pregnancy and kept the baby. Most of the women who reported a fear of others' response to their pregnancy considered the opinions of their family members to have great influence on their decision to abort the baby. After 4 months of hoping that she would not be pregnant, Theresa finally went to her doctor to get a pregnancy test. She described her reaction upon hearing that her test was positive, "I was overwhelmed by a range of feelings: happiness at the thought of a child growing within me, but also fear of telling my parents—the reason I had "denied" it for so long."

Sarah shared her apprehension in having a baby: "No one in our family had given birth out of wedlock and I was not about to be the first... I didn't want to let my family down." In addition, Tiffany was originally excited about hearing the results of her pregnancy test, but when she found out her boyfriend did not want to have the baby, she worried about how he would respond if she decided to keep the baby, and how her parents would respond to her being a single mother, she thought to herself, "Would John leave me if I keep the baby?" and "What will my parents think?" Tiffany had already told her parents about the pregnancy when she thought that she would marry her boyfriend and have the baby together, however she expressed concern about how her parents would react if she planned to raise the baby alone.

Some women expressed fear and anxiety of having others know about their pregnancy, some felt ashamed about getting pregnant and thus chose an abortion so that no one would know about the pregnancy. Christina, a foreign exchange student from China, considered it dishonorable to have a child out of wedlock, she wrote:



It was out of sheer shame and disappointment, also the fear of being found out, that I scheduled my abortion as soon as I found out... I secretly wished he would have married me and I would have carried the child to term. I was so ashamed of being a mother outside of marriage.

Christina's decision to obtain an abortion was driven by the fear of others finding out, so even though stated she would rather have kept that baby than choose abortion, she considered what others would think about her as having greater weight than what she wanted.

For Carolyn, she was so ashamed about getting pregnant that she wanted to quickly get an abortion and hoped that no one would have to know, she recalled her trip to the hospital stating, "I took a cab to the hospital and took one home. I wanted to do it all by myself, so no one would know." The only person she did tell was her boyfriend. These women held a lot of fear of the potential reactions they would receive from others about being pregnant and this drove them to consider abortion.

#### Lack of Knowledge About Fetal Development

A lack of knowledge about fetal development was an important factor for 6 of the women in this study. These women reported that they were given inadequate or misinformation about fetal development from clinics, doctors, friends, and family members. This was not exclusively a problem for women in this study, but was also a common theme for women in a study by Wilson and Haynie (2008). Four of the women wanted to know if the baby was already a person in making their decision. When

Victoria was told that the fetus was not “a baby” then she decided to get an abortion, she shared her experience during her first abortion:

I heard that machine, loud I thought, and it was painful, I heard that machine, sucking out the life that was growing inside me. I thought, well they said it wasn't but a “blob,” it really wasn't a baby, it couldn't survive. You're much better off they told me.

Victoria would eventually have two more abortions, and while she made the decision to terminate the pregnancies she had lingering questions about the baby's development, she wrote: “I remember what I was told before, ‘oh, it's just a blob of tissue.’ Was that true I wondered?”

Another author, Rebekah, consulted with her family and physician as she was encouraged to get an abortion, she remembered their responses to her stating, “My parents said my baby wasn't a baby yet, and the obstetrician agreed.” For some of the women knowing whether the baby was a person versus impersonal tissue was vital in making their decision, as abortion is considered as immoral or on the same level as murder if in fact the baby is a person (Stephens, et al., 2010).

Linda recalled her experience with a clinic when making the decision to continue the pregnancy or not, she reported:

I called a clinic for information and asked the lady, “Is *it* a baby?” “No honey, it's just tissue. After all, you want to finish school, don't you?” I clung to that statement like a drowning person clutching a life preserver, repeating it over and

over until I almost believed it. But deep in my heart I knew the truth that it was a baby, my baby.

At the clinic she inquired again about the reality of her pregnancy, she recalled: “I asked again if it was a baby and was firmly told no.” After her abortion she better understood the reality of her decision. She described,

They did not tell me that at twenty weeks my baby was fully formed with perfect fingers and unique fingerprints. They did not tell me that he was waking and sleeping, sucking his thumb. They did not tell me he could already hear my voice. They did not tell me that he could feel and react to pain. They did tell me that my life would get back to normal in a couple of days.

Two authors stated that they were not given enough information about the baby’s development in order to make an educated decision to have the baby or not; later this would contribute to their negative experience in getting the abortion. Jamie simply stated there was no one that she could confer with at the clinic saying, “I didn’t receive any counseling and there wasn’t anyone to talk to.” Theresa, who was already 4 months pregnant, describes her frustration and pain in the moments before getting her abortion, she wrote: “No one explained to me the baby’s development or what the abortion would be like. I had no idea what was going to happen. I lay there just wishing that I could die.” Many of the women from this study expressed feelings of bitterness, betrayal, and disempowerment due to a lack of education or being misinformed about fetal development. This is an area that social workers can explore further so that women may be empowered and educated about their decisions regarding pregnancy.

## Negative Effects

Abortion can have unintended side effects for some women, and considering the large numbers of women who obtain abortions in the United States, it is not a surprise that negative side effects would be described in this study. Negative side effects can range from physical health complications to emotional trauma. This section will provide an analysis of the negative consequences the women in this study wrote about in their testimonies. The analysis will follow the bio/psycho/social model commonly used in the social work profession and will also include how having an abortion affected the women's spiritual wellbeing as well.

### Biological

There is very little research on how many women experience physical health problems due to an abortion (Bartlett et al., 2004), however 1 in 3 women in this study described how they suffered health complications related to their abortion procedure. Five out of the 15 women had 1 or more health problems associated with their abortion. Having health problems was a contributing factor in why these women reported negative outcomes and trauma from their abortion. Averie endured health problems immediately after her abortion and for many years after. After her abortion she developed a spastic colon which created severe pain, the doctors stated is was "most likely a result of the stress of the abortion and resulting mourning for the aborted baby." In addition, she described her frustration with infertility,

One year went by. Then two years became three years, and still no pregnancy.

We finally went to the doctor for infertility testing. After several procedures, it

was discovered that a mild infection from the abortion had caused a blockage in my fallopian tubes.

After receiving surgery she had an ectopic pregnancy two years later and required another surgery to repair her remaining tube, however she was never able to conceive children after that point.

Linda C., who had four abortions, was worried that she would never be able to have another child, she shared, “We wanted children, but I could not conceive. After two years of trying, I miscarried a baby in the eighth week.” After 2 abortions Judith revealed the need for an early hysterectomy, “I wasn’t told that the strength of the suction machine is such that it can turn a uterus nearly completely inside out. I had to have an early hysterectomy because of it.” Another author, Jamie, gave birth prematurely and had 5 miscarriages after her first abortion. After having had 2 more abortions she had her 6th miscarriage which was the most painful for her; she wrote: “I became pregnant again and wanted to keep the baby. I was in love, had been sober for two years, and was working. I felt things would work out, but I miscarried again.” As noted previously, there is minimal research reporting the prevalence of health complications related to abortion, and certainly not all women experience physical health problems. In this analysis, however, 1 in 3 (33%) of the women described negative physical side effects, some of them being permanent.

### Psychological

Negative feelings and self perception. All 15 women reported negative feelings or a negative perception of themselves. Many women from this study expressed feelings

of guilt, shame, sadness, and a negative self perception. Judith described the combination of guilt, shame, and a negative self perception:

Two years later, I had another abortion as an act of self-punishment. I wanted to die, or at least go crazy so I could escape the torment, the nightmares about babies, the self disgust and the degradation I felt... My self-hatred kept me from pursuing my goal of becoming a registered nurse. I didn't think I deserved success.

Victoria felt increasingly guilty and shameful after each abortion. Following her third abortion she recounted:

I was sobbing on the table this time I was so upset. I was distraught, I was disgusted! I went to recovery and remember that I couldn't stop crying. I was crying all the way home. I got home and went to bed and cried myself to sleep. I was so filled with guilt I didn't know what to do.

Theresa shared about her immediate regret and how choosing abortion caused her to be filled with self-hatred; detailing her experience she testified:

I could feel the baby thrashing around as his skin and lungs were burned by the saline. He was dying. Labor began. After twelve hours of labor, alone in the room, I gave birth to a dead baby boy. I looked at his tiny feet and hands. All I wanted to do was pick up my son and put him back inside of me. I couldn't fathom what I had done. I rang for the nurse. She came in, picked up my son and dumped him in what looked like a large mayonnaise jar. Then she left the room

and I was alone again, filled with hatred for myself. The thought of death seemed comforting.

Cali shared a comparable reaction, “It was the most devastating thing I’ve ever seen. I couldn’t stand myself. I hated every fiber of my being for taking an innocent life. I cried every night for the next month.” In addition, Linda C. tried to seek professional help due to feelings of guilt that she could not deal with on her own. She wrote, “After my abortion, guilt and grief consumed me. I went to counselor after counselor looking for help.”

Almost half of the women’s essays mentioned feelings of emptiness and numbness. One author, Leah, talked about her feelings following her abortion procedure at the age of 18, “I had mixed emotions directly after. Relieved on one hand, numb on another hand, guilty and sad too. My 19<sup>th</sup> year, I felt dead inside.” Linda reported both emptiness and numbness, “But a huge, bleeding hole was in my soul” and felt as if she was wearing a “coat of numbness.” The emotions described by the 15 women were diverse, and each woman experienced more than one emotion. Even though these women reported some degree of negative feelings, abortion did not affect them exactly the same, thus some experienced anger, some shame, and still others emptiness. TABLE 1 on the following page charts the array of feelings reported by the women.

Negative coping. Many of the women (13 out of 15) in this study relied on various forms of negative coping such as the use of drugs and alcohol, having intimate relationships, and little or no self-reflection. The majority of the women reported turning to drugs and alcohol as a way to escape the emotional turmoil they were going through in

TABLE 1. Description of Feelings Post-Abortion

Guilt or Shame	Empty	Numb	Negative Self-Perception	Sad or Depressed	Anxious	Alone	Anger
Carolyn	Carolyn	Theresa	Theresa	Theresa	Anne	Carolyn	Jamie
Jamie	Cali	Carolyn	Carolyn	Jamie		Jamie	Victoria
Tiffany	Victoria	Leah	Cali	Cali		Tiffany	
Leah	Sarah	Christina	Tiffany	Tiffany		Judith	
Victoria	Rebekah	Victoria	Christina	Leah			
Sarah	Linda K.	Linda K.	Victoria	Christina			
Linda C.			Judith	Victoria			
Averie			Linda K.	Sarah			
Linda K.				Linda C.			

addition to other methods of coping. Linda C. stated, “I began to use drugs and alcohol in attempt to ease the emotional pain and thought something was wrong with me for not coping.” Another author, Sarah, commented that she tried to “fill the hole in my heart with alcohol and men.” The use of drugs and alcohol as a form of coping agrees with the findings of Nielsen and Knardahl (2014) as a popular means of negative coping strategies.

Many women also reported attempting to not think about the abortion, pretending it didn’t happen or distracting themselves with a lot of work, school or other activities so that they would not have enough time and energy to think about their feelings post-abortion. Carolyn described her attempt not to think about her feelings or the abortion:

I began to drink a lot to be able to get to sleep, to not think. I had been stuffing my feelings down or anesthetizing them with alcohol so long, and wearing a mask and pretending for so long, that I felt numb.



Carolyn described anesthetizing her feelings with alcohol which would make it rather difficult for her to be able to examine her feelings and find resolution. Linda K.T. responded in a similar manner, she described her situation: “I added an almost full-time job to my studies so I would be too busy to think or feel.” It is possible that if these women had been able to or would have been willing to personally analyze and process their feelings with another person, then they might not have utilized as many negative coping strategies and the time to overcome their personal issues could have been reduced.

Other women described how they were desperate to resolve their emotional distress. They engaged in multiple negative coping strategies, such as taking on multiple jobs, overspending, theft and compulsive eating behaviors. Anne, who was confident about her decision to have an abortion, described how she attempted to cope with feelings of anxiety:

I took on two more jobs to keep busy and tried to escape by driving over 24,000 miles that year. Still haunted, I shopped, exhausting my credit-card limit and myself. Secretly I applied for bank loans to cover my debts.

Anne also began repairing toys and became so obsessed with repairing that she started to steal small repair parts in order to deal with her feelings. Anne’s attempts to resolve her feelings created more distress in her life and hindered her ability to find resolution.

Judith encountered the same problem when trying to solve her emotional crisis. She stated:

My abortions were supposed to be a ‘quick-fix’ for my problems, but they didn’t tell me there is no ‘quick-fix’ for regrets. I became a workaholic. Work didn’t

help. I became a compulsive eater. Food didn't help. I became an anorexic as another form of self punishment. That came close to killing me; I had two strokes. I tried alcohol. It only helped temporarily.

Overall, the women who engaged in negative coping strategies compromised their health in a constant search for resolution and some, such as Judith, put their life at risk.

Psychological trauma. Twelve women reported psychological trauma including suicidal ideations, depression, nightmares, and anxiety. Eight women reported depression, either chronic depression or periods of depression, some to the extent of having suicidal ideations. Four of the women experienced distress from being around babies or even seeing them on television and 2 had recurring nightmares about babies after their abortions. Theresa battled with depression as she tried to take care of her family and financial situation:

I still suffered depression and entertained thoughts of suicide... I quit my job and struggled to stay out of the hospital. My dad supported me and the kids. I just moved through life. Every day was a challenge just to get out of bed and take care of the boys... I felt sorry for my children who had a mom who cried a lot and simply couldn't cope with life... The thought of death seemed comforting...

When I thought about my dead child, I would become depressed and despairing.

Christina suffered a lot with depressed feelings after her abortion, she stated, "I was deeply depressed, and suicidal. I could hold no relationships. I could not date, and could not feel. I was numb day in and day out. I was also suicidal and wished I would die." In addition, Sarah moved between periods of depression as she wrote about her

emotional reactions following her abortion, “When it was over, I felt a brief sense of relief. But as time went by, I had periods of deep depression.” Later, Sarah described that as technology advanced, fetal development became better known; when she saw pictures of fetuses on television, this was her response: “This was not a clump of tissue; this was a child! The pain of guilt seemed unbearable, and I contemplated suicide.”

In addition to depression, Victoria highlighted her difficulty to deal with the affects of her abortion: “From 1983 until 2004 I existed. I was empty inside. I couldn’t understand why I would cry whenever I would see baby commercials, or why I would envy mothers walking their babies.” Linda K.T. attempted to go back to her life prior to getting pregnant, however she had recurring nightmares, she reported “I returned to school even more determined to find fulfillment in my classes. But a huge, bleeding hole was in my soul. My dreams became nightmares of searching for my crying baby.” Months later she still faced the same challenges, she described in her testimony, “My sleep was still haunted. Hearing a baby cry would tear the wound open once more.” Rebekah had difficulties understanding how her abortion affected her, she identified symptoms of the abortion even though she could not explain why she responded in such a way, she reported:

I argued that I didn’t regret my decision... But I couldn’t say the word *baby* or look at a pregnant woman or hold a teddy bear or buy a goldfish or touch my stomach or be reminded that I had a heartbeat. I wish I could explain how *not* normal I was, how empty, while telling the counselor how normal and *not* regretful I was at the same time.

Finally, some of the women experienced other forms of psychological distress. Cali endured panic attacks; she describes her situation stating, “I cried every night for the next month. I began having anxiety attacks, at home, at work, in the car, or at the grocery store. They just happened, and I couldn’t stop them.” Averie experienced, what many women have termed, *atonement baby* after her abortion, “Something strange was happening to me, though. I kept feeling this intense desire to be a mother. *What is wrong with me?* I asked myself. *I don’t want to be pregnant and have a baby out of wedlock!*” Lastly, Carolyn remained in an abusive relationship and suffered tremendous guilt from the abortion, she wrote in her testimony,

He was abusive, and I accepted it. I would hear in my mind, ‘So what’s your problem? At least he didn’t kill you. You killed your baby!’ I wanted to die, but I was afraid of hell. I even felt guilty about not committing suicide: ‘You didn’t have any problem killing your baby. Why get cold feet now? You deserve to die!’

Having an abortion, no matter the reason, took an emotional and psychological toll on these women. Nielsen and Knardahl’s (2014) research also found that denial, substance abuse, self-blame, and disengagement were commonly used coping strategies across different contexts and populations.

### Social

As a result of obtaining an abortion, some women face tension or even loss in relationships that were previously good. Eleven women described social consequences related to their abortion among their relationships with their parents, significant others, and their other children. In the majority of these cases, the cause for the damaged

relationship was due to the negative feelings of the women who received an abortion. Many of the participants reported that their relationship with their significant other was either made strenuous or completely broken. Tiffany decided to get an abortion for fear that her boyfriend might leave her after making it clear that he didn't want a baby, after she came out of the clinic her boyfriend was there waiting for her, however her reaction to him was different than before:

John greeted me with a gentle smile, but I immediately felt less love for him. You did this to me! This was your brilliant idea. I can't believe I did this for YOU! So this is love, huh? This is what love does; it kills a precious unborn baby?...Two months later, I still resented John for the abortion, so I let him go.

Her abortion would also affect her relationship with her future husband. Cali, who had a medical abortion at 4 weeks gestation, became "rude, bitter, sharp, and distasteful with others." As her attitude toward others continued, she began to socially isolate herself from others:

My relationship started to fall apart. As a last minute attempt to try and make it work, I moved in with him. After two months of living together, I broke up with him, moved out, and went back into an apartment by myself. I shut down completely. I deleted my Facebook account, stopped answering my cell phone, and kept as limited contact as I could with anyone.

Only 3 of the 11 essays described another person becoming upset with the participants for obtaining an abortion. Carolyn informed her fiancé that she was

pregnant, however she did not tell him her plan to get an abortion until after she already had the procedure.

My relationship with my husband went downhill immediately. I now understand the rage and hurt he must have felt over my aborting his child without even telling him first. But I was just so wrapped up in my own hurts I didn't think about that then. We never talked about it.

They divorced 6 years later. Her husband's reaction to the abortion might have been different had they discussed their options together; moreover, he may have offered her the support she needed to continue the pregnancy. Jamie on the other hand terminated the pregnancy with her mother's knowledge and yet she reported that it further damaged their relationship, "I was confused and hurt. I had killed my baby and got my mom even madder – and realized that no one cared. I withdrew even more; I was filled with loneliness, guilt, and shame."

When Theresa's parents found out she was pregnant, they kicked her out of the house and her father urged her to get an abortion until she finally gave in and went through with the procedure. However, her relationship with her parents, especially with her father did not get better after the abortion, she described the situation:

Although I was not in contact with my father, my mother would slip out to meet me occasionally. Still trying to runaway from myself, I moved to Florida. During my two years there, I called my dad and we began speaking again, although never mentioning my abortion.

Theresa described how her abortion distressed her mother:

Before my mother died, I learned that my abortion had caused her great suffering, although she had never told me before... She told me that my abortion was her sin and that she would take it to the grave with her... After that my mother went to confession to the same priest I had seen for direction, and she felt that her terrible burden was lifted.

Just as having children affects social relationships, not having children affected the relationships of women in this study. These social consequences agree with current literature (Boulind & Edwards, 2008; Coleman et al., 2009; Hess, 2004; Kimport et al., 2011; Kirkman et al., 2009; Wilson & Haynie, 2008).

### Spiritual

All 15 women in this study reported Christianity as their religious affiliation at the time they resolved their issues with abortion, however not all of them had been Christian before that time. Twelve women either clearly stated or made references to following the Christian faith, while the remaining three didn't make mention of their religious affiliation at the time their pregnancy was terminated. Seven women specifically mentioned that their relationship with God was negatively affected. Carolyn felt that she betrayed God and considered her sin intentional on her part and unforgiveable on God's part, she discussed this point in her essay:

I also felt terrible guilt. I turned away from God completely, because I could not face Him with my abortion. I felt I had passed the point of no return-just gone too far. That was an unforgiveable sin. And I had gone into it knowing that. It was sort of like I sold my soul... I ran from God and hated myself.

Tiffany also thought that abortion was a sin which was unforgiveable, and thus thought she deserved to be punished and was not worthy to have a relationship with God, she wrote:

I recognized the lie that enslaved me: *Tiffany, you've committed an unforgiveable sin.* Because I believed this lie, I wore self-hatred like a turtleneck that choked God's truth from penetrating my broken heart... I bought the lie that God couldn't love me after my abortion... I've often thought there should be a lifelong consequence for my sin. When I had a miscarriage nine years ago and also last year when I had two abnormal pap tests, I thought, *I deserve this. This happened because of my abortion.*

Theresa's abortion caused a distant relationship with God and within her church community. Immediately following her abortion, Theresa moved out of state to live with her sister as she described saying, "At night, in the room I shared with my two-year old niece, I'd lie awake asking God over and over again to forgive me." She stated her relationship with God didn't improve even though she tried to move forward and got married and started having children,

I was thrilled to be pregnant with our first child. But I was also afraid that God would punish me for the abortion, that something would be wrong with my child.

I prayed constantly that the baby would not have to suffer for my sins.

Initially she kept her distance from church due to feelings of guilt and condemnation, however when she did finally go back to church those feelings persisted as she wrote in her essay:



I did, however, begin attending mass again, sitting in the back of the church, certain that everyone knew I had an abortion, certain that the walls would come crashing down around me. But I went, listening for some word of hope that I could be forgiven for my terrible, ‘unforgiveable’ sin.

Each of the 7 women expressed various challenges that arose in their spirituality such as blaming God for the pain they felt associated with abortion, feelings of rejection from God and their spiritual community, fear of being punished for obtaining an abortion, and guilt due to having an abortion, which is considered a sin in most religions (Constantine-Iulian, 2010; Hessini, 2007; Stephens et al., 2010). Through these women’s testimonies and essays, it is clear that their spiritual lives have a great effect on their whole person and life. Thus it is helpful to consider a systems approach to understanding how abortion affects women differently and what interventions might be used for women to attain resolution.

### Resolution

Finding resolution and comfort from a traumatic experience is unique for each individual. The women in this study found various methods of overcoming and dealing with their feelings about the abortion experience. This section discusses the 4 major methods and circumstances in which resolution was achieved, which included: feeling accepted by God, participating in a Christian program or activity, acknowledging their aborted baby, and becoming involved in helping pregnant women and post-abortive individuals.

### Accepted By God

Most of the women in the study described a feeling of being accepted by God as an important part of their resolution. This is comparable to the study by Wilson and Haynie (2008), they found that all 17 women who attended a Christian retreat experienced healing, in part, from accepting forgiveness from God. Thirteen women in this study reasoned that part of their healing process occurred when they felt that they were accepted by God and thus restored their spirituality. Many of the women described being accepted as feeling forgiven or loved by God, an example of this is from Theresa who had a unique experience, she reported:

I had an experience that changed my life. I experienced being on the cross with Christ. But instead of experiencing suffering, I felt love so intense that it was capable of taking away that pain. I felt his love wash away my sin and I knew my healing was complete. I have never since felt the despair of abortion, only the profound love and forgiveness Christ gave me.

Anne also shares about how she came to feel accepted by God:

I experienced an emotional release as I confessed my sins and sought forgiveness from God and our unborn child... I have given my testimony many times, assured of God's love and forgiveness. God not only gave me peace, but He gave my husband and me the gift of three more children.

Some women emphasized feeling forgiven, while others emphasized feeling loved by God. Among those who spoke about being forgiven was Victoria, she wrote:

Everything I had gone through in my life, I was forgiven. Me, thus humungous sinner, who chose to cut the lives of 3 children, who did anything and everything under the sun, was given the grace of healing... God has forgiven me of my sins, He laid down his life for me. I know that if I were the last person on this earth, Jesus still would have died for me...Praise and Glory to you Lord Jesus for telling me 'neither do I condemn you.'

Averie was encouraged to remember God's forgiveness through a verse in the Bible, she stated:

I knew God's Word said my sin had been removed as far as the east is from the west. I will always regret my decision to have an abortion, but I do not have to carry a heavy load of guilt for it anymore.

Among the women who stated they were able to find resolution from the pains and effects of abortion, Tiffany mentioned an unconditional love from God:

Christ paid the price when he died on the cross. Because of his sacrifice, no sin is too great to keep me from the deepest love I can know. He doesn't keep record of my wrongs. His love never ends. He loves me as I am.

Christina also seemed moved by the love she felt, she expressed her thanks in her testimony, "Thank you Lord, for setting me free and forgiving me. I praise you and worship you for your unending love towards me and towards my aborted son." Through what these women classified as love and forgiveness from God, their feelings of guilt, shame, and rejection were replaced with feelings of acceptance and peace. They

described feelings of acceptance by God specifically related to the concept of forgiveness for choosing to have an abortion and other life choices they described as mistakes.

#### Participated in Christian Program or Group

Participating in a spiritual or religious group was a significant part of the resolution process for the women in this study. Twelve of the testimonies detailed the various activities, programs, and ceremonies within their faith that contributed to their healing. These activities and groups included post-abortion Bible study, going to confession, prayer meetings, baptism, reading the Bible, attending Christian retreats, attending church, and hearing the testimonies of other women who experienced healing from abortion. More than half of those who took part in a Christian group (7 out of 12) participated in a post-abortion Bible study or a Bible-based recovery group. Three women specified that going to confession and working with priest was helpful to their resolution. In addition, the majority of the women reported involvement in more than one Christian activity or program.

Among those who joined a post-abortion Bible study was Carolyn, she described how she finally processed her abortion:

I went through a support group that used *Women in Ramah*, a Bible study by Linda Cochran. I was finally able to face my abortion. I found God's promise to 'take away my heart of stone and give me a living heart of flesh.' I asked him to do that for me and He did... Doing the Bible study was the best thing I ever did for myself and I thank God for it.

Another author, Sarah, described how she experienced healing after her second post-abortion meeting, she stated, “as I was driving home, the walls around my heart crumbled, and all the emotions I had bottled up burst from me as I cried out, Father forgive me! Immediately, I felt God’s peace envelop me.” She stated later in her essay, “The ARISE Bible study was a major turning point in my life of faith and the life of my family.” When Jamie was in prison, speakers came and spoke to the women about abortion, after the event Jamie recalls joining a group, “When they offered a post-abortion Bible study, I knew I needed it... through God’s word, I have been healed of things that had lingered with me for years: anger, guilt, shame, hurt, loneliness, depression.”

Other testimonies included Theresa’s, she wrote about her experience going to confession, receiving spiritual counseling, going to church, and praying. After hearing a priest speak about God being willing to forgive the sin of abortion, Theresa contacted that priest for confession in what she called her “first inkling of hope.” She described going to confession, “Scared and nervous, I made my first confession in many years. The priest was gentle, trying to make it as easy as he could for me. He showed great empathy and support.” After going to confession she reported:

I began to see the priest regularly for spiritual direction... It was an effort to do the things he asked, like examining my life, because I was sure I would uncover only what a terrible person I was. But I was tired of the depression and desperate enough to try... And so I prayed, went to Mass every day and spent time before the Blessed Sacrament.

Cali described how attending church provided her social and spiritual support as well as getting baptized. After praying that God would give her a husband she shared how her prayer was answered:

The next day I met Jeremy. I started going to his church, and I instantly felt connected. I had a new family. I sang worship songs and could feel myself truly praising God for all He had done for me. I felt loved.

Finally, Christina emphasized her thankfulness to a Catholic organization who helped her find resolution from her abortion; multiple times throughout her essay she made mention of this: “My suicidality ended when I attended RV [Rachel’s Vineyard]... Today, I am truly grateful that RV set me on a road of recovery from this shame, and guilt... Thank you RV for saving my life.” The group and individual experience, no matter what context, was helpful to the women in their coping. Through the various programs and opportunities they were involved in, they received both social and spiritual support.

#### Acknowledgment of Aborted Baby

For many of the women, being able to acknowledge the aborted fetus as a baby was an important part of their personal healing process. Nine of the 15 women reported that acknowledging their aborted baby brought restoration from the pain caused by their abortion. This acknowledgement was described in several ways such as praying to discover the gender of the baby, giving the aborted baby a name, putting up a public plaque as a memorial, writing a letter, and having hope to see their baby in heaven. An

example of finding resolution to the guilt and pain of her abortion was Victoria's experience of divinely finding out the gender of her unborn babies, she recalled:

I was introduced to Adoration and was told to spend an hour with Jesus so I could find out the sex of my children. I found out that I had a son, whose name is Matthew, another son whose name is Thomas and another daughter, Katherine. Jesus told me that he named them after great saints.

Christina had a similar account in which she felt that her baby had forgiven her, she stated:

For the first time, I realized that I had a boy, and that his name is Michael John. He was meant to be an angel to me. Yet I gave his life away. Yet he loves me and forgives me and wants me to treat myself well. This revelation changed my life. I was able to forgive myself because my son whom I aborted forgave me.

Discovering their children's identity and having a personal connection to their babies seemed to aid in the process of overcoming their negative emotions associated with the abortion.

In addition, there were several women who reported having a memorial service and placing a plaque with their baby's name on it through an organization called the National Memorial of the Unborn. Linda K.T. described how resolution came to her:

I knew my own healing was complete one bright January morning as we dedicated the new Wall of Names amidst tears of sorrow and joy. My parents helped me place a plaque for my son David. Praise to the God who can even use death to give life.

Likewise, Averie wrote how this type of memorial ceremony helped her:

The memorial service was one way I could recognize my child was a real person with a name and an identity, and restore to him the dignity that I had taken from him when I decided to end his life. When I heard about the National Memorial for the Unborn, I knew right away that I wanted Daniel's name to be on The Wall. It was the final thing I could do for him. I am so thankful for a beautiful place where others can remember him.

Another author, Rebekah, shared how this practice of having her baby's name on a plaque and knowing that other mothers have gone through the same thing has given her comfort, she stated:

The National Memorial for the Unborn has given me that courage. Whenever I feel crazy for believing that my tiny unborn baby matters to God, I go to the Memorial to read the plaques, and the faith of the other moms encourages me. Having a plaque for my own baby reminds me that I have a future with a precious child named Jessi.

As some of the testimonies included, this ceremony or process of writing their baby's name on a plaque was a practical way they could mourn for and celebrate the life that was ended through abortion. This method could have been helpful because it was something tangible they could do, or because they felt that this memorial brought justice to the lives of their unborn babies.



### Became Active in Helping Others

Women in this study described how they became active in helping others as part of their personal resolution process. Nine women described becoming involved in supporting post-abortive men and women, counseling women who were considering abortion, or educating their communities and churches about the effects of abortion. Their involvement in women's health ranged from weekly volunteer work to a career and life passion. Averie talked about her desire to educate society on the effects of abortion, "Although I had found true peace inside, I was still bothered by the world's seeming ignorance about post-abortion stress and trauma." She finally began her involvement in 1991 when she testified about the advisability of an Informed Consent law in Michigan. She continued her involvement in her own community:

I then gave my testimony before about 1,500 people at our church in 1992 to help the church learn how to reach out to these hurting women with love, hope, and healing. Next I began post-abortion support groups for women in our church and community.

Averie concluded writing about her involvement to help others by saying, "As a result of leading the support groups, I received further healing."

Judith also shared how helping others had brought comfort and resolution to her life, "I took the training to help others through the post-abortion healing program. Every time I lead a group, I witness the miracle of God's mercy restoring joy to these women's lives. That has helped me." After counseling a woman over the phone one night about

her pregnancy decision, the girl called her the next day and told her she decided to keep the baby; Judith described her reaction to this news:

Finally, I knew with certainty that God had used my experience to save someone else from making my terrible mistake. That helped a lot... I know now that God can use every part of our lives, even the worse parts, to allow us to help others.

Jamie, on the other hand, has only recently making the decision to help other women, she concluded her essay with this statement,

I want to do His work now. I want to reach out to other women who feel alone and have nowhere to go. I'll tell them, 'Go to God. He's always there. He's faithful and forgiving.' I want to reach out to others to make the right choice, to help them know that with God there is always a way to prevail over all other things.

Through helping others, these women felt that they were able to stop the cycle of the negative effects of abortion that they went through. In addition, by providing education to women and their communities they get to help women make informed decisions and society to have greater empathy for women with unplanned pregnancies and post-abortion trauma. Some of the women focused on supporting men and women who have gone through abortion and in-turn continue to find increased resolution for themselves.

## CHAPTER 5

### CONCLUSIONS

The purpose of this study was to explore and analyze the written experiences of women who have had an abortion and how abortion has affected their lives. This thesis focused on the outcomes of abortion as reported by the women who had published personal essays, and how they were able to cope after the experience. A content analysis framework was used to explore the nature and scope of the issue of the post-abortion experience through personal testimonies and essays written by 15 women. The analysis yielded the following 3 categories: The decision process that led the women to obtain an abortion, the bio/psycho/social/spiritual effects, and methods of coping and resolution. Within each main category several themes emerged, some of those major themes included: the influence of others in the decision process, fear for the future if they continued the pregnancy, negative feelings and self-perception post-abortion, coping methods, and resolution including participating in a Christian, faith-based program. This chapter will explore a summary of the findings of this analysis.

#### Summary of Findings

Major themes arose from the stories of the 15 women included in this study. There was also interesting data from among these women in comparison with what current research reports. There is much debate in the literature as to whether there is a trend in women having negative effects from abortion or not, however, the majority of

research concludes that there is little evidence of negative effects on women (Major et al., 2009). In contrast, 5 of the 15 women, or 33%, report physical health complications post-abortion, and all 15 women reported negative affects in their social relationships, psychological well being, or their spirituality. Additional research needs to be performed on the negative effects of abortion in order to have a more conclusive understanding.

In addition, according to Cappiello et al. (2011), only 4% of women undergo a saline induced abortion, while 3 of the 15 women in this study, or 20%, had a saline induced abortion. This higher percent could contribute to the high levels of negative experiences post-abortion by the women in this study, which would agree with the conclusion of Major et al. (2009, p. 866), who stated the type and timing of an abortion may be a factor in the extent of negative psychological effects a woman experiences. Coleman et al. (2010) also found that women who obtain an abortion in the second trimester are more likely to have adverse side effects than women who had an abortion in the first trimester. This is an area to further explore with women considering abortion after the first trimester and with women post-abortion.

#### Confidence in Choosing Abortion

Kimport et al.'s (2011) study suggested that many women who chose to get an abortion felt that the decision was not their own, but rather made for them by a relative or significant other and so were more likely to experience emotional distress; this research is congruent with the written experiences of the women in the current study. In addition, 8 of the 9 women who felt their decision to get an abortion was influenced by someone close to them, were also ambivalent about getting an abortion or had firmly stated they

did not want to get an abortion. This factor in the decision making process could be related to why these women reported negative consequences after their abortion. In these personal essays, not only did others try to influence or persuade the women to get an abortion, they themselves were not sure they wanted to take that step and thus described that the power of decision had been taken away from them. This concept was illustrated by Rebekah who felt it was her responsibility to choose to abort her baby so as to not be a burden to her family, and by Victoria whose boyfriends told her she had to have an abortion. The negative consequences that those with ambivalence experienced in the current study coincides with Harris' (2004) research which reported that those who had not given full thought to obtaining an abortion had higher levels of distress.

De Puy and Dovitch's (1997) study advocated that women should be supported to assess why they are choosing abortion and how they will cope with their decision. In this way, they can be better prepared to make a well-informed decision. This advocacy includes the women who were influenced by others to choose abortion, as Keys' (2010) research revealed that women who perceived abortion to be morally wrong were more likely to have negative side effects. It would have been helpful to both those women who were confident and those who were uncertain about obtaining an abortion if they had been able to process their feelings. These supports could be in the form of crisis pregnancy counseling, which includes education and clarification of values and feelings about abortion, and pre-abortion counseling after the women has made an informed decision to have an abortion so that she may be prepared to process the procedure itself and her feelings after the abortion (Ely et al., 2010). These are two areas in which social

workers could be of great benefit to meet women where they are and empower them through education, resources, and empathy. Education and resources may give women the supports needed to carry a baby to term for those who desired to keep the baby. Alternatively, these supports could be helpful to women who choose abortion. In this study, it is possible that even if these women had more insight on assessing the decision to choose abortion, they still might have experienced negative outcomes. Nevertheless, they would have been given a fair opportunity to evaluate the options themselves before making an important life decision.

### Fear for the Future

The fear for one's future is a reality for most people before making the decision whether or not to have children (Boulind & Edwards, 2008; Gerson, 2008; Kirkman et al., 2009). Nine women in the study described that they made the decision to have an abortion because they were afraid that their future would be altered if they continued with their pregnancy. These concerns and worries are similar to the concerns that other women have had, especially the fear of not attaining their educational and professional goals (Boulind & Edwards, 2008; Kirkman et al., 2009). It seems that if these women were given support, encouragement, and resources for having and taking care of a baby then they might not have chosen to obtain an abortion. This also reveals society's understanding and value about having children when the conditions of a person's life are not ideal. As President Obama stated in 2008, he would not want his daughters "punished with a baby" if they were to become pregnant before they were ready (Gerson, 2008, para. 6). American culture views pregnancy and children as a hindrance to attaining

success as displayed in Carolyn's essay and her understanding that her "whole life would be over" if she had a child at that time in her life. This is an opportunity for social workers to advocate for change in the culture of educational and professional settings to support pregnant women rather than discourage them.

Having a child can be difficult, life altering, and stressful, however research suggests that many people in American society have the view that abortion is the best option without considering other options or the potential negative outcomes (Kimport et al., 2011; Major et al., 2009). Six of the participants in this study described that they might have chosen to have the child if they had been provided more education, access to resources and emotional support. Several women described initial plans to keep their babies, but changed their minds when pressured by family and significant others. Additional pressure related to societal values and personal fears of not being able to achieve their dreams, left this group of women with feelings that their only choice was abortion. For these women, perhaps their lives would have taken a different route had they been supported emotionally and, in some cases, materially. Again, crisis pregnancy counseling and the services of social workers would have been a great benefit to these women.

#### Acknowledging the Unborn Child

Holding memorial services for their babies was a common theme expressed in the women's essays. This process was similar to a Japanese Buddhist ceremony, *mizuko kuyo* that acknowledges the aborted baby as a life and creates a tangible way for women to remember and honor that life (Perrett, 2000). The ceremony helps women process the

experience and overcome feelings of guilt and shame. From the current study, 9 women described some method of acknowledging their aborted baby as a person and this was helpful to them in overcoming negative emotions. In Boulind and Edwards' (2008) case study, they concluded that Grace was not able to resolve her inner crises properly since she was unwilling to think about or even reflect on her abortion experience. Kack-Brice (1997) also found that women were more likely to recover from the aftermath of abortion when they could reflect on their experience and share it with others. Ceremonies such as *mizuko kuyo* or memorial services allow women to have a place to remember their unborn children, recognize them as real people, and have an outlet to express their feeling and experiences. The use of these memorial services, and other methods of remembrance, can contribute to women finding resolution from their difficult decisions.

#### Spirituality and Faith as a Means of Coping

One of the research questions that guided this analysis was: What role does spirituality and coping play in the post-abortion experience? All 15 women described the use of spirituality and faith as a key part of overcoming their abortion experience. Thirteen women described achieving resolution through feeling accepted by God, 12 participated in Christian groups, Bible studies, retreats, and other activities within their faith, and several reported having hope to see their baby again in heaven as a helpful way to cope with their feelings. Spirituality through establishing a relationship with God and being connected to social supports with others within their faith were major factors of coping and finding resolution for the women in this study.



Spirituality, faith, and religion have been found as effective sources of support and comfort for overcoming negative abortion experiences and other life stressors (Wilson & Haynie, 2008). A study identifying different coping strategies found that religion can be an effective coping strategy for emotional distress as religion tends to “remove the focus away from the stressor” (Nielsen & Knardahl, 2014, p. 143). The NASW suggests that social workers should have skills to “effectively use the clients’ natural support system in resolving problems” including the use of “religious and spiritual leaders” (2001, p. 21). Attaining cultural competency for social workers includes understanding “the importance of religion and spirituality in the lives of clients” (NASW, 2001, p. 8). Women suffering from negative effects of abortion, as well as clients with other stressors, can benefit from professionals in the social service industry who have cultural competency in religion and spirituality who can incorporate it into assessments and treatment plans as appropriate.

### Limitations

This content analysis analyzed 15 women’s published testimonies and essays which varied from a half a page in length to 4 pages in length single spaced. The fact that these essays were already published limits what details of their abortion experience were written about. Some women wrote their testimonies independently, and some women wrote their testimonies through an organization where they may have been given questions to answer or specific content they should include to connect back to that organization, such as those who wrote about ‘Rachel’s Vineyard’ or the National Memorial of the Unborn. Had these women been interviewed in person, they would have

been provided with the same questions to answer. In addition, since the essays were already published, the researcher could not collect all of the demographic data of the women. This information might have been important to understanding the context of the women's experiences such as the era in which they had an abortion, their family and socioeconomic background, and other psychosocial factors.

It should be noted that this sample is not representative of all women's post-abortion experiences, it is specific to these women who chose to share their experiences in a published essay. The fact that all the women who wrote these testimonies tended to be involved with Christian organizations or churches may be a factor in why they chose to write about their experiences. Their involvement with these groups may have provided a supportive space for the women to explore the post-abortion experience in a non-judgmental environment. Writing about this type of experience can be difficult for many women (Kimport et al., 2011; Wilson & Haynie, 2008). In this study, the connections to spiritual and religious support may have made it easier for the women to tell their stories.

#### Implications for Social Work Practice

Social workers are involved in working with women in many settings such as outpatient medical clinics and hospitals, community health care clinics, family planning centers, and school-based health centers. These professional social workers practice in both micro and macro contexts. In these settings, social workers act as "case managers, patient navigators, psychotherapists, and community outreach coordinators" (NASW, 2011, p. 1). Social workers can provide education to women considering abortion and to women who are post-abortive. Social workers can link clients with resources such as

financial assistance through government programs, referrals for specialty clinics, counseling and therapy, as well as provide advocacy.

The skill set unique to the social work profession would add to the variety of professionals working with pregnant and post-abortive women. Using the systems approach and the person in the environment paradigm, social workers can identify psychosocial problems that other healthcare professionals may not recognize or address (NASW, 2011). Social workers follow the NASW Code of Ethics which supports social workers to be client centered, include standards of informed consent and self-determination, principles of challenging social injustice, and respecting the inherent dignity and worth of the clients they serve. Because social workers recognize the importance of human relationships in providing services, they seek to build rapport with women to identify how best to help them, meet women where they are, and make personal decisions in exercising their self-determination.

This study, and others (Coyle et al., 2010; Wilson & Haynie, 2008) reported a number of women who felt that they received inadequate crisis pregnancy counseling, options counseling, and education on fetal development, thus social workers should consider how they might fill in the gaps of these services. Finally, social workers should consider of the benefits of exploring spirituality as a means of support and coping for client systems, as this was a reported benefit from this study and a study conducted by Wilson & Haynie (2008). Social workers' client-centered approach can address the lack of counseling and education given to women prior to an abortion and utilize natural supports, such as faith and spirituality post-abortion.

## APPENDICES

APPENDIX A

TABLE 2: DEMOGRAPHICS

TABLE 2. Demographics

<u>Title of Testimony</u>	<u>Age at time of abortion</u>	<u>Date of Abortion</u>	<u>Type of Abortion</u>	<u>Gestational Age at Abortion</u>	<u>Number of Abortions</u>	<u>Marital Status at time of Abortion</u>	<u>Religion</u>	<u>Level of Education</u>
Carolyn	24	N/A	D&C, was sedated.	N/A	1	Single, had boyfriend	Grew up Christian	N/A
Theresa	18	N/A	Saline injection	4 months+	1	Single, had boyfriend	Catholic	N/A
Jamie	17 at first abortion	N/A	N/A	N/A	2	Single the first time, divorced the second	“I had always believed in God”	In high school
Judith	N/A	N/A	D&C	1 <sup>st</sup> : 6 ½ weeks	2	Married	N/A	N/A
Victoria	20s	1979 1981 1983	D&C	N/A	3	Separated and/or divorced	N/A	High school diploma
Christina	22	N/A	D&C	N/A	1	Single, had boyfriend	N/A	Bachelor’s degree, started grad program
Leah	18	N/A	Saline	4-5 months	1	Single, no boyfriend	Catholic	In high school
Cali	20	N/A	Medical Abortion	4 weeks	1	Single, had boyfriend	Christian	High school diploma
Tiffany	Late teens-early 20s	N/A	D & C, not sedated	N/A	1	Single, had boyfriend	“Abandoned my faith”	N/A
Averie	20	January 1970	D&C	11 weeks	1	Single, no boyfriend	“Did not know the Lord”	Some College, 3 <sup>rd</sup> year
Linda C.	17 the first time	January 1974 – July 1980	N/A	N/A	4	Single	“Raised in a religious home”	In high school
Rebekah	16	July 14, 1993	D&C	N/A	1	Single, had boyfriend	Christian	In high school
Sarah	17	N/A	D&C	N/A	1	Single, had boyfriend	Christian family	In high school
Anne	N/A	June 1981	D&C	N/A	1	Married	“Left God out of our lives”	Bachelor’s Degree, teaching credential
Linda K.T.	Late teens-early 20s	March 15, 1977	Saline	20 weeks	1	Single, had boyfriend	Christian	In college

APPENDIX B

TABLE 3: INCLUSION CRITERIA

TABLE 3. Inclusion Criteria

<u>Title of Testimony</u>	<u>Decision to Abort</u>	<u>Experiences Post-Abortion</u>	<u>Resolution</u>
Carolyn	<ul style="list-style-type: none"> <li>• Was ashamed about her sexual relationship.</li> <li>• Felt panicked.</li> <li>• Wanted to cover her “sin” and start over as if nothing happened.</li> <li>• Thought her whole life would be over if she “stayed pregnant.”</li> </ul>	<ul style="list-style-type: none"> <li>• “Felt so alone.”</li> <li>• Right away felt empty and terrible guilt.</li> <li>• Turned away from God completely, could not face Him after abortion.</li> <li>• Felt like it was the unforgivable sin, like she sold her soul.</li> <li>• Tried not to think about it, didn’t tell anyone except the father.</li> <li>• Married the father because she thought no one else would want her.</li> <li>• Began drinking to go to sleep and not to have to think.</li> <li>• Marriage went “downhill,” husband was abusive, divorced after 6 years.</li> <li>• Felt humiliated from accepting abuse.</li> <li>• Wanted to die and thought she deserved to die.</li> <li>• “Stuffing feelings down or anesthetizing them with alcohol.”</li> <li>• Became a hermit and didn’t want to be close with anyone, thought that people would hate her if they really knew her.</li> <li>• Had self-hatred. Felt numb, hard-hearted, unable to confess to God.</li> <li>• 12 years before healing took place</li> </ul>	<ul style="list-style-type: none"> <li>• “Went through a support group that used <i>Women in Ramah</i>, a Bible study by Linda Cochran.” She was finally able to face her abortion.</li> <li>• “Found God’s promise to ‘take away my heart of stone and give me a living heart of flesh.’”</li> <li>• Was able to “get over herself” and start thinking about her aborted baby, where she could come to love and grieve for the baby.</li> <li>• Able to understand God’s forgiveness, that punishment and misery could not atone for her abortion, but that Jesus died on the cross for her abortion and paid for her sins in full.</li> <li>• “God brought me peace and joy. Real joy!”</li> <li>• Gave name to aborted baby. Named baby Anna, which means grace in order to remember God’s grace.</li> </ul>
Theresa	<ul style="list-style-type: none"> <li>• Initially wanted baby.</li> <li>• Parents kicked her out of the house, disowned her.</li> <li>• Feelings of hopelessness, and desperation, not knowing how she was going to take care of baby.</li> <li>• Her father urged her to</li> </ul>	<ul style="list-style-type: none"> <li>• Immediately felt self hatred, “the thought of death seemed comforting.”</li> <li>• Left the state for 3 months to try to deal with abortion.</li> <li>• Went through the motions of daily living, but had no desire for anything.</li> <li>• Lie awake at night asking God to forgive her over and over again.</li> </ul>	<ul style="list-style-type: none"> <li>• Heard a priest say that God’s desire is to forgive any sin, even the sin of abortion.</li> <li>• Contacted that priest and asked him to hear her confession. Made her first confession in a long time, the priest showed her empathy and support.</li> <li>• Began to see a priest</li> </ul>



TABLE 3. Continued

<u>Title of Testimony</u>	<u>Decision to Abort</u>	<u>Experiences Post-Abortion</u>	<u>Resolution</u>
Theresa continued	have an abortion, offered to pay for it.	<ul style="list-style-type: none"> <li>• Strained relationship with parents, especially her father.</li> <li>• Moved out of the state for 2 years to get away.</li> <li>• Tried not to think about the abortion, when she thought about her baby she became depressed and despaired.</li> <li>• Married an emotionally abusive man because she was desperate to be loved.</li> <li>• When she became pregnant, was afraid that God would punish her and something would be wrong with the baby.</li> <li>• Suffered from depression, entertained thoughts of suicide, and had very low self-esteem. Had to quit her job, just moved through life, struggled to get out of bed and take care of her 2 children, cried a lot and couldn't cope with life.</li> <li>• Went to church, but sat in back certain that everyone knew her sin of abortion.</li> <li>• Could not forgive herself for abortion.</li> <li>• Took 10+ years to heal from abortion.</li> </ul>	<p>regularly for spiritual direction. Began examining her life.</p> <ul style="list-style-type: none"> <li>• Prayed and went to mass every day, still struggled to forgive herself.</li> <li>• One night she sat down on her bathroom floor and repeated over and over, "Jesus, I trust in you." She did this for many hours. Describes experiencing something divine, being on the cross with Jesus and felt intense love and felt that Jesus' love washed away her sin and her healing was complete.</li> </ul>
Jamie	<ul style="list-style-type: none"> <li>• Her mother told her that she would not help her raise the baby.</li> <li>• Her mother told her that she must have an abortion, so she obeyed.</li> <li>• Second abortion: Wasn't ready for another baby, was running away from responsibility.</li> </ul>	<ul style="list-style-type: none"> <li>• Withdrew from people, filled with loneliness, guilt, and shame.</li> <li>• Gave birth prematurely and had 5 miscarriages.</li> <li>• Started doing drugs (cocaine and marijuana) and drinking alcohol. Started stealing to support habit, was in and out of jail.</li> <li>• Husband left her when she stopped using drugs.</li> <li>• Had 6<sup>th</sup> miscarriage after 2<sup>nd</sup> abortion.</li> <li>• Believed that she deserved to be punished by God for</li> </ul>	<ul style="list-style-type: none"> <li>• While in prison, a Christian musician and speaker gave a performance and spoke about healing deep within and about hope, and sang "A Baby's Prayer." Her "inner spirit jumped" at hearing the song, and she cried and cried. She then realized that she had been bottling up pain, shame, and guilt.</li> <li>• There were also women from the Pregnancy Resource Center who gave testimonies. They offered a</li> </ul>

TABLE 3. Continued

<u>Title of Testimony</u>	<u>Decision to Abort</u>	<u>Experiences Post-Abortion</u>	<u>Resolution</u>
Jamie continued		<p>her abortions. Thought that God didn't want or love her anymore.</p> <ul style="list-style-type: none"> <li>• Was in an abusive relationship.</li> <li>• Experienced anger, pain, hurt, and depression.</li> </ul>	<p>10 week, post-abortion Bible study.</p> <ul style="list-style-type: none"> <li>• Now she knows that God is always with her and that he has never left her.</li> </ul>
Judith	<ul style="list-style-type: none"> <li>• Her doctor suggested abortion since she already had 4 children.</li> <li>• Doctor told her it only takes a few minutes and then it would be over.</li> <li>• Doctor told her that it was just a blob (6 ½ weeks pregnant).</li> <li>• Two years later had a second abortion as an act of self punishment.</li> <li>• Quick-fix for her problems.</li> </ul>	<ul style="list-style-type: none"> <li>• Continuous crying, had regret.</li> <li>• Felt dirty and alone. Felt cheated, betrayed and manipulated.</li> <li>• Nightmares of snow, ice, and babies.</li> <li>• Wanted to die or "go crazy" to escape the torment, self disgust, and degradation she felt.</li> <li>• Underwent a hysterectomy.</li> <li>• Self-hatred kept her from pursuing goal of being a registered nurse, didn't think she deserved success.</li> <li>• Had distrust, suspicion, inability to care about herself and others, including her four children.</li> <li>• Hearing babies cry triggered her anger.</li> <li>• Self-confidence destroyed that she couldn't make important life decisions.</li> <li>• Hated those who advised her to get the abortion. Hated her husband who consented to the abortion. Unable to sustain any lasting, satisfying relationship.</li> <li>• Suicidal every year in the fall when her two babies would have been born. Holidays reminded her of the two children who would never celebrate with her.</li> <li>• Became a workaholic, compulsive eater, then anorexic as a form of self-punishment, turned to alcohol to escape her pain.</li> </ul>	<ul style="list-style-type: none"> <li>• Participated in a 10-week post-abortion healing program.</li> <li>• Took training to help lead others through post-abortion healing. Seeing "the miracle of God's mercy" restore joy to women's lives helped her own healing process.</li> <li>• In September 1997 she talked on the phone with a girl who had seen her testimony in a brochure, based on their conversation the girl decided not to have an abortion. She knew God used her experience to save someone from making the same "terrible mistake."</li> <li>• "I now know that God can use every part of our lives, even the worst parts, to allow us to help others."</li> <li>• Has hope to see her babies in heaven.</li> </ul>

TABLE 3. Continued

<u>Title of Testimony</u>	<u>Decision to Abort</u>	<u>Experiences Post-Abortion</u>	<u>Resolution</u>
Victoria	<ul style="list-style-type: none"> <li>• Was told it was a blob</li> <li>• That she's much better off getting an abortion.</li> <li>• Second abortion: boyfriend told her that she had to have an abortion, she listened.</li> <li>• Felt that she had no say in having a baby or not.</li> <li>• Third abortion: Boyfriend told her to have an abortion.</li> <li>• Didn't have anyone to talk to, didn't have any options or a voice.</li> </ul>	<ul style="list-style-type: none"> <li>• Life becoming out of control, increased promiscuous behavior, lost custody of her daughter.</li> <li>• Tried to get back together with abusive husband.</li> <li>• Started doing drugs, took speed.</li> <li>• Got pregnant again and had 2 more abortions due to controlling boyfriends.</li> <li>• Felt empty inside, filled with guilt. Thought she was no good and felt ashamed of aborting her children.</li> <li>• 1983-2004 just "existed," would cry when she saw baby commercials, envy mothers walking their babies.</li> <li>• Experienced depression, didn't care about herself, no self esteem.</li> <li>• Didn't want anyone to know about her abortions, kept them a secret for 29 years.</li> </ul>	<ul style="list-style-type: none"> <li>• In October 2004 she attended a Catholic Unity Conference on abortion. Had a life confession at the conference.</li> <li>• Was encouraged to spend time with Jesus to find out the gender of her aborted babies. Found out that she had two boys and a girl and that Jesus had named them after great saints: Matthew, Thomas, and Katherine.</li> <li>• During the conference she lectured for the first time.</li> <li>• In March 2005 she attended a Christian post-abortion retreat where she found forgiveness and the grace of healing.</li> <li>• God showed her that she is his child, that Jesus died for her.</li> <li>• Sees that Jesus does not condemn her, but promises that "whoever eats of my flesh will hunger no more, whoever drinks of my blood with thirst no more. Come to me all who are heavy laden and I will give you rest."</li> </ul>
Christina	<ul style="list-style-type: none"> <li>• Felt shame, disappointment, and fear of being found out, of being a mother outside of marriage.</li> </ul>	<ul style="list-style-type: none"> <li>• Became mean, angry, irrational, and abusive. Began calling her boyfriend a coward, wished he would have married her and she carried the baby to term.</li> <li>• Went to church almost every day and went to several different churches at the same time, became increasingly religious.</li> <li>• Drove very old cars, dressed "in rags," often left her hair uncombed.</li> <li>• When she was successful at work she considered it at the price of sacrificing her child.</li> <li>• Felt depressed and suicidal,</li> </ul>	<ul style="list-style-type: none"> <li>• Attended a Christian, post-abortion retreat.</li> <li>• Divinely discovered that her aborted baby was a boy. Believes that her aborted son loves her, forgives her, and wants her to treat herself well.</li> <li>• Was able to forgive herself because her aborted son forgave her.</li> <li>• Accepted God's forgiveness and God's unending love for her and her son.</li> </ul>

TABLE 3. Continued

<u>Title of Testimony</u>	<u>Decision to Abort</u>	<u>Experiences Post-Abortion</u>	<u>Resolution</u>
Christina continued		<p>felt numb, wished she would die.</p> <ul style="list-style-type: none"> <li>• Could not hold any relationships, could not date.</li> <li>• Felt shame and guilt.</li> <li>• Lasted for 14 years.</li> </ul>	
Leah	<ul style="list-style-type: none"> <li>• Originally planned to keep baby.</li> <li>• Had an emotional breakdown at 3 months gestation.</li> <li>• Psychiatrist tried to convince family that abortion was the best solution so that she could take the necessary medication.</li> <li>• She finally gave in.</li> </ul>	<ul style="list-style-type: none"> <li>• Immediately felt relief as well as numbness, guilt and sadness.</li> <li>• Felt dead inside. Family never talked about the abortion.</li> <li>• Continued promiscuous lifestyle, let men use her body, needed to be loved and wanted a boyfriend.</li> <li>• “The abortion has caused me more pain than anything I experienced in my life.”</li> </ul>	<ul style="list-style-type: none"> <li>• Years later went to confession and got baptized in the Holy Spirit.</li> <li>• A friend prayed with her and she began attending prayer meetings and praying in small groups in order to praise God and to be healed.</li> <li>• Saw that God was there in the center of her pain. God offered her love, compassion, and forgiveness.</li> <li>• Called her abortionist and told him that she forgave him and is praying for him.</li> </ul>
Cali	<ul style="list-style-type: none"> <li>• Scared and unsure what to do.</li> <li>• Wasn’t ready to have a baby.</li> <li>• Struggled with the decision to keep the baby or have an abortion.</li> <li>• Talked about it with boyfriend they agreed abortion was the best option.</li> </ul>	<ul style="list-style-type: none"> <li>• “I couldn’t stand myself,” hated herself for taking an innocent life. Cried every night for the first month.</li> <li>• Starting having anxiety attacks.</li> <li>• Became rude, bitter, sharp, distasteful. Said hurtful things to others.</li> <li>• Fell into deep depression, would cry herself to sleep every night.</li> <li>• Relationship with boyfriend fell apart.</li> <li>• “Shut down completely,” deleted Facebook account, stopped answering phone, kept as limited contact with others as she could.</li> <li>• Started drinking heavily, started smoking marijuana.</li> <li>• Felt like she destroyed “every good fiber in her being” and couldn’t get back to normal.</li> <li>• Felt empty, alone, and</li> </ul>	<ul style="list-style-type: none"> <li>• Thought that she should go back to church, tried finding the right church.</li> <li>• Read a book that her grandmother gave her called, “God’s Promises for Your Every Need.” She read the chapter on love and there read verse after verse about how much God loved her. His love washed over her.</li> <li>• She lifted her hands and begged God to help her, she asked for His forgiveness and thanked him for his love. She started to feel loved by God that night. She repented and turned her life to God that night.</li> <li>• She was baptized and God spoke to her clearly, “You are new, you are clean, you are loved.” That day her life was complete.</li> <li>• She knows “Christ’s death on the cross, His merciful</li> </ul>

TABLE 3. Continued

<u>Title of Testimony</u>	<u>Decision to Abort</u>	<u>Experiences Post-Abortion</u>	<u>Resolution</u>
Cali continued		isolated, longed for love.	blood, rescued me and washed me clean.”
Tiffany	<ul style="list-style-type: none"> <li>• Thought she was too young and not ready to be a mother.</li> <li>• But then decided to keep the baby.</li> <li>• Boyfriend didn’t want a baby and offered to pay for an abortion, she wanted his love and approval so she called abortion clinics.</li> <li>• Worried that no one else would love her, that her boyfriend would leave her, that she would be a single mother, and about what her parents would say.</li> <li>• Each counselor told her it was an easy procedure.</li> <li>• Was ambivalent about decision</li> </ul>	<ul style="list-style-type: none"> <li>• Immediately felt less love for her boyfriend, blamed him. Resented boyfriend and broke up after 2 months.</li> <li>• Felt alone, evil, ashamed, and guilty. Knew abortion was wrong, but did it for her boyfriend.</li> <li>• Lied to her co-workers that she had a miscarriage, worried what they would think of her.</li> <li>• Guilt and shame caused her to have “a weekly crisis.” Eventually buried her abortion experience as a “dark secret.”</li> <li>• Thought abortion was an unforgivable sin and that God didn’t love her anymore. Had self-hatred.</li> <li>• Had a miscarriage and thought it was the consequence of her sin.</li> <li>• Took 15 years to heal.</li> </ul>	<ul style="list-style-type: none"> <li>• When she believed God’s word, her heart was transformed.</li> <li>• God convicted her to forgive herself through Colossians 3:13: “Forgive as the Lord forgives you.”</li> <li>• She accepted God’s forgiveness for her through 1 John 1:19: If we confess our sins, he is faithful and just and will forgive us our sins and purify us from all unrighteousness.”</li> <li>• Was able to accept God’s unconditional love for her despite her abortion through Romans 8:38: “For I am convinced that neither death nor life, neither angels nor demons, neither the present, nor the future, nor any powers, neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Jesus Christ.”</li> <li>• When she shared with her closest friends, she experienced compassion, love, and acceptance.</li> <li>• She came to understand that God is not a punishing God and He does not keep record of her wrongdoings.</li> </ul>
Averie	<ul style="list-style-type: none"> <li>• Not now, I need to finish my degree.</li> <li>• She was only friends with the baby’s father so marriage was not an option.</li> <li>• Initially decided to have the baby and put him up for adoption since abortion was illegal.</li> </ul>	<ul style="list-style-type: none"> <li>• After abortion had an intense desire to be a mother. Developed a spastic colon, most likely from the stress and mourning over the abortion. Was in the hospital for 2 weeks and ended up taking a leave of absence for a semester.</li> <li>• Going back to school</li> </ul>	<ul style="list-style-type: none"> <li>• Relied on God and his word to provide healing.</li> <li>• Remembered that God’s word said her sin had been removed from her as far as the east is from the west. Received further healing by leading post-abortion support groups for women in her church and community.</li> </ul>

TABLE 3. Continued

<u>Title of Testimony</u>	<u>Decision to Abort</u>	<u>Experiences Post-Abortion</u>	<u>Resolution</u>
Averie continued	<ul style="list-style-type: none"> <li>• Minister gave her family information on getting an abortion in England.</li> <li>• Her parents, brother, roommate, a doctor, the baby’s father, and minister thought this was the quick solution.</li> <li>• Thought she could forget about the pregnancy and get on with her life.</li> <li>• Was led to believe it was just a mass of tissue.</li> </ul>	<p>brought back the memories of the abortion. Mild infection from the abortion caused a blockage in her fallopian tubes and had to get surgery to correct the problem that was preventing her from conceiving.</p> <ul style="list-style-type: none"> <li>• Had an ectopic pregnancy due to scar tissue from abortion and surgery, had to have right fallopian tube and ovary removed.</li> <li>• 6 months later had to have another surgery to repair the remaining fallopian tube.</li> <li>• Has remained infertile every since.</li> <li>• Felt guilt about the abortion when she learned about fetal development.</li> </ul>	<ul style="list-style-type: none"> <li>• Experienced healing by having a memorial service for her baby. The memorial service was a way to recognize that her baby was a real person, with a name and an identity. The memorial is a beautiful place where others can remember her baby.</li> </ul>
Linda C.	<ul style="list-style-type: none"> <li>• Felt pressure from her education, was taught about population control, the high cost of unwanted children, and feminist teachers said being a teen mother was low on the ladder of success.</li> <li>• Was afraid to face her parents.</li> <li>• The father of the baby didn’t want to marry.</li> <li>• She was still in high school.</li> </ul>	<ul style="list-style-type: none"> <li>• “Abortion separated me from my parents and the God of my youth.”</li> <li>• Felt guilt and grief after abortion.</li> <li>• Began using drugs and alcohol to ease emotional pain.</li> <li>• Became involved in the feminist movement and chose abortion 3 more times.</li> <li>• Went overseas searching for God in every country she visited.</li> <li>• Had a miscarriage at 8 weeks.</li> <li>• Felt shame for taking the life of her aborted babies.</li> </ul>	<ul style="list-style-type: none"> <li>• After having a miscarriage she cried out to God in anguish, she prayed, “God you took babies from me just like I took them from you. If you will give me a baby, I will give you my life.”</li> <li>• Two weeks later she conceived and surrendered her life to Christ.</li> <li>• Began finding emotional support in the Bible and began writing down what she found in the Bible.</li> <li>• Found comfort and support in attending a small group for post-abortive women at a local crisis pregnancy center.</li> <li>• Having a memorial plaque made helped her to make a public profession of repentance and grief.</li> </ul>
Rebekah	<ul style="list-style-type: none"> <li>• Decided to keep the baby from the start.</li> <li>• Parents pleaded with her to have an abortion,</li> </ul>	<ul style="list-style-type: none"> <li>• After abortion, went back to “being sixteen” and her family pretended she had never been pregnant.</li> </ul>	<ul style="list-style-type: none"> <li>• Received the hope that someday she will hold her baby in heaven.</li> <li>• Believes that her “tiny</li> </ul>

TABLE 3. Continued

<u>Title of Testimony</u>	<u>Decision to Abort</u>	<u>Experiences Post-Abortion</u>	<u>Resolution</u>
<p>Rebekah continued</p>	<p>when she didn't change her mind they asked her to leave. Became afraid of what people in church would say.</p> <ul style="list-style-type: none"> <li>• Afraid no man would love her if she had a baby.</li> <li>• Afraid she could not fulfill her dream to become a doctor.</li> <li>• Afraid of being alone.</li> <li>• People told her God understood, it was the responsible thing to do, it was unfair to many people.</li> <li>• Parents and obstetrician said the baby wasn't a person yet.</li> <li>• Didn't feel like she had a choice, but that it was her duty to choose it.</li> </ul>	<ul style="list-style-type: none"> <li>• Worked hard in school and thought success would justify her sacrifice.</li> <li>• Would not engage in self reflection.</li> <li>• Could not say the word baby, look at a pregnant woman, hold a teddy bear, buy a goldfish, touch her stomach, or be reminded that she had a heartbeat.</li> <li>• Felt empty.</li> <li>• Was angry when she found out about an organization that memorializes the unborn, thought they were trying to hurt her and that they had no right to memorialize the unborn when she had earned the legal right to say that her baby wasn't a person.</li> <li>• Wanted to convince others that abortion was okay so that she could convince herself.</li> </ul>	<p>baby" matters to God.</p> <ul style="list-style-type: none"> <li>• The faith of other mothers encourages her.</li> </ul> <p>Put a plaque for her baby in a national memorial for the unborn, this reminds her that she has a future with her aborted child.</p>
<p>Sarah</p>	<ul style="list-style-type: none"> <li>• Was going to college with a full scholarship.</li> <li>• No one in her family had given birth out of wedlock and she didn't want to be the first one.</li> <li>• Marrying the father was not an option.</li> <li>• Didn't want to let her family down.</li> <li>• Thought it was a clump of tissue.</li> </ul>	<ul style="list-style-type: none"> <li>• The abortion procedure was emotionally and physically painful.</li> <li>• Immediately after abortion, felt brief sense of relief.</li> <li>• Later had periods of depression, and turned away from God. Blamed self and God for her pain.</li> <li>• Tried to fill the hole in her heart with alcohol and men.</li> <li>• When technology increased and she saw pictures of fetal development she was overcome by guilt and contemplated suicide.</li> <li>• Relationship with Christ was most affected by the abortion.</li> <li>• Suffered for 17 years with this secret.</li> </ul>	<ul style="list-style-type: none"> <li>• Heard a speaker at her church give a testimony about her abortion experience.</li> <li>• Attended a post-abortion counseling program called ARISE. At the second meeting she confessed that her relationship with Jesus had been most affected by her abortion. After that meeting, she let out all of the emotions that she bottled up and cried out to God saying "Father, forgive me!" She immediately felt God's peace.</li> <li>• God's words became real and experienced God's forgiveness and mercy.</li> </ul>
<p>Anne</p>	<ul style="list-style-type: none"> <li>• Was not ready for parenthood.</li> </ul>	<ul style="list-style-type: none"> <li>• Was deeply troubled after the abortion, although she</li> </ul>	<ul style="list-style-type: none"> <li>• Started seeing a Christian counselor who helped her</li> </ul>

TABLE 3. Continued

<u>Title of Testimony</u>	<u>Decision to Abort</u>	<u>Experiences Post-Abortion</u>	<u>Resolution</u>
Anne continued	<ul style="list-style-type: none"> <li>• Wanted the freedom to continue teaching and get tenure.</li> </ul>	<p>didn't understand why.</p> <ul style="list-style-type: none"> <li>• Took on two more jobs in order to keep busy, tried to escape by driving over 24,000 miles that year. Began shopping till she maxed out her credit cards, secretly applied for bank loans to cover up her debt.</li> <li>• Started repairing toys, this became so important that she started stealing small repair parts.</li> </ul>	<p>examine her life.</p> <ul style="list-style-type: none"> <li>• Participated in a post-abortion recovery group. States the most effective technique in her recovery was writing a letter to her unborn child, this helped her to sort through her thoughts and understand her reactions.</li> <li>• In having a memorial service for her unborn child, she experienced an emotional release when she confessed her sins and sought forgiveness from God and from her unborn child.</li> </ul>
Linda K.T.	<ul style="list-style-type: none"> <li>• Abortion seemed to be the only choice.</li> <li>• Wanted to finish school</li> <li>• Was told that the baby was just tissue (she was 20 weeks pregnant).</li> </ul>	<ul style="list-style-type: none"> <li>• Returned to school after abortion and was determined to find fulfillment in her classes.</li> <li>• Had a "huge, bleeding whole in her soul."</li> <li>• Nightmares of searching for her crying baby.</li> <li>• Added an almost full-time job to her course work in order to be too busy to think or feel.</li> <li>• Self-esteem diminished.</li> <li>• Turned to alcohol, drugs, and sex for comfort.</li> <li>• Quite school and severed ties with her family, wanted to both punish herself and stop the pain.</li> <li>• Didn't think God wanted her back after what she had done.</li> <li>• Hearing a baby cry would "tear open her wound."</li> <li>• 12 years to find healing.</li> </ul>	<ul style="list-style-type: none"> <li>• God showed her his love and she surrendered to him in the middle of a party.</li> <li>• On another night she poured her heart out to God in a tearful confession and saw that she was refusing to accept his forgiveness.</li> <li>• Asked her parents for forgiveness for aborting their first grandchild.</li> <li>• Attended a post-abortion Bible study. There she realized that she also needed to grieve for her aborted child. She named him David and found freedom and peace.</li> <li>• Heaven became real to her because she knows that her son is waiting there for their reunion.</li> <li>• Healing was complete when she and her parents placed a plaque for her son David on a memorial for the unborn.</li> </ul>



APPENDIX C

TABLE 4: EXCLUDED TESTIMONIES

TABLE 4. Excluded Testimonies

Testimony (Title & Source)	Reason For Exclusion
“Heidi” Williams & Caldwell, 2005, p. 51	Unique testimony with all three inclusion criteria, however due to time limitations in the current study this testimony was not included.
“Jonathan David” Williams & Caldwell, 2005, p. 60	Captivating testimony involving rape and incest, however this testimony was excluded due to the fact that the girl who became pregnant was unknowingly deceived by her parents to get an abortion and thus it was not her own decision.
“Tiffany Nicole Burton” Williams & Caldwell, 2005, p. 95	All three inclusion criteria clearly stated. However, due to time limitations only 15 essays could be collected and several from this source had already been chosen.
“Christopher J. Begey” Williams & Caldwell, 2005, p. 115	All three inclusion criteria clearly stated. However abortion was done by doctor without the consent of the woman, so this essay was excluded.
“Lost Gift From God” Williams & Caldwell, 2005, p. 128	All three inclusion criteria were clearly stated. However, due to time limitations only 15 essays could be collected and several essays from this source had already been chosen.
“A Story of Trauma, Healing, Forgiveness, and God's Grace After Abortion” www.rachelsvineyard.org	Some of the sections were not detailed enough to understand how her abortion affected her. Also, this essay was too long to include considering the limitations in time.
“Beryl’s Story” www.postabortionpaths.org	Compelling story from New Zealand, but not enough detail on how she found healing post-abortion.
“He Made Me Feel So Stupid For Becoming Pregnant” www.priestsforlife.org	Not enough information on how she found resolution from her abortion.
“Healing Abortion’s Heartbreak” www.e-n.org.uk	Short testimony from the UK, while all three categories for inclusion were discussed, the details were limited.
“I Began to Resent and Almost Hate the Father” www.priestsforlife.org	Clearly states why she came to have an abortion and the negative affects she experienced, however she only discusses briefly how she overcame the affects of abortion.
“I Lived a Luke-Warm Christian Life” www.testimonies.com.au	A great testimony from Australia, but only touched a little from all three inclusion criteria.
“I Was Petrified to Tell My Parents” www.priestsforlife.org	Minimal detail on how she found resolution post-abortion.
“It Was Then That I Realized the Horrible Mistake I Had Made” www.priestsforlife.org	Limited information on how her abortion affected her.
“My Life Went Downhill and Stayed There for Years” www.priestsforlife.org	This is a well written essay, however the details are limited as to why she decided to have an abortion.
“My story... I Am a Post Abortive Mother” www.rachelsvineyard.org	This essay has great detail on the effects of abortion and how she found healing, however, due to time limitations in the current study only 15 essays could be collected, so this essay was excluded.

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