

**THE IMPACT OF POST-ABORTION DISTRESS ON THE INTERPERSONAL  
RELATIONSHIPS OF WOMEN: AN INTERPRETATIVE PHENOMENOLOGICAL  
ANALYSIS**

**by  
SUNÉ BOTHA**

**Submitted in partial fulfilment of the requirements for the degree of**

**MAGISTER ARTIUM  
CLINICAL PSYCHOLOGY**

**In the  
FACULTY OF HUMANITIES  
at  
THE UNIVERSITY OF PRETORIA**

**Supervisor: DR L.M. ESKELL-BLOKLAND**

**JANUARY 2011**

*We shall not cease from exploration  
And the end of all our exploring  
Will be to arrive where we started  
And know the place for the first time.*

*T.S. Eliot*

## ACKNOWLEDGEMENTS

I would like to sincerely thank and acknowledge the following people:

- My husband to be, Anton, you are my inspiration. This project came into being because you believed in me. Words cannot express what your encouragement has meant to me. Thank you for the countless cups of tea, the technological support and for always understanding.
- My supervisor, Linda Eskell-Blokland, for her guidance and insight that helped shape this project. Thank you for your patience and for allowing me the space to claim my voice.
- My parents, for all the love and support throughout the years and for providing me with the means and opportunity to become who I was meant to be. I am eternally grateful.
- My friends and colleagues at Weskoppies Hospital, in particular, Melissa, Rūmando and Junaid, your support and wisdom helped me through what felt like never-ending darkness.
- Finally, I am greatly indebted to the remarkable women who, by sharing their stories with me, enriched my understanding. Thank you for giving so generously of yourselves.

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## ABSTRACT

Historical and contemporary literature on post-abortion issues draws attention to the complexity of women's experiences in this regard. The literature observes a vast range of potential effects of abortion on the mental health of women. This study contributes to the current understanding of post-abortion issues, by exploring women's subjective experiences of post-abortion distress and the impact on interpersonal relationships. The relational impact is further situated in the context of its importance to psychological well-being.

Four women, between the ages of 23 and 45, described their lived experiences of post-abortion distress during semi-structured interviews. Each participant gave detailed accounts of the abortion event, the difficulties experienced afterwards and the perceived impact that this kind of distress had on their lives and specifically, their relationships with others. The data was subsequently analysed using interpretative phenomenological analysis (IPA).

Twelve main themes emerged from the transcripts, each of which is discussed separately as well as in relation to other pertinent literature. The critical examination of the findings presented in this study revealed divergent aspects to those found in some of the existing literature, as well as understandings comparable with previous research.

The meanings that emerged from these women's stories revealed intense cognitive, emotional and behavioural dilemmas, all of which highlight the subjective experience of post-abortion distress as a complicated and deeply personal issue, with profound effects on their relational worlds.

### Key terms

Abortion; post-abortion distress; women; interpersonal relationships; psychological well-being; South Africa, phenomenology; interpretative phenomenological analysis; reflexivity; qualitative research; subjective meaning.

## CHAPTER 1

### INTRODUCTION

#### Overview

This study explored the phenomenon of post-abortion distress and its impact on interpersonal relationships as described by women who are living with the hardship of their own abortion experiences. Through in-depth interviews, they described the abortion event, the difficulties they experienced afterwards, and the impact that this kind of distress had on their lives and, specifically, their relationships with others.

In this chapter, I introduce myself as the researcher by guiding the reader through my own process of becoming aware of the existence of the incidence of post-abortion distress and the need for research into this phenomenon. In addition, I endeavour to describe the research problem, in its complexity and to elucidate the context of the study, by highlighting the significance of the research within the South African context and within the field of psychology. Thereafter the objectives of the investigation are sketched, followed by a brief overview of the research design as it relates to the research question. In conclusion, my personal assumptions and worldview are illuminated and their influence on the conduct and writing of this research study reflected on.

#### Journey to Discovery

My interest in this research topic developed largely through my own interactions, both personally and professionally, with women who had terminated their pregnancies. Through these exchanges, I became increasingly aware that the occurrence of an abortion remains in the thoughts and hearts of women long after the procedure is over, and that it appears to colour their perceptions and their experience of being in the world.

The ambivalence with which these women related their experiences reflected an unremitting battle within their psyche and the enormity of the impact that it has had on their lives. At times, I was overwhelmed with both the complexity and obscurity of what they appeared to be going through. Through hearing their stories, I began to question my own views, knowledge and understanding of abortion and its impact on the lives of those who live through it. During these conversations, I often found myself at a loss for what to say or how to respond. I felt a general lack of resources in dealing with this kind of distress. Through this personal struggle, I became cognisant of the shortage of available information on the subject and the need for more tailored therapeutic interventions in working with women who have emotional difficulties after having had an abortion.

My quest for knowledge on the matter led me to the existing literature about the issue, which revealed that the psychological risks associated with termination of pregnancy have been the subject of much debate over the past four decades. Although many international studies have attempted to address the issue, the research findings remain inconclusive. I soon became aware of the discrepancies among research findings, and how embedded they are in the political context. My pursuit led to further revelation that these research findings are not only equivocal, but also that the research itself is rife with methodological flaws. In addition, the findings are often specifically aimed at proving or disproving the existence of post-abortion difficulties to influence policy or affirm personal views, especially on the international front. While some studies claim that having an abortion does not pose a significant risk to women, psychologically or otherwise, others claim widespread, severe psychological distress following abortion.

Even though research appears to show that most women are able to cope adequately after having an abortion, several of these same studies acknowledge that at least ten percent of women who terminate their pregnancies experience adverse emotional reactions following the procedure. I also became aware that links to various psychological conditions, symptoms and behaviour, such as depression, anxiety, substance abuse, and suicide were suggested (Cogle, Reardon, & Coleman 2001; Gissler, Hemminki, & Linnqvist, 1996; Reardon & Ney, 2000).

Many studies also claim that women who have abortions are vulnerable to traumatisation and that they often experience symptomology similar to that of Post-Traumatic Stress Disorder (PTSD). There have been attempts to classify these sets of symptoms into a separate psychological disorder called Post-Abortion Syndrome (PAS). These attempts have however, been rejected by the American Psychological Association (APA) due to a lack of evidence in empirical research findings that abortion causes severe distress for the *majority* of women who undertake the procedure.

Over the last few years, the debate surrounding this *disorder* has seen research being done by both anti-abortion and pro-choice groups to gain data that proves or disproves the existence of PAS to influence abortion policy, especially in the United States, but also in other countries. In South Africa, even though less publicised, the debate is also ongoing. Ngwena (2003) is of the opinion that, while the Choice on Termination of Pregnancy Act (1996) is making a huge impact in realising reproductive rights of women as well as meeting their health needs, one cannot overlook that the Act does not enjoy unanimous support. Underpinned by moral dichotomy, the citizens of South Africa, in accordance with the rest of the world, have throughout history, as well as in modern times, exhibited irreconcilable attitudes to abortion. It further appears that, similar to international discourse; religious or spiritual beliefs in particular appear to be the basis of much of the antipathy towards abortion in South Africa (Ngwena, 2003).

Based on my personal contact with healthcare professionals, it appears that in contrast with the opinion of the APA, there is a readiness among South African professionals to acknowledge the existence of PAS. One South African study specifically investigated the prevalence of PAS among women who have had abortions in South Africa and found that one out of three women presenting at the hospital after abortion, fulfilled the criteria of PAS (Van Rooyen & Smith, 2004). This, together with the information gathered from those I spoke to, unveiled a phenomenon that affects many women in our local context.

As my awareness surrounding post-abortion difficulty increased, I realised that, the existence of post-abortion distress appears to be one of many post-abortion realities. Whether or not the difficulties that some women have after abortion can be formally

categorised as PAS, it remains a reality, which is shared by a number of women across the globe, and who might find resonance in this exploration. The participants in this study all share this reality, and through their stories, I resolve to continue my journey of discovery into what post-abortion distress means to those women experiencing this phenomenon.

### **The Research Problem**

The portrayal of post-abortion experiences throughout historical and contemporary literature shows that that it is an enormously complex issue with a potentially infinite range of possible effects on the psychological well-being of women, and one, which despite attempts to investigate, remains elusive in its nature.

Internationally, studies that claim abortion to be a benign experience at the same time show that a certain percentage of women experience abortion in ways that negatively affects their functioning (DePuy & Dovitch, 1997; Dwyer & Jackson, 2008; Lauzon et al., 2000; Major, 2003). These two opposing views do not seem to entertain the idea of a middle ground or gray area when it comes to how women react to abortion, but rather focuses on two extremes. Although similar negative subjective experiences manifested in most of my personal interactions with women who have terminated their pregnancies, mixed reactions were more common. Most women, even those who suffer severe distress, seem able to identify some positive aspects concerning the experience. In many instances, the ambivalent nature of emotions concerning the abortion experience underlies much of the distress that these women report.

It appears that significant amounts of women who, despite their classification as a *minority*, live with emotional distress that they attribute to their abortions. Their experiences have consequences on aspects of their functioning, irrespective of whether a syndrome like PAS exists. The lived experiences of these women, who do suffer with post-abortion distress, appears for the most part to have been shrugged off as a rare, atypical response that can be attributed to other factors besides the abortion itself and

that does not warrant too much attention. As a result, these women's voices remain painfully silent.

This particular lack of rich qualitative data on post-abortion phenomena leaves the field of psychology, among others, with a limited understanding of not only the phenomenon in the broad sense, but also the impact of such an event on the daily functioning and psychological well-being of women who live this experience.

This study focuses on two dimensions of post-abortion distress. It explores the various dimensions regarding the subjective experience of post-abortion distress, as well as the dimensions concerning the impact of these experiences on women's lives in terms of psychological well-being.

As mentioned previously, the possible range of effects on psychological health is infinite. In addition, psychological well-being is in itself a complex issue and encompasses many areas of functioning. I decided to take a narrower focus, in terms of areas of functioning, as a detailed exploration of such a vast, multifaceted issue was beyond the scope of this study. In this study the heart of the exploration of meanings surrounding the experience of post-abortion distress centres on how it relates to functioning within interpersonal relationships.

The interpersonal sphere, according to the literature, is one of the most vital areas of functioning. Sadock and Sadock (2007), state that an adult's psychological health and sense of well-being depend, to a significant degree, on the quality of his or her important relationships. According to Baumeister and Leary (1995), all human beings have a motivational drive to form and preserve interpersonal relationships. According to this view, people need both stable relationships and satisfying interactions with the people in those relationships. If either of these two ingredients is absent, it leads to feelings of anxiety, loneliness, and depression, amongst others. Interpersonal relationships are a crucial element of psychological well-being and are therefore the focus of this study.

This study puts forward that, when dealing with interpersonal relationships, women who have terminated a pregnancy and suffer difficulties after the fact, deal with a variety of issues that have an adverse impact in this regard. Speckhard and Rue (1993) state that the impact of abortion on a relationship can include impairments in the ability to self-disclose, to communicate (due to increased defensiveness), increased apprehension when communicating as well as possible rupture of trust between partners (Lauzon, Roger-Achim, Achim, & Boyer, 2000; Taft & Watson, 2008). This study explores the experiences of women who suffer emotional difficulties due to abortion. Specifically, it examines how these difficulties impact on their functioning in relationships. It is felt that this exploration aids in obtaining a better understanding of what women go through after an abortion in general and more in-depth, how it affects this particular dimension of their psychological well-being.

The research problem thus aims to qualitatively explore the lived experiences of women who suffer emotional difficulties after abortion; and how these difficulties affect the quality of their interpersonal relationships, and as such, their psychological well-being.

### **Value of the Study Pertaining to the field of Psychology**

Abortion and its psychological repercussions are highly contentious subjects. The literature pertaining to this issue has grown considerably over the last thirty years. However, the findings remain inconclusive and the debate ongoing.

The psychological debate closely parallels the political, and it could be said that the way that research is conducted on women's psychological responses to abortion is largely shaped by politics, and sometimes distorted, in an attempt to justify personal agendas or to influence policy. Those that oppose abortion, for instance, tend to highlight and draw on scientific evidence that point to abortion as a cause of severe psychological harm, while those in favour of the choice to abort take the opposite stance saying it is a benign experience.

In addition to the controversy and inconclusive findings, a significant percentage of the body of obtainable research has also been criticised for methodological shortcomings. Most of the studies are quantitative in nature. These seldom seem to do justice to the complexity of abortion experiences among women residing in a milieu that continues to demonstrate intense conflict over the legality and morality of abortion.

Abortion rates also add to the importance of research in this area. Despite the ambiguity of research findings up to date, one consistent finding in research, conducted by both camps, shows that, at the very least, a minority of women (in the region of 10 to 20 %) do experience adverse, lingering post-abortion reactions (DeVeber & Gentles, 2005). This finding seems harmless at first glance but becomes alarming when viewed within the context of the amount of abortions performed each year. According to Johnston (2009), thousands of abortions are performed annually in South Africa, signifying the likelihood that large numbers of women, who experience adverse, long-term psychological effects, is likely to surface each year. This frequently cited *minority* really refers to a potentially large subgroup of women who experience post-abortion difficulties.

It is my opinion that true psychological insight into the subjective nature of this issue is neglected in the literature, and that this contributes to a dearth in the awareness among professionals regarding not only the existence of post-abortion difficulties but also the extent to which it exist.

It is clear that abortion is an issue that cuts through multiple levels – individual, societal, cultural, and political – all of which are likely to have an impact on the individuals' response. The most commonly reported symptoms observed after an abortion experience is feelings of guilt, anxiety, psychological numbing, depression, increased substance abuse, and suicide ideation. All of these symptoms can drastically hamper one's quality of life. In particular, they have the ability to impact negatively on the ability to form and maintain close interpersonal relationships, which, in turn, affects psychological well-being.



The psychological consequences of induced abortion are both complex and poorly understood due to limitations of current research. Few qualitative studies have attempted to address these issues and quantitative studies place most of their focus on the identification of individual, socio-demographic, and situational characteristics of women who are likely to be predisposed to psychological disturbances after abortion. Studies such as these, which have considered prior psychological health, shrug off all negative effects of abortion suggesting that only women with pre-existing mental health problems or high-risk women are troubled by an abortion. In the process of trying to scientifically prove or disprove whether abortion is harmful enough to warrant a policy change, or why it appears to harm some women and not others, thousands of women have lived experiences of emotional and psychological suffering that are being ignored and as a result, go untreated.

The continuing debate over the psychological impact of abortion indicates an important area of psychological research that, due to the controversy surrounding the issue, has yet to be explored in a manner that contributes to the understanding of the issue in a way that could benefit and/or inform therapeutic intervention. It is felt that the available research has not taken adequate notice of individual experiences and the array of possible negative effects of abortion on women. It is also felt that research should move away from an approach that proposes negative responses to be deviant and only associated with pre-existing psychological problems in women. Instead, it needs to be acknowledged that there are women for whom post-abortion distress is a normal and very real reaction. The existence of post-abortion distress appears to be one of many post-abortion realities therefore the question that needs to be asked is, how does this particular post-abortion reality affect the lives and psychological well-being of these women?

There is thus a need for qualitative studies that can explore, in a sensitive, compassionate manner, the complexity of the experiences of women regarding their abortions, as their experiences likely encompass many different domains, including personality, identity, personal beliefs, and perceptions of self and interpersonal relationships. Giving these women a voice will lead to a fuller understanding of the

depth and breadth of their lived experience, which will, in turn, contribute to more effective therapeutic interventions in this regard.

### **The Importance of Studying Post-Abortion Phenomena in South Africa**

South Africa ranks among the countries with the most liberal laws on abortion (Ngwena, 2008). Abortion in South Africa has only been legal since 1996 and since then it is estimated that between twenty and fifty thousand legal abortions are performed annually (Johnston, 2009). The most recent figures, according to the national health statistics, indicated 56,445 legal abortions during 2007. In addition, a tremendous amount of so-called “backstreet” or illegal abortions is also performed each year (Gumede, 2004). If current literature is correct in its statements that at least ten per cent of women that undergo an abortion procedure suffer emotional distress, it becomes clear that post-abortion distress is relevant in our local context. Findings previously mentioned by Van Rooyen and Smith (2004) further indicate that for a large portion of South African women abortion is experienced as a traumatic event that greatly affects their daily functioning.

Local studies that explore abortion experiences do exist, but are rare. Those that are available were mostly done before the legalisation of abortion in 1996. Those done since, focus mostly on the black adolescent population and political and cultural issues surrounding experiences of abortion (Mojapelo-Batka & Schoeman, 2003; Suffla, 1997; Thabethe, 2000; Thobejane, 2001). There is a paucity of available studies concerning post-abortion phenomena in South Africa.

### **The Concept of Abortion as Defined in this Study**

Abortion can be defined as “the spontaneous or induced termination of pregnancy before the foetus has developed to the stage of viability” or “induced termination of a pregnancy with destruction of the foetus or embryo” and “any of various procedures that result in such a termination of pregnancy” (The Free Dictionary, 2010).

Spontaneous abortion or miscarriage usually occurs due to complications during pregnancy, and happens naturally, while induced abortion is intentionally brought about through a variety of procedures. This study deals with the latter, which can further be categorised as either therapeutic or elective abortions. When an abortion is induced to preserve the health of the mother or in the case where there are foetal abnormalities or disease, it is termed a therapeutic abortion, while an abortion performed at the request of the woman for reasons other than the above, is called an elective abortion.

As the definition states, a pregnancy can be intentionally aborted in many ways. The method chosen depends primarily on the stage of the pregnancy, but may also be selected due to regional availability of certain procedures, doctor-patient preference and most relevant, legality.

In South Africa, abortion was legalised with the implementation of the Choice on Termination of Pregnancy Act of 1996. The act allows termination of pregnancy on request during the first 12 weeks of pregnancy. Between 13 and 20 weeks, termination of pregnancy is allowed under specific circumstance. This includes cases where a medical practitioner has found that there is a risk to maternal health, foetal abnormality, that the pregnancy is a result of rape or incest or that social or economic circumstance will be severely affected should the pregnancy be carried to term. After 20 weeks, a legal abortion is only possible in very exceptional and life threatening circumstances. According to DISA Clinic (n.d.), approximately ninety percent of the legal abortions completed in South Africa are first trimester abortions. Under some conditions, however, second trimester abortions (up to twenty weeks) can be done. A number of procedures are available to South African women. Medical abortions (a non-surgical abortion by means of pharmaceutical drugs) are available up to the 7<sup>th</sup> week of pregnancy. Surgical procedures such as manual vacuum aspiration and suction curettage are used between 6 and 14 weeks, while the dilation and evacuation method is used in later terminations (DISA Clinic, n.d.).

Despite the availability of legal abortion procedures in South Africa, many women seeking to terminate their pregnancies still resort to unsafe, illegal methods, also commonly referred to as backstreet abortions (Gumede, 2004). These abortions are

often carried out by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both. This can include the procedure being performed by a person without medical training, a professional health provider operating in sub-standard conditions, or the woman herself. These illegal procedures are sometimes carried out up until the final weeks of pregnancy and often are fatal for the mother.

Due to the enormous range of possible abortion experiences, this research investigation chose to focus on the experiences of women who had legal, elective, first trimester induced abortions. It was felt that second and third trimester abortions, along with spontaneous, therapeutic and illegal abortions add variables to the abortion experience that is too vast in scope be included in one study.

For the purpose of this study, abortion thus refers to legal, elective, first-trimester, induced abortions.

### **The Phenomenon of Post-Abortion Distress**

This study conceptualises the phenomenon of post-abortion distress as any form of subjective difficulty attributed by women themselves to the event of having an abortion. Difficulties may include emotions and symptoms mentioned in existing literature or those not previously mentioned. This phenomenon is then not an objective truth, but is rather conceptualised through the viewpoints of the participants and the meanings that they attach to their lived experiences.

### **Objectives of the Research**

The primary aim of this research study was to explore, through in-depth interviews and analyses, the lived experiences of women who suffer from post-abortion distress, specifically in relation to the impact on their interpersonal relationships. Secondary aims include:

- identifying, through the construction of themes, the various difficulties that women attribute to their abortion experience and to gain a clearer understanding of how these difficulties affect the daily lives of these women in terms of their thoughts, feelings and behaviours
- distinguishing prominent themes of how these thoughts, feelings and behaviours affect the interpersonal relationships of these women
- interpreting and analysing the data gathered, using a variety of available theoretical resources and practical knowledge pertaining to the field of psychology
- using the knowledge gained throughout the study to inform therapeutic interventions with women who suffer from post abortion distress.

### **Research Design**

A qualitative research design, using interpretative phenomenological analysis (IPA) as the research strategy, was chosen based on suitable fit with the stated goals and purposes of this study. Qualitative enquiry addresses the lived experiences of human beings. Utilising this approach, the researcher attempted to appreciate the issue from the viewpoint of the participants. Understanding and examining participants' thoughts, feelings and behaviours through their spoken words and the images that they create is essential. This also involves describing participants' social settings so as to ensure that their views are not isolated from the contexts in which they exist (Struwig & Stead, 2001).

The qualitative researcher is the primary instrument for data collection and analysis. Data are mediated through this human instrument, rather than through inventories, questionnaires, or machines. It is thus vital that the researcher's involvement in the study be thoroughly acknowledged. Creswell (2007) states that the research design process in qualitative research commences with the assumptions that the researcher makes concerning qualitative research and the phenomenon being studied. Researchers therefore bring their own worldviews, paradigms and sets of beliefs to the research project and these inform the conduct and writing of the research study. He further states that good qualitative research entails making these assumptions explicit when writing the study and being conscious of the influence it has on the manner of the investigation. According to Creswell (2007), the position of the researcher, the person reading the text and the

individuals from whom the data are collected, play a more central role in research design decisions than before and necessitate a self-reflective stance on how research is carried out and put on paper. Qualitative researchers today are much more self-disclosing about their writings and it is no longer acceptable to be the omniscient, distanced qualitative writer. All researchers shape the writings that materialise, and qualitative researchers need to accept this interpretation and be open about it in their writings.

IPA also recognises the active role of the researcher in the exploratory process, as well as the subjectivity and personal biases that are invariably brought to the task. As such, IPA calls for the examiner to demarcate a plan that will lessen the impact of these biases on the research process as much as possible, and to overtly concede the role of his or her biases on the research endeavour. I, therefore, deem it essential that I first situate this research report within my beliefs about truth and knowledge as well as within my view of abortion.

### **Assumptions and Personal Views**

*I know I'm not seeing things as they are, I'm seeing things as I am.*

Laurel Lee

As a first step to attempt to limit bias, my personal assumptions and approach to understanding life are described here. This is an attempt to increase self-awareness as well as to make readers aware of the predispositions that I bring to the research process. Through this I hope to model a reflexive stance on how my views and the meanings that I attach to certain things might influence the way that this study is conducted.

Each individual's understanding about life is shaped as he or she engages in new events and experiences; interacts with others and with his or her environment, and obtains answers to life's questions through these interactions. This understanding is often called a worldview and has been compared to a lens, which colours the way one views life and how one takes in the world you live in. Included in this worldview are one's core assumptions about the nature of reality or truth and how one acquires knowledge.

I believe that experience is informed by our interactions with others and our surroundings and that the meanings that we attach to experience, are subjective, and diverse. That which becomes true for me through my experiences will not necessarily hold true for others. Many things inform the creation of my reality. My gender, age, family of origin, also my place in that family, the belief system that I was raised in, and those that I was exposed to outside of that environment, are all pivotal to the construction of my view of the world and the things in it.

### **My Position on Abortion and Post-Abortion Distress**

*Genuine tragedies in the world are not conflicts between right and wrong. They are conflicts between two rights.*

Georg Wilhelm Friedrich Hegel

My assumption is that life begins at conception. I base this, not on religious or moral convictions, but on the perceived knowledge that I have of human development as well as on personal experience of seeing life in its earliest stages. The meaning that I attach to abortion is consequently the ending of life or potential life. Despite this belief, I am not anti-abortion, as I also place a lot of value in freedom of choice and I hold that every person makes their choices based on what in, their reality, are valid justifications.

As mentioned previously, my truth about the world and everything in it comes about through my personal experience of being in the world. I experience the world through the various roles that I personify. In a sense then I am many things; I am young, I am female, I am a daughter, a sibling, a godmother, a student of psychology, and so on. One of these aspects that I believe to be paramount in this study is the fact that I am a woman. How I experience womanhood directly relates to how I view the concept of abortion, because this concept, even though involving males to some degree, is inherently a female experience. It incorporates a multitude of factors related to womanhood, for example, sexuality, pregnancy and motherhood. My personal experience of womanhood involves a somewhat convoluted construction that lies somewhere between instinctual nurturance and freethinking liberation.

Coming from a background that integrated traditional gender roles as well as female emancipation, my view on abortion also incorporates aspects of both the aforementioned conceptualisations of being a woman. As a result, in spite of my independent, freethinking nature, I also believe that I embody, on some level, the archetype of the mother. The archetypal mother is the life-giver, the source of nurturing and nourishment, patience, devotion, caring, and unselfish acts. These are qualities that I often recognise within myself and that I consider (according to my worldview) to be present to some degree in most women, especially those coming from a similar background. My view in this regard is also informed by countless conversations with women from similar backgrounds about this topic and is thus not only my own personal truth, but also a shared reality.

Being born as a white, middleclass, South African female in the 1980s, means, for me that I am a liberated woman who has a sense of freedom and choice, something that I have never been without and cannot really conceive being without. I acknowledge the fact that this is not the case for all women, and that I cannot speak for those with different circumstances. As such, I wish to emphasise that when I speak about abortion and post-abortion distress, I speak as someone who has a choice as to whether or not I submit to becoming a (biological) mother. From this same stance, I do however believe that even if I should choose not to become a mother biologically, whether through contraception, adoption or abortion, the motherly instinct that I feel within myself will likely not dissipate in the light of such a decision. I believe that this assumption also holds true for many other women. I base this belief on interactions that I have had with others and various conversations on this topic. I thus believe that, having an abortion is a choice that for many women might go against their instinctual nature and can result in crisis.

*Nature in everything demands respect, and those who violate her laws seldom violate them with impunity.*

MaryWollstonecraft

I believe that irrespective of outside influences or the many different reasons why women choose abortion, it is something that in most cases is a decision that is difficult to make and that inherently goes with an awareness of the ending of life. Again, I stress that I speak from my personal worldview. I deem it a complicated decision, one, which I believe,



translates for many women, to a traumatic life event, which involves guilt, loss and grief. This is a kind of trauma that may, in fact, predispose certain women to severe emotional turmoil and psychological problems which may surface later in life.

I maintain the importance of choice. I believe that every woman has the right to choose abortion for whatever reason, but I am also of the opinion that depending on many factors, not every woman will necessarily be able to live comfortably with such a choice. This view has been consistently reaffirmed through my past and present interactions with women, who indeed struggle to live with their decisions.

### **Limiting Bias**

Becker (1992) emphasises that phenomenological research strives for valid and reliable knowledge about phenomena by including, rather than eliminating, people and their experiences. According to this view, objectivity is redefined in terms of being aware of one's preconceptions. Instead of trying to eliminate pre-understandings, the phenomenological researcher becomes aware of these pre-understandings, so that they can be set aside to let new knowledge emerge. Furthermore, it is required for the researcher to, after acknowledging his or her own possible biases, set them aside as far as possible so as to best understand the experiences of participants in the study (Moustakas, 1994).

The researcher transcends or attempts to suspend past knowledge and experience to understand a phenomenon at a deeper level (Merleau-Ponty, as cited in Becker, 1992). According to Creswell (2007), it is an attempt to approach a lived experience with a sense of novelty to elicit rich and evocative data. This process is called *bracketing* and is what qualitative researchers use to control for biased data. The idea is that pre-understandings that are acknowledged and validated are less likely to be imposed on participants (Becker, 1992; Smith, Flowers & Larkin, 2009).

To reiterate, the personal assumptions that I make about truth and about abortion are the pre-understandings that are likely to extensively inform the process of this research study. Being aware of one's assumptions is however, as mentioned previously, only the first step in trying to limit bias in qualitative research. The second step is to set these

pre-understandings aside when collecting data to make sure that the meanings that emerge are based as much as possible on the views of the participants and thus provide new knowledge. Once data has been collected, these pre-understandings are brought back and used to delineate the essential nature of a phenomenon (Becker, 1992).

Smith (2007, p. 6) illustrate the cyclical nature of bracketing through the following: “I start where I am at one point in the circle, caught up in my own concerns, influenced by my preconceptions, shaped by my experience and expertise. In moving from this position, I attempt to either bracket, or at least acknowledge my preconceptions, before I go round to an encounter with a research participant at the other side of the circle. Whatever my previous concerns or positions, I have moved from a point where I am the focus, to one where the participant is the focus as I attend closely to the participant’s story, facilitate the participant uncovering his/her experience. This requires an intense attentiveness to, and engagement with the participant as he/she speaks...Having concluded the conversation, I continue my journey round the circle, back to where I started. So I return home to analyse the material collected from the perspective I started from, influenced by my prior conceptions and experiences. However, I am also irretrievably changed because of my encounter with the new, my participant and her/his account.”

This quotation emphasises the necessity of bracketing when doing phenomenological research, and gives a guideline as to how one should implement it when studying phenomena. I attempted to illustrate bracketing by explicitly acknowledging my personal assumptions about the nature of reality and abortion. Further discussion surrounding the limiting of bias is included in Chapter 3 where the methodology is discussed in detail. I take a reflective approach throughout this paper to further ensure awareness of presuppositions and its influences on the study.

## **Summary**

In this chapter, I introduced myself as researcher through an exposition of my own process on becoming aware of the phenomenon being studied. I also positioned myself in this study through reflecting on my personal assumptions and worldview regarding truth and abortion. In addition, I introduced the reader to the phenomenon

of post-abortion distress, as explored in the current study. Moreover, I explained the significance of the study as related to the reality of post-abortion distress in South Africa and its value to the field of psychology. Also discussed in this chapter, were the objectives for the study and the fit of the chosen research design as it pertains to the research question.

## CHAPTER 2

### LITERATURE REVIEW

#### Introduction

In this chapter, an overview of relevant literature introduces the reader to the central issues concerning women's experiences of abortion and its after-effects as portrayed in past and contemporary research.

The exposition is set in motion with a brief background concerning abortion research, after which the problematic role of the political debate in the portrayal of post-abortion issues is highlighted. This is followed by an elaboration on the multitude of meanings found in the experience of abortion, as is evident in post-abortion outcomes presented in the literature. Key factors that are believed to play a role in determining these outcomes are then reviewed.

Research studies concerning abortion and interpersonal relationships are of particular significance to this study and are discussed alongside literature on the role of interpersonal relationships in psychological well-being. The chapter concludes with a brief section where I give my personal reflections about the literature review and the role that it plays in this study.

#### Background

An examination of available literature on abortion revealed four decades of research on the issue. It is worth noting that several matters addressed in historical research on this topic are still considered some of the major issues in more recent studies. One of the most prominent abortion issues that seem to remain contentious in research is that of the effects of abortion on the mental health of women. This is of particular interest to this study and will therefore be reviewed in detail. Before this review commences, it is necessary to highlight the problematic context within which these research findings are often presented and the implications thereof on the general understanding of how women experience abortion.

## The Role of the Political Debate in Understanding Abortion and Subsequent Mental Health

The issue of how abortion affects the mental health of women has been a point of heated debate for the past four decades and is yet to be resolved. This holds true for the political sphere as well as in research on the matter. Comment on the tentative nature of this research is found in several reviews that summarise findings of abortion studies (Coleman, 2005; Coleman, Reardon, Strathan, & Cogle, 2005; Dwyer & Jackson, 2008; Major, 2003; Taft & Watson, 2008). Recently the Royal College of Psychiatrists (2008) issued a declaration, which explicitly states that the body of post-abortion research is inconclusive. This in part, can be explained by the fact that the psychological debate around abortion closely parallels the political and that the way in which research is conducted on women's psychological responses to abortion is often shaped by politics and, at times, distorted in an attempt to justify personal agendas or to influence policy. A review of existing studies on abortion and its psychological after-effects confirmed that the body of post-abortion literature is distinctly divided into two broad categories that illustrate the two opposing views.

Some research studies claim that having an abortion is a serious life event, which causes or can cause severe psychological harm to women. Whereas others claim that abortion is not dangerous to women's mental health and that psychological distress or disorders following it are extremely rare and mostly absent. Politically, those that consider themselves pro-choice lean towards the latter and often cite studies in their arguments that claim abortion to be a *psychologically benign* experience for women. Pro-life activists tend to use research findings that indicate abortion to be psychologically harmful so as to fuel their arguments for the criminalisation of abortion (Keys, 2010). Dwyer and Jackson (2008), and Major (2003) also acknowledge that the psychological implications of abortion are politically charged and that scientific research on psychological responses to abortion are often cited as a basis for making policy decisions about access to abortion.

In further affirming the above argument, Avalos (1999) and Keys (2010) comment on how women who have abortions are often caught in the crossfire of a heated ideological battle and how their experiences are often used as fodder in the political debate. As a result, the women involved, and their subjective experience of abortion, are largely ignored in

research literature. Because of this it is argued that the understanding of how women experience abortion is clouded by its embeddedness in political concerns. With this in mind, findings of these studies are now elaborated on.

### **Research Findings on Abortion and Subsequent Mental Health**

Scholars have paid considerable attention to documenting women's psychological responses to abortion. It appears that there is a strong need to establish normative responses to abortion that are generalisable to the majority of women. Within this context, the bulk of post-abortion research has been investigated quantitatively. The emphasis is mostly on the kinds of reactions that women have after abortion as well as causal relationships between various factors existing prior to the abortion and subsequent post-abortion outcomes. There is thus an emphasis on objectively investigating *if* there are negative reactions or not as well as examining *why* this is or isn't so. Many of these studies find ambivalent responses, but tend to focus on emphasising whether positive or negative responses are in the majority.

The duration of post-abortion reactions have also received a lot of attention. Quantitative studies seem to concentrate predominantly on the period stretching from immediately after the abortion until two years afterwards. Few investigations have attempted to examine women's reactions beyond the period of two years. A number of longitudinal studies that were attempted indicated that abortion could be associated with poorer mental health in the long-term. Problems include elevated rates of depression, anxiety, suicidal behaviours and substance use disorders. When compared to women who miscarried, the psychological responses of women who had abortions were shown to be poorer five years after the event (Broen, Moum, Bodker, & Ekenberg, 2005; Fergusson, Horwood, & Boden, 2008; Fergusson, Horwood, & Ridder, 2006).

Qualitative studies that explore the post-abortion experiences of women are fewer in number than quantitative studies and are mostly in the form of unpublished dissertations that are difficult to obtain. Lie, Robson and May (2008) are of the opinion that, despite the fact that abortion has become an increasingly normalised component of women's health care over the past forty years, insufficient attention has been paid to women's subjective experiences of abortion. According to this review, approximately eighteen qualitative studies are readily

available on the subject. A review of these revealed that three main themes are explored in existing qualitative studies, namely, the experiential factors that promote or inhibit the choice to seek abortion; experiences of abortion; and experiential aspects of the environment in which the abortion takes place.

Furthermore, they report that the outcomes of these studies indicate that women's choices concerning abortion are mainly practical and relate to negotiating limited personal, family, and emotional resources. Women who are well informed and supported in their choices seem to experience better psychosocial outcomes following abortion. Medical abortion using mifepristone appears attractive to those who are concerned about professionals' negative attitudes and lack of privacy. This does however lead to concerns about management and safety.

Other available studies, not mentioned in the above review, seem to focus predominantly on the experiences of pre-abortion decision-making as a factor in post-abortion reactions, repeat abortions and the responses of male partners after the abortion (Halldén, Christensson, & Olsson, 2005; Harden & Ogden, 1999; Kero & Lalos, 2004; Kero, Lalos, Högberg, & Jacobsson, 1999; Kumar, Baraitser, Morton, & Massil, 2004; Törnbom & Möller, 1999).

In a qualitative study by Törnbom and Möller (1999), twenty women, aged 20-29, seeking a repeat abortion, were interviewed. The women had experienced one to five abortions during the last five years. The study aimed to gain a better understanding of the phenomenon of repeat abortions. The women were asked to express their thoughts of their situation and their choices. Psychosocial background factors, reactions to previous abortions, reflections on fertility, sexuality, psychological factors, social factors, contraceptive use, the present pregnancy, motives for the planned abortion, feelings about the planned abortion and risk-taking processes were some of the themes that emerged. Most of the women seemed to have a psychological vulnerability as they presented with many current and previous mental health problems, as well as, problems regarding sexuality.

During the last decade, there seems to have been an increase in qualitative studies that focus on exploring women's subjective experiences ranging from the time immediately after

the abortion to more than ten years afterwards (Avalos, 1999; Campbell, 2009; Emužienė, 2005; Fielding, Edmunds, & Schaff, 2002). The findings in these studies appear consistent with what is found in quantitative studies. Moreover, the complexities of post-abortion experiences seem more adequately dealt with as grey areas and mixed emotional outcomes are also acknowledged.

A two-part study conducted by Emužienė (2005), aimed to investigate and describe how women create meaning about their experiences of a first abortion. Twelve women were interviewed before the abortion and again twelve months after the abortion. Four themes emerged regarding the meaning of abortion, namely, struggling to find meaning of abortion for self and for life, coping with emotional consequences, keeping on being who one was before and wishing for emotional support from family and friends. The result of the study showed that although most of the women subjectively experienced negative feelings after their first abortion, some had a more positive assessment of the experience.

Avalos (1999) explored how women retrospectively construct meaning around their abortion experiences. The sample method is unclear, but is reported to have been obtained in a manner that had the advantage of attracting thoughtful individuals who were willing to share their experiences freely. Twenty women, between the ages of 20 and 40 years, participated in the study, of which four narratives, considered representative of all twenty women, were used to demonstrate the diversity of abortion experiences. The time between the abortion and the interviews ranged from two months to twenty-seven years, with a mean of nine years. Findings presented consisted of several critical points on a continuum pertaining to participant's retrospective satisfaction with abortion experiences. From the narratives presented, it is clear that many emotional reactions are possible after abortion and that retrospective interpretation and meanings of these experiences change over time. While some women are quite satisfied with their decisions years after the fact, others report emotions of loss or grief rather than relief. These women's accounts also suggest that grief and loss is a real possibility after abortion, but that the acknowledging, expressing, and processing of such feelings are seriously constrained by the political and social milieu. The study holds that public acknowledgement and understanding of grief and loss is limited because of the largely uninformed views of society, as well as an unwillingness to explore the complexities of abortion experiences. Avalos (1999, p. 52) states that, "There is virtually no



cultural permission to grieve or to seek support after abortion since it was a choice and not a quirk of fate.”

Despite the recent increase in studies focusing on subjective experience and findings of lingering emotional difficulty or mixed and changing reactions, the consensus in published literature remains that the majority of women who have abortions do not experience reactions of meaningful magnitude (Coleman & Nelson, 1998; Stotland, 2001). However, virtually all researchers acknowledge that a minority do experience adverse and, at times, extreme psychological effects. Reviews of studies on the psychological effects of abortion, often comment on studies where it was found that at least ten percent of women undergo severe emotional reactions (DePuy & Dovitch, 1997; Lauzon et al., 2000). DeVeber and Gentles (2005) comment on a study in which 41 000 women, who had undergone induced abortions, were compared with a similar number of women who had not undergone induced abortions. They report that the study found admissions to hospital for psychiatric problems to be five times more for those who had abortions than those who have not. This finding indicates a potential correlation between abortion and vulnerability to subsequent long-term mental health problems in women. Their own research also uncovered numerous reports of significant problems among women who have had abortions. Based on their review of research studies on abortion, as well as their own research, they concluded that many women appear to suffer problems after abortion. They also give an estimate of the number of women who seek post-abortion counselling, which according to their information, is an estimated ten percent, which is consistent with the number of women found by other studies to suffer more severe effects due to abortion (DePuy & Dovitch, 1997; Lauzon et al., 2000). They further argue that when taking into account the amount of abortions performed each year, even the ten percent of women who seem to suffer these difficulties translates into a substantial number that experience ill-effects and that this could represent a substantial public health issue.

The above review of studies on abortion and mental health reveals that research is often fuelled by political agendas and conducted from angles intended to serve a certain purpose and, as a result, is often biased. Negative responses to abortion are mostly viewed as being either extremely rare and short-lived, or extremely severe and long-lasting. Grey areas are not often acknowledged by the studies that approach the subject quantitatively, but are

found more readily in qualitative studies that focus on the subjective experiences of women. From a phenomenological point of view, one can argue that the opposing findings in post-abortion research illuminate the multitude of meanings that the abortion experience can hold for women. It speaks to the existence of multiple, shared realities in the form of positive experiences for some, and negative experiences for others. Finally, a reality also exists where the experience is an integrated one that combines both positive and negative emotions about abortion. According to Avalos (1999), the array of experiences depicted in women's stories has the potential to shift our shared understanding away from the current political controversy, as the complexity, contradiction and ambivalence conveyed clearly defy the categories imposed by the political debate. Consequently, post-abortion outcomes, as presented in the literature, are elaborated on.

### **Post-Abortion Outcomes**

Examining women's emotions, evaluations, and general mental health after an abortion, as well as changes over time in these responses and their predictors revealed a variety of positive, negative and ambivalent outcomes (Bradshaw & Slade, 2003; Cogle et al., 2001).

Adler (1975) identified three separate variations in emotions experienced by a sample of seventy women over a two-to three-month period following a first-trimester abortion. One variation consisted of positive emotions, namely relief and happiness. The other two variations comprise of negative emotions that fall into two separate categories. One, consisting of shame, guilt, and fear of disapproval, was termed socially based and seemed to reflect responses to having taken an action that could generate social disapproval. The second negative emotional factor consisted of regret, anxiety, depression, doubt, and anger. These emotions were termed internally based and seemed to relate to the loss of the pregnancy and the meaning it had for the woman.

A phenomenological analysis of women's abortion experiences by Campbell (2009) emphasises that women often subjectively experience a mixture of emotions and reactions to abortion. The women in the study expressed a range of emotions, including sadness, guilt, regret, and anger. But also there was joy, pride, love, and hopefulness (Campbell, 2009).

Avalos, (1999) and Fielding, Edmunds and Schaff (2002), relate similar expressions in two separate qualitative studies. Both also emphasise the fluid nature of what women experience after abortion. Adler, David, Major, Roth, Russo and Wyatt (1992) agree that woman's responses to abortion are complex, and that there may be a mixture of positive and negative emotions following abortion.

Positive outcomes thus mostly include feelings of relief and happiness immediately after the abortion is over. Other positive outcomes in literature include improved self-esteem, a positive impact on relationships and personal or emotional growth because of having dealt with such a crisis. Negative outcomes include varying degrees of loss and grief, feelings of remorse, guilt, sadness and anger. Psychological conditions, such as, depression, anxiety, substance abuse, and symptoms similar to those experienced during post-traumatic stress disorder (PTSD) are also identified. The latter is often referred to as post-abortion syndrome (PAS). In some instances, increased risk for suicide has been reported as a possible outcome (Gissler, Hemminki & Lonnqvist, 1996). Although a rare occurrence, instances of post-abortion psychosis have also been documented (Brewer, 1977; Brockington, 2005).

### **Positive outcomes following abortion**

A number of researchers have found that abortion leads to positive psychological and life outcomes in women (Campbell, 2009; Cvejic, Lipper, Kinch, & Benjamin, 1977; Fergusson, Boden and Horwood, 2007). In terms of well-being and mental growth, Kero, Hogberg and Lalos (2004) state that their study confirms that nearly all women experience legal abortion as a relief or as a form of taking responsibility, not only immediately after the abortion but also at four and twelve months post-abortion. The study also shows that the majority of the women viewed the consequences of the abortion as a process of growth and maturation.

Acknowledging the possibility of mixed emotions, Adler, David, Major, Roth, Russo and Wyatt (1992) report that reviews of post-abortion literature reveal that when women are asked to indicate which emotions they experience following first-trimester abortion, the most frequent response is to report feelings of relief and happiness. Broen, Moum, Bodtker and

Ekeberg (2005) also found that women who had abortions, showed a high incidence of feelings of relief after the abortion, and speculate that this is indicative that their situation shortly before the abortion was experienced as very difficult and stressful. Other studies confirm this observation of relief after an induced abortion (Major et al., 2000). Campbell (2009) relates the narrative of a woman she calls Sofia, who describes how since her abortion, she has become a more resilient person. She said that before she would easily cry at others' comments, but subsequently has found that she has a much stronger character. Similar stories of women's subjective experiences are found in other qualitative studies (Avalos, 1999; Emužienė, 2005; Fielding, Edmunds, & Schaff, 2002; Keys, 2010).

Cvejic, Lipper, Kinch, and Benjamin (1977) interviewed thirty-eight adolescents two years after they had had abortions. Although a small number of girls suffered ill-effects, most did not regret their decision and considered it a positive experience. However, the majority of the participants said they would not have another abortion. This implies some level of ambivalence. Assessment of their general functioning showed that they were doing well and that relations with their parents were generally good. The families were supportive in the decision-making process and in the post-abortion period. The adolescent girls reported that they felt mentally older, which was interpreted as growth.

Bradshaw and Slade (2003) reported that studies seem to indicate that self-esteem remains unaffected by the process, and other studies show that there might even be an increase in self-esteem in some women after abortion. Possible reasons could be that it is viewed as an empowering experience regarding personal freedom and sense of control over one's circumstances and reproductive choices (Major et al., 2000).

Regarding subsequent life outcomes, Fergusson, Boden and Horwood (2007) compared young women who became pregnant before the age of 21 who did not seek an abortion, with young women in a similar age group who had an abortion. They found that those who had abortions had significantly better outcomes especially pertaining to higher levels of subsequent educational achievement and income. Although it could be argued that having the freedom to pursue education and career goals could have positive implications for the psychological well-being of young women, this was not explicitly commented on.

## **Negative outcomes following abortion**

A review of post-abortion studies by Bradshaw and Slade (2003), revealed that although distress appears to decrease following abortion, up to thirty percent of women still experience emotional problems for up to one month following abortion.

According to Williams (2000), abortion can be considered a form of loss similar to stillbirths or miscarriages, and that often results in various forms of grief reactions. Like Avalos (1999), he speculates that because abortion is something that women often choose, as opposed to it being an act of fate, their loss is viewed in a different way, perhaps even as socially unacceptable. It is suggested that many women who choose abortion are as a result, either unaware that they may indeed have legitimate emotions of grief and loss after the experience, or they are under the impression that they are not allowed to grieve because it was a self-inflicted grief. These women are reluctant to express feelings of loss or grief openly because of the controversy that surrounds elective abortion.

Concerning the intensity and duration of grief reactions, Williams (2000) reports that a mild persistence in several symptoms of grief are experienced by many of the women he refers to in his study, whose abortions occurred an average of eleven years previously. Included in these grief reactions are the following symptoms: anger and hostility; withdrawal from social contacts and responsibilities; inability to control overt emotional experiences; heightened personal death awareness; loss or lack of physical strength; preoccupation with bodily symptoms and an excessive need to depend on others. Furthermore, it is noted that, despite the length of time since the abortion, for many of these women the exact date of the abortion experience was significant enough to be remembered for years afterwards.

Broen, Moum, Bodtger and Ekeberg (2005) used a well-known assessment measure to compare the post-abortion responses of women who had induced abortions, with women who miscarried at intervals for five years after the event. It was found that, although both situations can potentially cause mental distress, women who had induced abortions showed slower recovery in terms of emotional difficulty. They also exhibited higher scores for grief, loss, anger, avoidance reactions as well as feelings of guilt and shame. These feelings of guilt and shame are reported to predict higher avoidance scores two years later, which makes it

possible that feelings of guilt and shame, associated with the induced abortion, contribute to a slower improvement in mental health.

The study indicated that many women presented with avoidance symptoms related to the induced abortion for a mean of approximately ten years afterwards. 50% of the women tended to avoid thinking or talking about the abortion, and about 25% had difficulties being near babies. Emmerik, Kamphuis and Emmelkamp (2008) reported similar results regarding avoidance for women up to two years after abortion. Findings in a recent qualitative study by Keys (2010) suggest that some women use certain behavioural and cognitive techniques, similar to the aforementioned avoidance symptoms, in an attempt to transform unpleasant physiological and psychological reactions to stimuli that remind them of the abortion experience. This includes transforming inappropriate expressive gestures and problematic emotional labels. She describes how women strategically dodge or sometimes, even deliberately approach, hazardous situational cues (e.g. abortion debate rhetoric, images of foetal development and ultrasounds, babies and pregnant women) to achieve a feeling state that is more consistent with their beliefs and thus more easily managed.

Another study, which investigated the psychological meaning of abortion among college age men and women, found that the event of abortion is interpreted as a very difficult decision to make. For a sizeable number of women it brings extreme discomfort and does not represent an experience that is readily left in the past (Coleman & Nelson, 1998). It is reported in this study that, one third of the women and over half of the men reported a sense of regret following the procedure and that a large percentage of both women and men reported feeling sad when they thought back to the abortion. In addition, they experienced a sense of longing for the aborted foetus. These responses were closely tied to pre-abortion ambivalence.

Abortion has also been linked to symptoms and behaviours indicative of more serious psychological conditions. This includes states of anxiety and depression, post-traumatic stress disorder symptoms, substance abuse and suicidal inclinations. These are subsequently discussed.

## **Abortion and anxiety**

A number of researchers have reported on associations between post-pregnancy outcomes and anxiety (Bradshaw & Slade, 2003; Cogle, Reardon & Coleman, 2005; Fergusson et al., 2006; Steinberg & Russo, 2008). These studies show that while many women report feelings of relief immediately after the procedure, others report feelings of anxiety, which they attribute to their abortions. In one study Broen, Moum, Bodtker and Ekeberg (2005), compared responses of women who had induced abortions with women who miscarried. They found that women who had induced abortions, showed higher levels of anxiety for up to five years after the event. In a comparison between the anxiety levels of women who carried their pregnancies to term and those who aborted, Cogle, Reardon and Coleman (2005), found that the latter had significantly higher rates of subsequent generalised anxiety. This was especially true for women under the age of twenty years. Rates of generalised anxiety that were more comparable to those of the general population were found among older women. It was reported that this might be attributed to the higher rates of abortion concealment among older women or the possibility that the experience of abortion is more stressful for younger women. They further explain that cognitive avoidance, which has been implicated in generalised anxiety disorder (GAD), is a possible mediator that could account for the impact of a negative life event such as abortion and onset of GAD. It is thought that worry can be a form of cognitive avoidance in that future events receive more focus than present emotional circumstances. They also cite a study by Borkovec and Roemer (1995), which found evidence consistent with this formulation in that, GAD patients were likely to use worry as a means of distracting themselves from topics that are more unpleasant. Cognitive avoidance is viewed as a common symptom among post-abortive women (Major & Gramzow, 1999). This is especially true for studies concerning abortion as a pre-cursor to post-traumatic stress disorder (PTSD) or post-abortion syndrome (PAS).

## **Post-abortion syndrome (PAS)**

Post-traumatic stress disorder (PTSD) is characterised by re-experiencing symptoms such as unwanted, intrusive memories, flashbacks and nightmares; avoidance of internal and external stimuli that are linked to the traumatic event and symptoms of intensified physiological arousal (Lee, Scragg, & Turner 2001). Bradshaw and Slade (2003) are of the

opinion that there has been increasing understanding of abortion as a potential traumatic event.

Lee et al. (2001) are of the opinion that, while fear is often a dominant affect in the formation and maintenance of PTSD, other affects such as anger, shame, guilt and sadness are frequently associated with the traumatic event. In view of some of the symptoms described in a previous section of this chapter, it becomes an even stronger likelihood that the event of an abortion could indeed be a traumatic stressor that could induce PTSD-like symptoms in women.

Studies using standardised PTSD instruments also indicated a link between abortion and diagnostic criteria for PTSD, 3 to 5 years after the event (Barnard, 1990; Hanley, Piersma, King, Larson, & Foy, 1992). It was found that women report abortion-related distress similar to PTSD symptoms of intrusion, avoidance and hyper-arousal, and that these symptoms can occur for the first time, or still be present many years after the abortion.

Another study reported that approximately one percent of participants suffered from PTSD two years after abortion, while yet another reported that ten percent of women were traumatised (according to a high Impact of Events Scale [IES] score) six months after the event (Broen, Moum, Bodtker & Ekeberg, 2005). Post-traumatic re-experiencing was also documented in anniversary reactions (Speckhard & Rue, 1992). Women also report anniversary reactions that include intense emotional and psychosomatic pain (Franco, Campbell, Tamburrino, Jurs, Pentz, & Evans, 1989).

In recent years, there have been attempts to create a separate diagnostic category based on the aforementioned symptoms, called post-abortion syndrome (PAS). On the local front, Van Rooyen and Smith (2004) describe PAS as the emotional, psychological, physical and spiritual trauma caused by an abortion. It is held by many to be a type of post-traumatic stress disorder (Speckhard & Rue, 1992). The South-African study report results indicating that one out of three women presenting at the hospital after abortion, fulfilled the criteria of PAS (Van Rooyen & Smith, 2004). Reisser and Reisser (2000) mention common symptoms believed to describe post-abortion syndrome. These symptoms include guilt; shame; anxiety; psychological numbing; depression and thoughts of suicide; anniversary reactions; re-experiencing in the form of sudden distressing, recurring flashbacks of the event; fixation on



becoming pregnant again; anxiety over fertility; interruption of the bonding process with present and/or future children; substance abuse; eating disorders and other self-punishing behaviours.

According to Lee et al. (2001), when it comes to trauma, the effects of shame and guilt in particular can be immobilising. They affect the experience of the self and social behaviour, contribute to later psychopathology and hinder emotional processing of an event. They also differentiate between internal and external shame as it relates to the experience of the trauma itself, as well as thinking and talking about the trauma afterwards.

The self-conscious feeling of shame is said to affect views of the self and social identity. External shame refers to experiences of how one believes oneself to be perceived by others, while internal shame refers to experiences of the self as devalued in one's own eyes. In the case of abortion, because it carries a social-stigma, external shame might result. When a woman believes that others view her action as something immoral and against appropriate societal behaviour, she can feel external shame by perceiving herself as devalued in their eyes. Nonetheless, she herself feels no personal shame about her actions. She might not see herself as *bad* but will feel ashamed due to the conviction that others view her as *bad*. Internal shame can result when the woman's action of abortion activates schematic beliefs of the self as reprehensible. Internal and external shame often overlap and inform one another.

Intense experiences of shame can result in behavioural patterns such as submission, desire to escape, hiding and concealment and an increased awareness of how one appears to others, especially when talking to them about the traumatic event (Lee et al., 2001).

Guilt is closely related to internal shame, and is a self-conscious response, that relates to a sense of responsibility. It is believed to occur when a person considers that they have done something contrary to their personal code of conduct or when their actions have injured another. This is normally associated with a need for restitution. However, when this goes hand in hand with a traumatic event where restitution is impossible, because it resulted in death, memories of the trauma may become so emotionally painful that they cause greater avoidance (Lee et al., 2001). Applied to abortion, it can be argued that when a woman believes that having an abortion goes against her personal belief that abortion is *immoral* or

*murder* (she feels that she has taken her own child's life) distressing emotions occur. These could lead to increased avoidance behaviours such as those previously mentioned. With such chronic guilt, escape is often facilitated by dysfunctional behaviours like socially isolating the self or increased substance abuse.

### **Abortion and substance abuse**

Studies seem to indicate a link between abortion and the risk of a range of substance abuse disorders in young women. Women who abort a first pregnancy are five times more likely to increasingly abuse substances following their abortion, than women who carried their pregnancies to term, and four times more likely than those who miscarried or suffered stillbirths (Dingle, Alati, Clavarino, Najman, & Williams, 2008; Reardon & Ney, 2000). Coleman (2005) suggested that the experience of induced abortion may be associated with psychological discomfort in some women and that substance use offers a convenient remedy for alleviating the negative emotions without the necessity of disclosing the source of the discomfort.

### **Depression and Suicide**

In numerous studies, there are reports that after abortion women are likely to experience depression and present an increased risk for suicide. Cogle et al. (2001) used the National Longitudinal Survey of Youth (NLSY), a general-purpose study in which, since 1970, 6283 women were interviewed to compare the responses of post-childbirth women to post-abortive women. Ten years after their pregnancy outcome, higher depression scores were present in post-abortive women. They were also 41 percent more likely to score in the high-risk range for clinical depression. When compared to women who have not aborted, women who have chosen abortion are more likely to have considered suicide. Suicides appear to be more common after induced abortion than in the general population as well as compared to women who delivered at the end of their pregnancies. These rates were most pronounced in the first four years. Increased risk for suicide after abortion could serve as an indicator of possible risk factors for harmful effects of induced abortion on mental health (Gissler et al., 1996; Reardon, Ney, Scheuren, Cogle, Coleman, & Strahan, 2002). In

contrast, others found inconclusive evidence for a link between abortion and depression (Reese & Sabia, 2007; Schmiede & Russo, 2005; Taft & Watson, 2008).

### **Factors Believed to Influence Abortion Outcomes and Ways of Coping**

Extensive research efforts have placed emphasis on determining which individuals are at risk for experiencing heightened emotional distress after abortion. Variables most commonly cited in the literature as being associated with increased vulnerability include: pre-existing emotional problems or unresolved trauma, previous abortions, second-trimester abortions, coerced abortion, more pronounced maternal orientation, biased pre-abortion counselling, adolescent abortion as opposed to during adulthood, having prior children and foremostly, pre-abortion ambivalence (Stotland, 2001).

According to Coleman and Nelson (1998), conflict surrounding the abortion decision is one of the most compelling predictors of poor post-abortion adjustment. They refer to the universal presence of ambivalence when a pregnancy is unexpected. This indecision occurs because of the prevailing social stigma and moral dilemma that are implicit to abortion.

An array of internal events and processes, such as emotions, beliefs, attitudes (regarding oneself and the foetus) and external circumstances (e.g. marital status, social support, financial security and maternal age) can contribute to increased levels of conflict surrounding the decision to terminate a pregnancy (Coleman & Nelson, 1998). For instance, if a woman believes that the foetus is a person, or a life that is growing inside of her, the choice of abortion might lead to difficulty in resolving the discrepancy between her attitude regarding the life of the foetus and her behaviour resulting in the termination of that life (Goodwin & Ogden, 2007). Fielding, Edmunds and Schaff (2002) also believe that women's use of the term "baby" or "child" when referring to the abortion was often related to feelings of guilt or conflict. Particular reference is made to a woman in this study who said that sometimes she thinks about how she "killed a baby" and how this statement illustrates that some women are extremely aware that society disapproves of their decision to have an abortion. This influences their own feelings about the termination. Conflicts like these could increase the likelihood of lasting poor psychological functioning if not resolved.

Findings, in studies that investigate such links between attitudes, ambivalence and post-abortion outcomes, confirm that a sense of longing for the aborted foetus is correlated to greater ambivalence and indecision regarding the termination, and that greater degrees of indecision appear to be coupled with discernible negative emotional responses, like regret, following abortion (Coleman & Nelson, 1998). Avalos (1999) also describes how some of the women she interviewed, who felt varying degrees of sadness, regret, or grief concerning their abortions, share common significant constraints on original decision-making. They also tend to emphasise the disadvantages of carrying the pregnancy to term rather than advantages of having an abortion.

Adler, David, Major, Roth, Russo and Wyatt (1992) agree that a multitude of variables influence post-abortion responses and identify further key variables such as social support, attributions for the cause of the event, the meaning attached to the event, and the coping strategies used for dealing with the event. This is supported by findings in Goodwin and Ogden (2007). With regards to attributions for the cause of the event and meaning attached to the event, Brennan, (1974) who comments from a very controversial stance, is of the opinion that women are inclined to use strong defence mechanism to shield themselves from the negative effects prior to and after abortion.

Terms like denial of injury, denial of the victim, and neutralisation are used to describe how women rationalise their decisions to have an abortion and how these rationalisations serve a protective function for the women afterwards. Furthermore, it is depicted how women diminish their awareness of the “unborn victim” by often “visualising” abortion as justifiable retaliation against a dangerous aggressor and that in this way, a role reversal takes place where the woman becomes the victim and the unborn is transformed into an object that deserves punishment (Brennan, 1974, p. 360). Any guilt associated with the abortion is thus neutralised in advance on the basis of self-preservation or self-defence. Words used to talk about abortion function to minimise or conceal the existence of any injurious elements. Reference is made to words like “termination”, “procedure” and “operation”, and concepts such as “evacuation of the products of conception” and “removal of the contents of the uterus”. Abortion, when such language is used, is then viewed in a more abstract and generalised manner, and as such, minimises the impact of what really happens to the unborn child during an abortion procedure. It is also supposed that because women who

obtain abortions early in pregnancy do not experience the phenomenon of foetal movement (quickenings) they more readily accept abortion.

Adler, David, Major, Roth, Russo and Wyatt (1992) take a more neutral stance, and mention that one theoretical perspective underlying the research is that of stress and coping. From this perspective, unwanted pregnancy and abortion are seen as potentially stressful life events that pose challenges and difficulties to the individual but that do not necessarily lead to psychopathological outcomes. Rather, a range of possible responses, including growth and maturation as well as negative affect and psychopathology, can occur. Research on the impact of stressful life events has pointed to the importance of several variables that mediate or moderate the impact of such events on the individual. One such noteworthy variable that appears in this study is social support. Social support appears to be influential prior to, as well as after, the abortion. It acts as a buffer to negative emotional effects.

A study by Major and Gramzow (1999) supports the above notion, as it indicates that both suppression and intrusive thoughts, in turn, were positively related to increases in psychological distress over time. Emotional disclosure, which is presumably higher when social support is adequate, moderates the association between intrusive thoughts and distress. Disclosure was associated with decrease in distress among women experiencing intrusive thoughts of their abortion, but was unrelated to distress among women not experiencing intrusive thoughts. Women with adequate social support and as such, adequate space to disclose are likely to show lower distress levels subsequent to abortion.

Robbins and Delamater (1985), agree that research on social support suggests that its effect in buffering the distressing consequences of stressful life events is more important than its direct effect in preventing distress. Moseley, Follingstad, Harley and Heckel (1981) agree that social context and the degree of support from a series of significant persons, rather than demographic variables, were most predictive of a positive reaction.

In their study, Robbins and Delamater (1985), describe abortion as a stressful life event, after which feelings of loneliness and isolation have been described as the most difficult part of the experience for a substantial minority of women. Recipients of abortion, mentioned in this study, were characterised as emotionally isolated and socially withdrawn

following the procedure. The researcher speculates that this could be because of women explicitly limiting the people who know of their abortions. They further state that emotional support from significant others appears to be central to post-abortion adjustment, especially from the male partner. Women, who experience their relationships as having become stronger because of the abortion, should be less prone to feelings of isolation than women who find their relationships have deteriorated or remained unchanged.

Pertaining to this study, it is suggested that woman who suffer from post-abortion distress, might have difficulties that impair their ability to relate adequately with others, resulting in less satisfying relationships post-abortion which may contribute to increasing feelings of loneliness and isolation. This is more relevant to relationships with partners than with parents and other significant persons.

Of significant others available as sources of support, the male partner is viewed to be more active in the experience and is thus viewed as being able to offer greater protection against loneliness. This is largely because of shared responsibility and resolution. Robbins and Delamater (1985) say that it may take the form of reinforcement of esteem, self-worth and belonging through self-disclosure. They are of the opinion that it provides an environment in which the women may comfortably express fears, regrets or self-doubts without being discredited. With parents on the other hand, this is not the case. Younger women especially, often fear condemnation and criticism from parents in such situations. Parents are less able to provide them with a non-threatening environment in which to air feelings and self-doubts. It is seen as a strategy of moral self-protection to conceal the abortion from their parents. Active involvement of parents, who find it difficult not to question the impropriety of unwanted pregnancy and abortion, may thus leave the woman feeling more isolated. Partner support thus appears to be crucial in assisting the woman to cope.

Attachment Theory also plays a role in post-abortion reactions according to Major, Cozarelli and Sumer (1998). They comment on Bowlby's (1969) infant attachment theory, which postulates that, as a function of exchanges with primary caregivers or parents, babies develop stable beliefs or expectations, (mental models), about their caregiver's responsiveness and about themselves as being worthy or unworthy of love. These beliefs are

conceptualised in literature as mental representations of experience-based knowledge about the self and primary as well as subsequent attachment figures. Because mental models are relatively stable throughout a person's life, it is commonly accepted that adults' thoughts, feelings, and behaviours in romantic relationships as well as other significant relationships, are also influenced by early attachment patterns. According to Major, Cozarelli and Sumer (1998), Bowlby suggested that stressful experiences are likely to activate a person's attachment pattern. Theoretically, once this occurs, individuals with different mental models of attachment will attempt to regulate emotional responses and cope with a given stressor in ways that reflect the patterns that have been learned or reinforced throughout his/her relationship histories and that echo basic beliefs about the self and others. Abortion, as a stressful life event, would then be likely to activate the attachment system in women experiencing this event. In addition, bearing in mind that mental models of attachment reflect beliefs about both the positive or negative characteristics of the self and the likely availability of others as social resources, mental models of attachment are likely to have an effect on numerous facets of the coping process.

### **Abortion and Interpersonal Relationships**

*Abortion never occurs within a relationship vacuum*

(Ring-Cassidy & Gentles, 2003, p. 218).

In line with the above quotation the principles of interpersonal theory suggest that knowledge of the individual can only occur within the context of interpersonal relations (Sullivan, 1953). Pertaining to this study, it can thus be said that understanding women's experiences of abortion and its after-effects necessitates understanding what meaning such an event holds for their interpersonal worlds.

When dealing with interpersonal relationships women who have terminated a pregnancy may deal with a variety of issues that could have adverse effects in this regard. Speckhard and Rue (1993) state that the impact of abortion on a relationship can include impairments in the ability to self-disclose, to communicate (due to increased defensiveness), and cause increased apprehension when communicating as well as possible rupture of trust between partners (Lauzon, Roger-Achim, Achim, & Boyer, 2000; Taft & Watson, 2008). It is

reasonable to assume that these kinds of effects on interpersonal relationships could in turn have an impact on the mental health of these women.

Sadock and Sadock, (2007) define mental health as the successful performance of mental functions, in terms of thought, mood, and behaviour, that results in productive activities, fulfilling relationships with others, and the ability to adapt to change and to cope with adversity. Being psychologically well, appears embedded in how one is able to function effectively in society, specifically concerning the self and others. According to Kafetsios and Sideridis (2006), the last two decades saw multidisciplinary research in the social sciences that highlighted the key role of relationships for psychological well-being. The quality of one's interpersonal relationships is thus an important factor when determining psychological well-being. Some writers argue that, regarding the psychological impact of abortion, understanding the effects of this significant event on interpersonal relationships of women can go a long way to assist our understanding of how it affects psychological well-being in general. The reasoning behind this argument stems from the fact that interpersonal relationships are shown as a key factor in determining psychological well-being, especially in women (Cambron, Acitelli & Pettit, 2009). In this study, the terms "psychological well-being" and "mental health" are used synonymously.

According to Ryff (1995), many psychological theories provide guidance for understanding the meaning of well-being. Specific reference is made to developmental psychology that focuses on well-being as the progression of continued growth throughout a person's life. This includes Erikson's model of the stages of psychosocial development. Moreover, clinical psychology also offers numerous formulations of well-being, such as Maslow's conception of self-actualisation, Rogers's view of the fully functioning person, Jung's formulation of individuation as well as Alport's conception of maturity (Ryff, 1995). In addition, human beings' deep-seated and persistent drive for satisfying interpersonal relationships required for them to achieve well-being, has also received much attention in research. According to Dillow, Dunleavy and Weber (2009), research from a variety of perspectives affirms the human need for close, personal relationships. They cite Maslow, 1968 and Schutz, 1958 as examples. Baumeister and Leary (1995, p. 528) concluded that "happiness in life is strongly correlated with having some close personal relationships". This



viewpoint is shared by Reis (1990), who suggests that life satisfaction depends on an individual's involvement in close, intimate relationships.

Two lines of research in the last decade have specifically focused on the relationship between interpersonal relationships and well-being. One line focused on how individuals' secure and insecure attachment orientations influence their well-being. On the other hand, a large body of research has concentrated on the role of social support in well-being. Both of these lines of research also appear in post-abortion research (Adler, et al., 1992; Cvejic, Lipper, Kinch, & Benjamin, 1977; Major, Cozarelli & Sumer, 1998; Moseley, et al., 1981; Robbins & Delamater, 1985).

Depression and PTSD symptoms were cited as some of the possible negative outcomes of abortion. According to Wilkinson and Mulcahy (2010), depression can have profound, negative impacts on the perception of self, behaviour, social relationships and work relationships. Beck, Grant, Clapp, and Palyo (2008) investigated the influence of PTSD symptoms and depression on interpersonal relationships. They found that depression was consistently associated with negative interpersonal functioning and that emotional numbing and hyperarousal symptoms negatively influence relationships. Depression is linked to perceptions of poor social support. Increased anxiety and generalised anxiety disorder (GAD), as an outcome of abortion, were also prominent in the literature. A study by Hambrick (2007) investigates generalised anxiety in the context of intimate relationships. He states that considerable research supports the notion that there is a unique link between GAD and problems in interpersonal functioning. Worry is said to possibly interfere with interpersonal functioning by contributing to avoidance of certain topics as well as insufficient verbal processing of emotionally evocative topics that the person chooses to confront directly. The results of the study indicate that GAD is associated with increased anxiety and greater difficulty in relying on others in relationship, as well as increased conflict in relationships. Deficits in the ability to manage emotions, as well as the avoidance theory of worry, were also linked with poorer interpersonal functioning.

Although it is natural to assume that the primary interpersonal relations affected are those of the woman and her partner, it is important to keep in mind that abortion can have a significant impact on every relationship a woman has, including friendships, family members,

other children and new relationships. Many studies confirm that abortion possibly affects all kinds of relationships, and just as with other factors related to abortion, the literature on abortion and interpersonal relationships yield mixed results and indicate that the effects can be either positive or negative depending on various factors present before and after the abortion.

Ring-Cassidy and Gentles (2003) present a detailed description of the possible implications of abortion on various relationships in a woman's life. The key points of their findings are mentioned below.

### **Partner relationships**

Regarding intimate relationships, Ring-Cassidy and Gentles (2003) claim that 40 to 75 per cent of marriages or long-term relationships dissolve after abortion. It is unclear whether this is compared to the ordinary population. It is suggested that a breakdown of intimacy and trust are the main reasons why these couples separate. In addition, many women might experience depression, guilt, and anger, possibly related to feelings of having been let down by their partner which, in turn, result in communication difficulties and often, sexual dysfunction.

Some women may find themselves in a situation where their partners have manipulated or coerced them into having an abortion. This could result in them feeling angry and betrayed. They might even feel that they have compromised their own feelings and that the man, who supposedly cares and should have their best interests at heart, has manipulated them. Because such manipulation indicates a detachment from the needs and feelings of women, relationships may be impossible to sustain after an abortion due to the breakdown of mutual trust and concern. It is also suggested that women who feel shame or anger may have problems with sexuality following abortion, which might negatively affect intimacy in a relationship. A breakdown in relationships following abortion can also be viewed as a symptom of a psychological numbing and avoidance responses in which women, unconsciously, try to get away from the events and people surrounding the abortion.

A review of post-abortion studies by Bradshaw and Slade (2003) made known that abortion most definitely has an impact on the quality of relationships as well as sexual functioning. They report that studies indicate negative effects in this regard as conveyed by up to twenty percent of women. In another study reviewed, around 159 women were asked about changes in their relationships since having an abortion. For the majority of women, satisfaction in their relationship with their partner did not alter. However, 8% of women testified to large decreases in satisfaction within their relationships, both 2 weeks after their abortion and 6–8 months afterwards. Regarding sexuality and sexual relationships large decreases in interest were reported by 10% of women two weeks later and 6% of women at 6–8 months following abortion. A similar study with a sample of 64 women, found 84% of women interviewed felt the abortion had not affected their relationship with their partner and 10% felt it had a positive impact. Only 6% said it had a negative effect on their relationship. The majority of women (76%) also felt the abortion had not affected their feelings about their sexuality, although 22% felt the abortion had a negative impact and 2% a positive impact. Törnbohm and Moller (1999) carried out a qualitative study of twenty women having repeat abortions, and found reflections on sexuality to be a theme. Some women described negative feelings about their sex life that lead to difficulties accepting their sexuality. Decreased libido was also described, and in some women, this was because they no longer felt good enough for their partner. One theme of particular importance was that fear of falling pregnant again put a great strain on their sexual relationship.

Lauzon, Roger-Achim, Achim, and Boyer (2000), reported a higher percentage of women and men who felt that abortion had harmfully affected their relationships. In this study, one to three weeks after the abortion, 12% of women and 18% of men said they considered the abortion to have affected their relationships negatively. Bradshaw and Slade (2003) mention a study that indicated that a substantial number of relationships ended within one year post-abortion. Over half of the women in this study in some way linked the abortion to the separation. The study concluded that due to attrition issues, their findings might be an underestimation of negative effects on relationships.

## **Parent-child relationships**

When parents see abortion as morally unacceptable and are unable to provide support for their daughter during an abortion, it can contribute to the development of post-abortion distress. When they are supportive, the opposite situation arises and acts as a buffer against stress developing.

When young women choose abortion to protect themselves from disapproving parents, or to protect the feelings of parents, it can often lead to increased psychological suffering and family dysfunction. This appears to be especially true when this occurs without the knowledge of the parents. Secrecy, according to Ring-Cassidy and Gentles (2003), is well documented as having severe effects on relationships. Shame and fear are the most frequent motivators for secrecy. Returning to the family context with a shameful secret means that the woman has to employ increased deception to protect her secret and to protect herself from her perceived fears of being found out and condemned by her parents and siblings.

As with adult women, young girls who are forced into abortion by their parents experience similar feelings of anger and betrayal, which often result in a breakdown in the parent-child relationship. Cvejic, Lipper, Kinch, and Benjamin (1977) studied adolescent girls' relationships with their partners, parents and friends in the context of social support as a factor in post-abortion outcomes. It was found that most girls' relationships with their parents were of high quality. In contrast, regarding the relationship with the father of the child, 37 percent of the relationships had broken up after the abortion. Most girls reported however, that their dating patterns remained the same and in most cases, they reported that they enjoyed sex more than before the abortion. They also reported feeling mentally older or more mature.

A phenomenological exploration by Campbell (2009), in which she describes Chilean women's abortion experiences within the family context, suggests that women's families have an influence on their abortion situations, before and after. Many women also choose to hide an unplanned pregnancy from their parents fearing disapproval, disappointment or rejection. Some said that they would have carried their pregnancy to term if their parents had been more approachable and accepting of the pregnancy. This study demonstrates the importance of

open and trusting relationships within families. Open relationships can assist women in seeking guidance and support when confronting an unplanned pregnancy. Fletcher (1995) undertook a study in Ireland examining why women chose to not disclose abortion to family members. A dominant theme emerged – their concern that knowledge of their abortion would be hurtful to their loved ones. Furthermore, some women acknowledged that they were not willing or able to do the work of helping loved ones cope with the knowledge of the abortion.

### **Existing or future children**

Regarding the effects of abortion on other children in the family, research seems to indicate that negative effects on relationships with children, present or in the future, can occur because of two possible mechanisms. Firstly, the subsequent child-rearing approach of the parents might have been affected by the abortion in ways that impact negatively on bonding or discipline (Ney, Fung & Wickett, 1993). Some women report that their ability to bond with their children after abortion is hampered. This reaction can be the consequence of a feeling of emotional numbness or ongoing depression or of the fact that children are a constant reminder of the abortion experience and the aborted child. Such reminders can bring up feelings of guilt and shame. Secondly, the developmental impact on children raised in a family where one child has been eliminated from the family structure due to abortion should be considered. Children are often affected by the abortion of a sibling, often demonstrating feelings of sadness, fear, confusion, and anxiety. Parent-child trust is also often damaged as a result. Some women also report a lack of ability to respond to the remaining children after an abortion (Ring-Cassidy & Gentles, 2003).

### **Friendships and New Relationships**

Self-disclosure, or its avoidance in friendships specifically, but also in other relationships, has been linked to increased disconnectedness and lack of relational closeness. Afifi and Guerrero (1998) comment that, in relation to avoidance of self-disclosure, researchers have increasingly noted that individuals often consider certain topics to be taboo and as such, avoid related disclosure which then impacts on the level of closeness in relationship. Some of the main reasons given for the avoidance of certain topics are:

- (1) self protection, which includes an interest in wanting to avoid criticism and/or avoid the vulnerability that comes with openness;
- (2) relationship protection, which includes the desire to avoid conflict or partner anger and/or to avoid relational destruction;
- (3) partner unresponsiveness, which is characterised by a feeling that the partner will be unable or unwilling to provide the necessary advice or support; and
- (4) social inappropriateness, which involves the perception that disclosure would be socially unacceptable.

Parks and Floyd (1996) found that disclosure avoidance in marriage include reasons such as partner unresponsiveness, a preference to solve their own problems, and not wanting to replay negative experiences.

Previously mentioned post-abortion research, has shown that the stigmatising nature of abortion places it in the category of topics that are often “taboo”. It is an event that is viewed by many as socially unacceptable and an event that most do not want to re-experience. Some women, as a result turn to avoidance behaviours. One such avoidance behaviour pertains to self-disclosure, as women often avoid talking about their abortions for a variety of reasons. Abortion is thus one such topic that is often avoided in relationships and thus relates to inhibited self-disclosure. In this manner, abortion can also affect existing friendships and relationships, as well as the ability to form and maintain new friendships, especially close friendships. Afifi and Guerrero (1998) give evidence that illustrates the importance of self-disclosure as a feature in the development and maintenance of friendships. According to this study, individuals consistently reported self-disclosure to be the most important component defining intimacy in their same- and cross-sex friendships. Parks and Floyd (1996) reported that self-disclosure was also the most common feature in definitions of friendship closeness, again regardless of sex composition. Not only is self-disclosure frequently associated with an increase in perceived intimacy, but the majority of existing research also indicates that topic avoidance is negatively associated with perceptions of relational satisfaction. The more individuals engage in topic avoidance, the less relational satisfaction they report. Within the context of romantic relationships, this was particularly true when topics related to negative life experiences were avoided.

This review of literature about abortion and its effects on interpersonal relationships, as well as literature on how interpersonal relationships affect psychological well-being, seems to strengthen the notion that certain features of post-abortion distress might influence the quality of interpersonal relationship. This might in turn have an effect on the psychological well-being of women.

### **Personal Reflection**

Since the start of this research project, I have been engaged in a personal struggle concerning how much literature to review before the start of the project and the commencement of the data collection procedures. I became aware that the main reason behind this struggle was my concern that a too thorough a review of the literature might contaminate the natural emergence of themes through the interviews. This concerned me as I subscribe to a personal preference, which is in accordance with certain guidelines within the paradigm of qualitative research, that phenomenological research and the emerging themes that are obtained through the exploration of the chosen phenomenon should be free from any pre-conceptions. This, in my mind, includes what is written up in existing literature on the chosen topic. My dilemma was thus that academically, I was required to review at least a portion of the literature to inform my research proposal, as well as my interview schedule, even though I felt that this could in some way contaminate the research process. I found myself bound and stifled at that stage of the process.

I consistently searched my own thoughts for ways in which I could rectify, that which was, in my mind, an obstacle to obtaining pure data from my participants. Ironically, I found salvation in the exact place from which my confinement originated. Reading about bracketing lead me to, what should have been obvious to me from the start, and that is, the knowledge obtained from the literature review naturally becomes a part of my beliefs and personal assumptions and should be handled in the same manner. I realised that if bracketing my assumptions and beliefs to put them aside is what is required, the same bracketing could be applied to other pre-conceived knowledge obtained through a preliminary review of the literature. In that, I experienced a newfound freedom, which enabled me to embrace this pre-existing knowledge in a way that constructively informs the study without contaminating the themes that emerge from the interviews.

Finally, I wish to note that, to maintain this process, I opted to review a large portion of the literature only after the original transcripts were read and analysed for emerging themes. In the later chapters of this research report, I return to my pre-existing knowledge to more meaningfully interpret what was found. The emerging themes identified in the data are juxtaposed against the existing literature that was reviewed in this chapter, to provide the reader with an integrated understanding of the meanings that post-abortion distress holds for women within their interpersonal worlds.

### **Summary**

In this chapter, the reader was introduced to the central issues of abortion and its after-effects as portrayed in past and contemporary research. A brief background regarding abortion research was given, after which the importance of the role of the political debate in the portrayal of post-abortion issues was highlighted. This was followed by an elaboration on possible post-abortion outcomes as stated in the literature. Key factors that are deemed to play a role in determining these outcomes were also reviewed. Literature concerning the focus of this study, namely, abortion and interpersonal relationships were discussed alongside literature on the role of interpersonal relationships in psychological well-being and links were made clear between these two aspects. I concluded the chapter with a brief section where I elaborated on my use of the literature review in this study.



## CHAPTER 3

### RESEARCH METHODOLOGY

#### Introduction

There are many quantitative studies on the psychological effects of abortion, but few are available that describe the lived experiences of women who have terminated a pregnancy. This study does not focus on finding an explanation or justification for why women have abortions or why they struggle or do not struggle to cope with the decision afterwards, but instead seeks to gain insight into the subjective experiences and meaning of post-abortion struggles and the impact thereof on women's relational worlds.

In my quest for this insight, I use a qualitative method that is informed by phenomenological principles. This chapter elucidates qualitative research in the broader sense, moving towards phenomenological principles as located within the qualitative paradigm of research and ultimately contains a discussion of interpretative phenomenological analysis (IPA). This is the chosen research method for the present study. Throughout, the usefulness and rationale for using this kind of approach is emphasised and is specifically positioned in the context of appropriateness for psychological research. A detailed exposition of the processes followed in conducting the research is given. The chapter concludes with a discussion on the credibility of this approach.

#### Rationale for a Qualitative Research Design

From the literature review, it is apparent that studies conducted on the topic of abortion have largely used natural science methods and techniques that place emphasis on objective reality. According to Heron (1996), quantitative research methods, such as those used by the studies already mentioned, tends to place little importance on the right of individuals to participate in decisions intended to gather information about them, especially given that everything is under the exclusive control of the researcher. Consequently, understanding is not grounded in the experiences of the participants, as they have not been

consulted or involved in the selection of the data used to make sense of their experience. Rather, the *objective*, as perceived by the researcher from his/her standpoint, is imposed on the participants. Qualitative research on the other hand, implies a process of inquiry that relies on the collaboration between researcher and participants to create a meaningful understanding of the lived experiences of the participants. Thus, while natural science methods are recognised as having some potential to contribute to studies pertaining to certain aspects of human behaviour, it is deemed inappropriate for studies concerned with in-depth understanding of human experiences. In such studies, description and explanation are more informative.

This research study aims to obtain an in-depth understanding of a complex aspect of human experience, and as such, a research design based on the qualitative approach is more suitable. According to Smith and Osborn (2003), a qualitatively based research approach, particularly one grounded in phenomenology, allows one to cross the threshold to the core of an individual's lived experience of a particular phenomenon. Interpretative phenomenological analysis (IPA) is one such method and, in this case, is used to explore post-abortion distress experienced within the context of interpersonal relationships.

### **Qualitative Research**

According to Creswell (2007), qualitative research, as presumably with any pursuit for knowledge, starts with assumptions, a worldview, the possible use of a theoretical lens, and the study of research problems probing into the meaning that individuals or groups attribute to a social or human problem. So as to study these problems, researchers use an emerging qualitative approach to inquiry, the collection of data in a natural setting sensitive to the people and places under study, and data analysis that is inductive and establishes patterns or themes (Creswell, 2007). Furthermore, the final written report or presentation includes the voices of participants, the reflexivity of the researcher, and the complex description and interpretation of the problem.

Reid and Smith (as cited in De Vos, et al., 2002) are of the opinion that the qualitative approach to research provides a flexible strategy of problem formation and data collection that enables the researcher to gain a valid understanding of a problem through accumulative

knowledge acquired first hand. Research according to the qualitative approach is normally conducted in a less structured manner than when using quantitative methods and data is presented with an open mind. Because it is so flexible, fluid, more open and non-sequential, it epitomises human experience.

Based on the above definitions of qualitative research, using this approach implies that interest lies primarily with the creation of meaning. Throughout the entire process, the researcher is primarily concerned with how individuals make sense, on a subjective level, of their existence, experiences, and their structures of the world (Becker, 1992). This requires a focus on process, rather than outcomes or products, or a cause-effect relationship between constructs. The purpose of this type of research is then to afford a space for participants to reflect on, and describe, their lived experiences of the topic under investigation. This purpose is in line with the underlying objective and guiding principle of this project, which aims to enquire into the lived experiences of post-abortion distress and to produce rich, textured descriptions of the participants' stories. In attempting to achieve this objective, participants were afforded the space to reflect on and describe their unique experiences, and to offer me, the researcher, new insights into post-abortion distress.

In addition to being process-orientated, qualitative research also assumes that a person's experiences of an issue cannot be removed from the context in which it is experienced. The research thus takes place in the natural setting in which the problem is experienced. This means that data collection tends to take place in the field, at the site where participants' experience the issue or problem under investigation. Data is collected up-close, usually through directly conversing with participants and observing them within their context. The qualitative researcher is thus also the primary instrument for data collection and analysis. Qualitative researchers collect data themselves through, for instance, examining texts, observing behaviour, and personally interviewing participants.

In qualitative research, data analysis usually takes an inductive approach. The process is also interpretative in nature, in that the researcher makes interpretations of what is seen, heard and understood. These interpretations, as mentioned in Chapter 1, cannot be separated from the researcher's pre-understandings about the problem being studied. This implies an inter-subjective process, which also involves collaborating with participants to give them an

opportunity to help shape the themes that emerge from the process, so that that which does emerge is an accurate representation of both the views of the participant and that of the researcher.

This design is then also an emergent one, where the initial plan for research cannot be as rigidly prescribed as in quantitative designs. The phases of the process may shift and change as the research progresses (Creswell, 2007). The key idea behind qualitative research is to learn about the issue at hand from the participants and this learning should come about in a flexible, open manner. Qualitative research thus subscribes to the following key principles:

- It is used in studies concerned with social or human problems.
- A flexible strategy is open, and fluid like human experience.
- Interest lies primarily with the creation and description of subjective meaning of experience.
- Its focus is on process, rather than outcomes or products, or a cause-effect relationship.
- Context is primary and data collection takes place in the natural setting.
- The researcher is the instrument for data collection and analysis.
- Data is analysed inductively and through an interpretative process – it relies on inter-subjectivity.
- It is an emergent design.
- The final product of qualitative research includes the voices of participants, the reflexivity of the researcher, and the complex description and interpretation of the problem.

Creswell (2007) offers a description of qualitative research as being an investigative process of understanding, which uses certain distinct methods and/or traditions of enquiry to explore social or human problems. In qualitative studies, the reader is taken into the multiple dimensions of an issue, as it is displayed in all its complexity. Often, this is accomplished through the use of a specific theoretical lens. In this study, the chosen qualitative method is informed by phenomenological principles.

The phenomenological approach is, in line with a qualitative approach to research, dedicated to explore the vital issues or essence of an experience. It draws on certain existential themes such as empathy, openness and life as an enigma, rather than a problem to be solved. Phenomenology is one qualitative approach to social science research, which also has clear ties with the field of psychology (Giorgi, 1985; Smith, Harre & Van Langenhoven, 1995).

As there are a small number of studies exploring the psychological impact and meaning of post-abortion distress in the literature, a phenomenological approach, such as IPA, best lends itself to explore this particular issue.

### **Phenomenology: Theory and Method**

Phenomenological suppositions in this study serve two functions. They serve as the theoretical point of departure of the research, but also underlie the methodological procedures used to carry out the research. IPA was selected as the method to investigate the experience of post abortion distress.

Historically, phenomenology developed in response to the reductionistic approach in science, which had a strong inclination to explore factors in isolation and in an abstract manner. According to Willig (2001), the starting point of phenomenology is to return to the things themselves. The concern is with the world as it represents itself to us as humans and as they appear to those perceiving it. It is largely based on the foundations of a philosophical movement started by Edmund Husserl, who is generally accepted as the founding father of phenomenology. This view contends that, for the phenomenologist, there is no objective reality that can be known independently from individual experience and perception. Becker (1992) adds that the phenomenological viewpoint is based on the premise that experience is a valid and fruitful source of knowledge and that any person's knowledge is based upon what that person experiences. Phenomenology, as a worldview, speaks to my own personal worldview as set out in the introductory chapter of this paper.

Many disciplines, including psychology, have drawn on the aforementioned principles and have been influenced by this worldview (Giorgi, 1985; Smith, Harre & Van

Langenhoven, 1995). The concepts of phenomenological philosophy have influenced at least two main fields of contemporary psychology, namely qualitative psychology and existential psychology.

According to Kronemyer (2008), phenomenological psychology started with Martin Heidegger who was primarily concerned with the question of the *meaning of being*, that is, what it is for anything to exist and what he called *dasein*. He states that *dasein*, roughly translated, means *being human*. *Dasein* is a type of being who is attempting to discern the *meaning of being* – not in a *conscious* way, but rather, through what they do. For example, one might discern the meaning of his or her being by being a scientist at a university.

Discerning, articulating, and then elaborating on these specific characteristics of particular individuals, and how they determine the nature or modality of that person's unique being-in-the-world, turned into the discipline that is called *phenomenological psychology*. According to this approach to psychology, the principal emphasis is on trying to understand what it is to be in the patient/client's world, and then to build bridges between that and the conventional world our culture has established (Kronemyer, 2008). Phenomenological psychology is concerned with such worldly and cultural constraints, and how they insidiously and irrevocably determine an individual's sphere of activity. As developed by Merleau-Ponty (cited in Becker, 1992) these factors in turn interact with the patient's body, the way the body encounters the world, and avails itself of what the world has to offer. Phenomenological psychology is viewed as a method of analysis, interpretation, and deconstruction, which above all is context-sensitive and is based on how particular individuals approach their *being* (Kronemyer, 2008).

When using phenomenology as a theoretical base for psychological research, the user is interested in describing the world as it appears to the participants in their worldly context, without approaching what is heard with one's own presuppositions. As stated previously, qualitative research acknowledges that the researcher comes into a study with his or her own presuppositions. This does not however mean that it can just colour the research without any attempt to limit the influence thereof. This further emphasises the importance of knowing one's assumptions so that they can be put aside so as to allow the participant's views to become primary. As mentioned in Chapter 1, researchers use bracketing to limit the influence

of these presuppositions. This will also be further addressed in the section on quality research.

According to Langdrige (2007), phenomenological psychology is the study of human experience and the way in which things are perceived as they appear to consciousness. It also attempts to get beyond immediately experienced meanings to articulate the pre-reflective level of lived meanings, to focus on that which appears and the way in which it appears (Kvale, 1996). Phenomenological research in psychology thus takes a reflective stance and is concerned primarily with first person accounts of life experiences. It seeks to describe these accounts and arrive at an understanding of the meanings and essences of these experiences for the person experiencing it.

Becker (1992) further explains that a solid foundation for applying phenomenology to life, as well as research, requires a soundly thought through conceptualisation of human nature. As a theoretical point of departure, it is thus important to review the phenomenological (and phenomenological psychological) understanding of human nature. This view includes, among others, the following notions as set out by Becker (1992).

### **Being-in-the-world**

Based on the philosophy of Heidegger (cited by Becker, 1992), being-in-the-world refers to the idea that a person is always in the world. Existing is to exist somewhere and is a vital part of being human. In our understanding of people, we must understand them in context, within the situations in which they exist.

### **Being-in-the-world-with-others**

Heidegger also saw people as networks of interpersonal relationships. By their very nature, people are interpersonal beings, and every experience of self or other occurs within this framework.

## **Reflective**

By nature, people think about themselves, others and the world. This implies an awareness of themselves and the world. In addition, people are also conscious of this awareness and can think about experience and about thinking. They are thus naturally reflective and self-reflective.

## **Co-constitution of meaning**

According to this notion, meaning occurs between the self and object and between one person and another. It is co-created in the back-and-forth movement – the dialogue between self and object or other. As such, it cannot be found within the object person or other. Both persons or object and person are necessary in this co-creation.

## **Perspectivity**

The concept of perspectivity holds that any knowledge comes into being from a particular, limited standpoint. Phenomenology is one perspective in the social sciences and as such, one mode from which the truth about the world is understood. Each viewpoint contributes valuable knowledge about people and the world, but each is also limited. In addition to this interest in human experience as a basis for knowledge, phenomenology also posits that knowledge is co-constituted. What is known, perceived or believed is influenced by the stance of the knower, perceiver or believer. This, in conjunction with co-constitution, implies inter-subjectivity in the research process and thus an interactive process between researcher and participant where both participate in the creation and interpretation of meaning (Moustakas, 1994). Therefore, even though the researcher attempts to set aside his/her personal presuppositions, they can never be completely removed from the process and will always, to some extent, come into play when a participant is interviewed. Some questions or comments are bound to be driven by these assumptions and will together with the participant's reactions to these questions or comments, lead to a certain interpretation of an event or experience, one particular reality as constructed through the inter-subjective process of the interview. A reflective stance, when analysing the data, directs the inter-subjective



process of creating meaning, and recognises where, when and how this process plays out. It also makes the researcher aware that multiple realities and meanings are possible.

### **Unique experiences and essential themes**

Believing that each person is unique means that no one person can ever experience the same thing in exactly the same way with all the exact nuances and meanings attached to that experience. Being a researcher using phenomenology implies a duty to listen to participants rather than to assume that we know what they are telling us. Phenomenologists also take out the common components from unique events and elucidate the essential themes of unique experiences. Knowing the common aspects of human experience helps our understanding of a particular phenomenon.

More than forming a theoretical lens from which to view knowledge, the world and the actors through which it is co-created, these concepts are also primary in the methods used in conducting this study. These concepts are all applicable to the present study in how information about the phenomenon is approached and conceptualised as well as the method used to bring about this conceptualisation, namely IPA.

### **Interpretative Phenomenological Analysis (IPA)**

IPA is a recent psychologically based qualitative method, which is gaining popularity among researchers, specifically in the field of health and clinical psychology (Howitt & Cramer, 2008). Brocki and Wearden (2006) confirm that it was developed as a distinctive approach to conducting qualitative research in psychology specifically. It offers a theoretical foundation and detailed procedural guide. According to Shaw (2001), IPA is a developing methodological tool used by psychologists whose focus is on understanding and describing in detail an individual's or small sample's account of an experience or phenomenon. It also seeks to interpret the psychological processes that may underlie these experiences (Howitt & Cramer, 2008). Shaw (2001) contends that IPA is capable of answering in-depth questions regarding the complex nature of individuals' life experiences.

Within the context of this study, it is important to note that IPA has a psychological centre. It shares constructs and concepts with mainstream psychology and can engage in a constructive dialogue with such work (Smith, 2004). While IPA characteristically involves the in-depth analysis of a set of case studies, the results of the analysis do not stand alone, but are afterwards discussed in relation to psychological literature.

The approach has its philosophical roots in fields of enquiry like, phenomenology described above, which supposes that human beings are not passive perceivers of an objective reality, but rather that they come to interpret and understand their world by formulating their own stories into a form that makes sense to them (Howitt & Cramer, 2008). The focus is also on the uniqueness of a person's experience as viewed within the context of the person, as an individual as well as in their cultural roles. IPA can thus reveal and deal with both the idiosyncrasies of an individual's experiences, and those elements that are shared by others (Shaw, 2001). Projects using this method are likely to present the subjective, internal and unique aspects of an individual's experience; but also those experiences that are constructed by external forces within a culture or sub-culture.

One important theoretical touchstone for IPA is phenomenology, which as stated previously, originated with Husserl's attempts to construct a philosophical science of consciousness. The IPA approach is phenomenological, in that it is concerned with the exploration of an individual's personal perception or account of an event or state as opposed to attempting to produce an objective record of the event or state itself (Smith, Jarman, & Osborn, 1999; Smith, 2004). Brocki and Wearden (2006) add that this exploration is conducted by looking at the respondent's account of processes gone through, seeking to utilise an assumed existing universal inclination towards self-reflection. IPA research thus seeks to understand how persons experience and ascribe meaning to the events of their lives (Smith & Osborn, 2003).

IPA acknowledges the active role of the researcher in the investigative process, and the subjectivity and personal biases that she or he invariably brings to the project and is thus strongly connected to the interpretative or hermeneutical tradition (Smith, 2004). It also recognises that the research exercise is a dynamic process where one is trying to get to an insiderperspective of the participant's personal world. This cannot be done directly, as access

depends on and is complicated by, the researcher's own conceptions. These conceptions, according to IPA, are required to make sense of the personal world of the participant, as it happens through interpretative interaction (Smith et al., 1999; Willig, 2001).

As such, IPA requires the investigator to delineate a plan that will decrease the impact of his or her biases on the research process as much as possible, and to explicitly acknowledge the role of her/his biases on the research endeavour. As such, an explicit acknowledgement of my personal assumptions along with an explanation of bracketing –the process I use to deal with these aspects during the research process – is set out in Chapter 1 of this paper.

Interpretative phenomenological analysis thus involves a two-stage process: the initial stage in which research participants convey their personal experiences; the secondary stage, in which the researcher tries to understand, and then convey, the meanings the individual has ascribed to various phenomena in his/her life (Smith & Osborn, 2003). IPA thus assumes a meaningful connection between the language that people employ to describe events and the events themselves. However, there is also awareness that there may be restrictions to what someone is able to and resolves to verbally communicate to another. This leaves the researcher to interpret, to the best of his or her ability, what the participant may be conveying other than what is said. This process allows the investigator to understand the individuals' lived experiences, while simultaneously being attuned to other processes that may be influencing a particular person's recall of a certain event. IPA is thus a relevant means of analysis if a research project is centred on exploring the experiences of individuals.

There are numerous benefits to using IPA. Shaw states that one of its greatest assets is its ability to reveal unanticipated phenomena. Rather than embarking on a project with a pre-determined set of hypotheses to confirm or refute, the methods used in IPA are flexible and open-ended, allowing participants to discuss aspects of their experience that the researcher does not always anticipate. In this way, an exploratory tool is data driven rather than theory driven. It is inductive in the sense that it employs methods that are flexible enough to allow unanticipated themes to emerge during data collection and analysis. In relation to this, the use of a semi-structured interview is advantageous because it places the researcher in a position to follow up interesting and significant issues that come up during the interview process.

Interpretative phenomenological analysis is concerned with complexity and process (Smith & Osborn, 2003). The focal point is not to test a given hypothesis, but rather to explore the intricacies of a particular phenomenon from the point of view of the individual. Because the phenomena under consideration tend to be very specific—in this case, the experience of post-abortion distress—IPA typically relies on small, specifically chosen, participant samples.

## **Sample**

Smith, Flowers and Larkin (2009) suggest that when using IPA, sampling must be theoretically consistent with the qualitative paradigm in general, and with IPA's orientation in particular. This means that samples are collected purposively, because they can offer a research project insight into a specific experience.

Participants are selected on the basis that they can grant the researcher access to a particular perspective on the phenomenon under study. In the current study, women who had a legal, elective, first trimester abortion between one and ten years ago, who identified with suffering from post-abortion distress were eligible for participation in this study. The study thus focuses on women who present with specific features – post-abortion difficulty. Therefore, in accordance with this, as well as IPA orientation, purposive sampling (or the selection of participants based on the presence of a shared characteristic) as set out in Smith et al. (1999) was used to select participants for this study.

Participants were recruited by means of advertising for volunteers who meet the pre-determined criteria. Criteria included that:

- (1) participants must have had an elective, first trimester, legal abortion between one and ten years ago, and
- (2) they must be subjectively experiencing post-abortion difficulty.

Advertisements were placed on notice boards in different locations, including the main campus of the University of Pretoria and various shopping centres and willing organisations. Electronic mails were also sent to persons and organisations working with the

specified population (women suffering from post-abortion difficulty), stipulating the research project and need for volunteers. Some of the organisations included were Africa Cares for Life and Neobirth.

Individuals who were interested in the study then contacted me directly, by email or telephone, for further information and screening. When potential participants contacted me, a brief, informal screening process was conducted to determine whether they met the required criteria. As part of the screening process potential participants were asked whether they had had an elective, first trimester, legal abortion within the last ten years and whether they experienced any kind of subjective emotional distress that they themselves attributed to their abortion experience. They were also asked to briefly state the nature of this distress.

Concerning IPA and sample size, Smith, Flowers and Larkin (2009) give a rough guide that suggests between three and six participants as a reasonable sample size for a student project using IPA. This is because the focus is on detailed accounts of individual experience. A sample consisting of three to six participants should provide sufficient cases for the development of meaningful points of similarity and difference between participants. They hold that although there is no right answer to the question of sample size – as it depends on various factors – quality rather than quantity is emphasised in IPA. It is considered more problematic to attempt to meet IPA's commitments with a *too large* sample than with a *too small* sample. The sample size for this study was initially projected to consist of six and female volunteers, age eighteen and older. This initial projection proved, overly ambitious, as locating participants was difficult and responses were rare. Although the project was met with enthusiasm on the part some of the organisations that were approached, the enthusiasm was directed at my interest in the topic rather than enthusiasm to assist with the project. As such, no volunteers could ultimately be located through relevant organisations. Reasons given by the organisations were that the women that they work with, who suffer from post-abortion distress, are involved in a counselling process that they feel would perhaps be contaminated should they share their experiences elsewhere. They were thus not willing to bring up the research project with potential participants. Although I did not agree with this, I respected their stance.

Although the exact reason for the poor response is unknown, many possibilities exist. The advertisements were placed on notice boards at the University of Pretoria. This unfortunately coincided with an extended holiday period of one month, which meant that fewer students would have the opportunity to see the advertisements. I believe that this could have been a factor. It could also be that fewer women identify with the topic than initially thought. A third reason, and what I consider the most likely, is that the topic is a sensitive one, especially for those who find it distressing. Abortion is a topic, which is associated with avoidance, specifically by those who would be eligible for the study. As mentioned in the literature review in Chapter 2, studies concerning PAS indicate that avoidance is one of the main symptoms of this alleged syndrome. Various other research studies also cite this as a possible reason for not being able to include more participants who find the experience distressing. The literature review in Chapter 2 discusses these studies in detail.

Twelve women responded to the advertisements over a two and a half month period. Despite repeated placement of new advertisements in different locations, there were only three more responses, all of whom were unsuitable candidates. Five of the initial respondents appeared to meet the criteria and were subsequently interviewed. Ultimately, only three of those participants were suitable to be included in the study. One participant withdrew and another was, subsequent to the first interview, deemed unsuitable, as she did not present with post-abortion distress as she initially stated. The respondent did have a legal, elective abortion during the specified time, but did not in fact suffer from subjective distress due to this experience. During our first meeting, it became clear that she was involved with a pro-choice organisation and she was interested to get involved in the study for political reasons. She was concerned that the result of the study would be used to influence policy and she responded to prevent this. I subsequently explained my neutral stance towards the pro-life vs. pro-choice arguments and explained that the study was about exploring lived experiences and not a politically motivated endeavour. The interview was then terminated and she was excluded from the study.

The final sample then consists of a small, homogeneous group of four women ranging between the ages of 23 and 45. All of the participants are Caucasian and of middle class socio-economic backgrounds. Three are agnostic or atheist and one describes herself as spiritual. All participants are either English or Afrikaans speaking. In accordance with the guidelines of

IPA, as stated in Smith, Flowers and Larkin (2009), the use of a small sample in this study is beneficial, because it allows the researcher to go into greater depth with each participant's experience, thus enhancing the quality of the data obtained. It also contributed to the feasibility of the study, considering time and space constraints involved in the completion of this mini-dissertation. Detailed descriptions of each participant are given in subsequent chapters as part of the data analysis.

Once participants volunteered to take part in the study and were deemed eligible, participation information leaflets were sent to them via email. This served to inform participants about the study in more detail and to give them a further opportunity to decide whether they wanted to participate in the study or not. Once they read the information leaflets and confirmed their involvement, they were contacted for an appointment time.

### **Data collection**

According to Willig (2001), as well as Howitt and Cramer (2008), the IPA procedures almost exclusively involve the use of semi-structured interviews to collect data. A semi-structured interview consists of a set of questions on an interview schedule. This schedule, however, merely guides the interview process rather than dictates it. Howitt and Cramer (2008) state that interviews are intended to be flexible in their application. Bearing this in mind, as well as the overall objective of IPA research, Smith and Osborn (2003) dub this form of interviewing as exemplary. It allows the researcher and participant to engage in dialogue whereby initial questions are modified in the light of the participants' responses. The investigator is then able to probe relevant and significant areas that arise. In this way the interview in this way can be guided by the participants' particular concerns as opposed to the researcher imposing his/her concerns.

A semi-structured interview schedule was constructed for the purpose of data collection pertaining to the current study. As suggested above, these questions served to guide the enquiry, rather than providing a rigid structure to the interview. Questions were modified or supplemented as necessary so that particular areas could be explored in more detail as they surfaced during the interview.

The interview schedule consisted of three parts. Part 1 dealt with questions concerning the period before the abortion pertaining to relationships, part 2 with the abortion event itself and part 3 with the post-abortion experiences. Smith and Osborn (2003) advise that the construction of interview questions should ensure a neutral stance rather than being value laden or leading. Questions should be more open-ended and researchers should avoid using jargon or assumptions of technical proficiency. In constructing the interview schedule, I attempted to stick to these guidelines. Examples of questions included in the interview schedule are:

- When you think about the time before you fell pregnant, whom did you consider as the significant people in your life at that time?
- What do you recall about your relationship with each of these persons at that time?
- How were each of these persons involved in your pregnancy and decision to abort?
- How did you experience yourself at that time in your life?
- I would like you to tell me your story, with as much detail as you would like to include, about what you experienced when you had the abortion.
- Can you recall any thoughts or feelings that you might have had before or/and during the procedure?
- Tell me about your experiences that followed the abortion.
- Can you recall how you were feeling in the days following the abortion?
- Do you have any thoughts about whether the difficulties you experienced affected your relationships in any way?

Two separate, face-to-face, individual interviews were conducted with each participant. The initial interview focused on exploring certain topics and areas of experience related to the abortion incident and afterwards, so as to gain a comprehensive, in-depth understanding of the complexity of the lived experience of the participants. The duration of the first interviews varied with each participant, but on average lasted approximately ninety minutes. Before the start of each interview, the participation information leaflet was discussed once more and the procedures explained. Informed consent was reviewed and any questions posed were answered, after which the consent forms were signed.



The follow up interviews were conducted after initial analysis of the data obtained from the first interview. Similar procedures were followed the second time around. The purpose of a second interview was to reflect on the process of the first interview by both the participants and the researcher. During this interview, I took the opportunity to clarify any uncertainties regarding information received during the previous interview and to obtain feedback from participants regarding certain interpretations of the data. Both interviews were voice recorded with the permission of the participants.

Interviews took place at the homes of the participants. All participants were comfortable with this arrangement and preferred it to the choice of being interviewed at either my office space or a neutral setting chosen by them. This was beneficial in terms of using IPA because participants were interviewed within their unique contexts. This is preferred when using a qualitative research design.

### **Data analysis**

Data obtained in the interviews was transcribed verbatim to ensure correct interpretation of the data. IPA methods were employed to analyse the data. This method of analysis requires close interaction between analyst and text.

In conducting an IPA study, meaning is central. The aim is always to capture and do justice to the meanings that participants attach to phenomena and to understand clearly and accurately the content and complexity of these meanings. Smith and Osborn (2007), suggest that one can achieve this by engaging in a rigorous, interpretative relationship with the data transcripts. The meanings of participants however, might not always be evident and therefore, can only be acquired through persistent engagement with the transcripts and process of interpretation. Smith, Jarman and Osborn (1999) describe a systematic approach to analysis in IPA. They hold however, that even though IPA has certain guidelines for interpretation, the method does not seek to claim objectivity with a detailed, mechanical procedure. Instead, analysis is for the most part structured around themes, which emerge from the transcripts rather than being structured around pre-determined constructs.

Before the stages of analysis are explained, it is necessary to again highlight the inevitability of a personal process in qualitative analysis. The analysis itself is ultimately the interpretative work, which the researcher does at each of the stages.

As set out by Smith, Flowers and Larkin (2009), the first stage in IPA involves submerging oneself in the original data. In this case, it is the first written transcript, which is read repeatedly, until the researcher is well acquainted with the data. This active engagement phase can be seen as a point of access into the participant's world. This approach is useful in that it assists with the process of ensuring that the participant and his or her views becomes the focus of the analysis. Smith, Flowers and Larkin (2009) state that this process is about slowing down the routine proclivity for quick reduction and synopsis and might involve the recording of some of the researcher's significant thoughts or recollections about the interview experience. This is also done to facilitate bracketing as explained in Chapter 1. In addition, repeatedly reading the transcript gives insight into the patterns of how the interview process unfolded and developed from beginning to end.

The second phase concerns initial noting. It merges with the first phase as the two are done simultaneously. It is considered the initial level of analysis and the most comprehensive and time consuming. During this stage, the analyst maintains an open mind and notes anything of interest within the transcript while it is reading it. Through this process, the researcher aspires to construct a comprehensive and detailed set of notes and comments on the data. In this construction, different levels of comments are used, such as descriptive comments that are focused on describing the content of what is said, linguistic comments that are focused on exploring the language used to describe things and then conceptual comments that are more interrogative, reflective and conceptual in nature. Links between these different levels of comments are essential when attempting to immerse oneself in the lifeworld of the participant.

The next stage involves the developing of emergent themes. At this point, the data set has grown considerably because of the comments and notes that have now been included in the transcript. Through this data set, emergent themes can now start developing. The chief task in turning the initial notes into themes, involve an attempt to formulate a concise statement of what was key in the various comments attached to the transcript. Themes are

usually expressed as phrases, which speak to the psychological essence of the piece (Smith, Flowers & Larkin 2009). The focus is on capturing what is crucial at that point in the text. These themes are expected to reflect the participants' original words and thoughts, as well as the interpretations of the researcher.

This is followed by searching for connections across emergent themes. During this stage, established themes that have been ordered chronologically as they appear in the transcript, are linked. These themes are now mapped out according to how the analyst thinks the themes fit together. Some themes are, at this stage, reasoned to be redundant while others are deemed more significant and included into this map. This will depend largely on the research question and its scope. The idea is to draw together the emergent themes and generate a construction that allows the researcher to point to all of the most essential aspects of the participant's story. This is done through specific ways, such as, abstraction where patterns are identified between themes and grouping them together to form a super-ordinate theme. This involves putting like with like and forming a new name for the cluster. Other similar methods include subsumption, polarisation, contextualisation, numeration and function (Smith, Flowers & Larkin, 2009).

The fifth stage is when the analysis of the first transcript is completed and the researcher can move on to the second transcript. The same process is either repeated or, alternatively, the first transcript is used as a template, where all subsequent transcripts are contrasted for similarities and differences. In other words, as themes emerge from the subsequent transcripts, they are crosschecked against the first transcript, which highlights the similarities and differences.

This process then culminates into the final stage, which involves looking for patterns across the different cases, to see what connections there are between cases and how themes illuminate each other. This helps the analysis to move toward a more theoretical level, as one recognises themes, which are specific to an individual case, but also themes that are shared by all or most of the participants.

When writing the analysis, the super-ordinate themes are linked to underlying themes, which are also linked to original comments and extracts from the original transcripts. This is

translated into a descriptive account where the themes are illustrated through accurate extracts from the participants. The entire process is approached in a reflexive manner, which ensures that the final interpretations and presentation is rich and informative, and precise in its portrayal of the participants' lived experience of the phenomenon.

### **Ethical Considerations**

Throughout the research process, special consideration was given to issues such as beneficence, informed consent, confidentiality, and anonymity.

The researcher has an ethical obligation to protect the participants against any form of harm. The subject of abortion is a private, sensitive issue, often with a negative moral and emotional connotation. As such, possible harm to participants would mainly be of an emotional nature. Semi-structured interviews were the primary method for data collection. This technique could raise adverse feelings in the research participants because of the sensitive subject matter. Therefore, it was necessary to ensure that it was done delicately. I was aware of the need to gather data in a respectful and non-judgemental manner. I took care to establish rapport with the participants, to make them as comfortable as possible during the data collection interviews. Written informed consent was obtained from all the respondents before the commencement of data collection, which thoroughly prepared the participants for what to expect. De Vos, Strydom, Fouché, and Delport (2002), state that obtaining informed consent implies that all possible or adequate information regarding the research procedures that will be adhered to, the credibility of the research as well as the possible advantages, disadvantages and risks to which they may be exposed, should be relayed to the proposed participants. Informed consent also includes informing the respondents that their involvement is voluntary, that they may refuse to participate, and that they have the right to stop participation at any point during the procedures.

All of the above information was relayed to the respondents in a participant information leaflet. The leaflet was discussed with each one before the commencement of data collection. It is however, necessary to stress at this stage, that there are certain limitations to informed consent. The emergent nature of qualitative methodologies, prohibit the anticipation or prediction of all possible risks that may become known during the research

process. It is also important to note that, even though participants are informed of their right to leave at any time, instances might occur where some might feel obligated to stay even though they feel uncomfortable. Informing the participants of these limitations was one way of further minimising any negative impact.

Interviews were conducted in a manner that left room for reflection on the process of the interview and what the participant were experiencing. This was done to ensure that any unforeseen emotional fallout was contained. In order to achieve this, it was decided to include certain checkpoints in the interview schedule affording me the opportunity to check in with the participants, to reflect on the process at various stages and whether they felt up to continuing with the interview. The second interview was also used to reflect on what the process had brought up for the participant, if anything. When the need for therapeutic intervention arose, participants were informed of available counselling services and resources needed to address any discomfort that resulted from the material discussed.

Confidentiality is adhered to and anonymity is ensured by using pseudonyms where necessary. Participants' names only appear on the consent forms and a master list with their contact details. This list is kept confidential and exclusively in the possession of the researcher and is destroyed upon completion of the research study.

### **Dissemination of Results**

The results of the current study are reported as a mini-dissertation, which is also made available in electronic format.

### **Ensuring Quality Research**

Because of the active role that the researcher assumes in an interpretive approach (Smith & Osborn, 2003) such studies are vulnerable to bias. Bearing this in mind I took steps to mediate the effects that my personal biases and assumptions may have had on the research process. This helped to ensure the most objective approach possible to the research.

The first step was to use bracketing, a process through which I reflect upon and record my own perceptions, assumptions, and biases about the nature of post abortion distress as well as my expectations for this research process, I then set them aside to let new knowledge emerge naturally from the data. To further facilitate this process my reflections, concerning the research process, were recorded in a journal throughout the process. I also attempted to make explicit my personal views by including a summarised reflection of them in Chapter 1 of this report.

Field notes were also made during interviews with participants, detailing my reactions to their experiences with abortion and post-abortion distress, my general impressions about any impact that either my presence or the interview itself seemed to have on the participant or me. These notes were included in the data analysis.

The dependability of qualitative research is ensured by providing evidence that the results were obtained in the exact manner that the researcher says they were. To emphasise the dependability of this study, thorough descriptions of all procedures followed were given. Verbatim transcripts of the interviews are also included in the original data. Recordings of the original data are also stored.

Credibility of the data was achieved through collaboration with participants regarding the interpretation of the data. Allowing them to view and comment on the analysed themes in a follow-up interview ensured the accuracy of interpretations made by the researcher. The study was also reviewed by a research supervisor, who continually engaged with the study and provided alternative or confirming suggestions as pertaining to the procedures and data. As such, it is felt that the research process as a whole was subjected to scrutiny from many angles, including the supervisor, participants and through personal reflections.

## **Summary**

A detailed exposition of the methods and procedures adhered to throughout the research investigation are given in this chapter. This was achieved through an explanation of the qualitative research approach in the broader sense, phenomenological principles as located within the qualitative paradigm of research and ultimately interpretative

phenomenological analysis (IPA) as the chosen research method for the present study. The usefulness and the rationale for using this kind of approach was emphasised and was positioned in the context of appropriateness for psychological research specifically.

## CHAPTER 4

### RESULTS

#### Introduction

In this study, I set out to explore the subjective experiences and meanings of post-abortion struggles and the impact thereof on women's relational worlds. This chapter includes a brief overview of the research process and presents the main themes characterising women's experiences of post-abortion distress as extrapolated during the analysis of the interview transcripts. In addition, the reader is introduced to the women who shared their personal experiences to enlighten this research project.

Even though not all of the women who participated in the study experienced severe distress at the time of the interviews, they all experienced some form of distress at one time or another after their abortion and could vividly relate their stories and the meaning they held for them.

The themes offered in this chapter are pivotal to the participants' lived experiences of post-abortion distress and provide noteworthy answers to the research question. . The research involved two aspects of the phenomenon of post-abortion distress, namely, the subjective experience and its impact on interpersonal relationships. I chose to present the themes pertaining to each in separate sections so as to define each more clearly.

At this juncture, I find it essential to once again highlight the use of interpretation during the analysis phase of this research project. As mentioned in chapter 3, when using interpretative phenomenological analysis (IPA) as a research method meaning is central. The aim is always to attempt to capture and do justice to the meanings that participants attach to phenomena, to understand clearly and accurately, the content and complexity of these meanings. The meanings of participants however, might not always be so evident and as such, Smith and Osborn (2007) suggest that these meanings are best acquired



through a continued and consistent engagement between the participants' transcripts and the development of interpretations of the content of the transcripts by the researcher. Thus, it is safe to say that the process requires researcher to acknowledge and draw on his/her own knowledge and perceptions to gain the best understanding possible of each participants' unique lived experience.

Consequently, I wish to make the readers aware that although the themes presented are true accounts of the lived experiences of post-abortion distress, they do not represent the participants' only or absolute truth, but rather one of many possible interpretations of their lived experiences.

### **Overview of the Research Process**

Four women who went through the experience of terminating a pregnancy participated in this study. I interviewed each participant individually, guided by a semi-structured interview schedule constructed specifically for the purpose of this study. Follow up interviews with the participants were scheduled as needed and feedback was given, either during a follow up interview or by email. Participants were given the opportunity to reflect on the process of the initial interview and to add information where needed.

Before each interview, the research study was once more explained, in detail, to participants and an opportunity created for them to ask questions and to relate any concerns. The follow up communication served as an opportunity for participants to assess and comment on the various themes that were constructed from their transcripts. Changes or clarifications were then made accordingly. However, the participants were largely satisfied with how their experiences were interpreted and conveyed. All interviews were voice recorded with their permission and records of email conversations were also kept. I also kept detailed notes of my general feelings about each interview as well as noteworthy reactions by myself and the participants to some of the matters discussed. I also recorded non-verbal communications observed during the interviews, which were later used to inform interpretations where necessary.

Throughout the research process, I took care to adhere to the ethical considerations set out in chapter 3 and to ensure that I kept to the guidelines of quality research. Pseudonyms are used throughout the research study to ensure that the participant's identities are protected. Other identifying details were also changed or left out where needed.

### **Introducing the Participants**

I recruited participants by advertising for volunteers who met the prescribed criteria mentioned in chapter 3. Those interested were given the opportunity to contact me by telephone or email. Thereafter screening was conducted and further information given. From the pool of possible participants, four women were selected to participate as they met all of the prescribed criteria. The women selected were all Caucasian and between the ages of 23 and 45. None of them considered themselves religious individuals and were mostly agnostic or atheist. One participant described herself as being spiritual as opposed to religious. Other demographic information relevant to the current study are, the amount of time that elapsed between the abortion and the interview, as well as their relationship status at the time of the abortion and currently. When the participants are introduced, relevant comments were made in this regard.

In getting to know the participants, I became aware of how each woman I interacted with, appeared to emanate a distinctive feeling connected to her post-abortion experience. The impressions that I was left with, after hearing each woman's story, appeared to embody the unique meanings attached to each participant's subjective experience of post-abortion distress. Even though portraying their true essences in all of its complexity is impossible, I attempt, through the sketching of each woman's context, to reveal at least a glimpse of each woman's life world. The reader is provided with significant fragments of their stories that appear to best describe their lived experiences. Information presented is accompanied by verbatim quotations taken from the participants' transcripts to illustrate the participants' unique truths and meanings regarding the matters discussed. I hope that this will provide the reader with a window into the participant's life worlds.

### **Gayle: lingering sadness**

Gayle is 45 years old and was single at the time of the interview. She had a surgical abortion twelve years ago at the age of 33. At that stage, she was in a committed relationship, which ended shortly before the abortion due to differing opinions regarding the termination of the pregnancy. When asked to introduce herself, she proudly emphasised her role as a single mother to her seven-year-old daughter. She also describes herself as being someone who tries to live a balanced life, and who places significance in spirituality rather than religion.

She looked back on the abortion with incredible clarity and gave a profound emotional account of her experience. I found her to be very open and willing to speak uninhibitedly, eager to help others through her participation in the study. The time that had passed since the abortion appeared to have provided many opportunities for reflection, which she describes as having brought increased awareness of self as well as the meanings attached to the experience and the impact it had on her life and relationships.

During my interactions with Gayle, I came to think of her as someone with an inimitable attitude and lifestyle - what one might call a free spirit. When she later described how she characterises herself, her comments affirmed the view that I had formed of her, as she commented:

*I've always had... (Freedom), which is why I never got married, because I love my freedom, and I love spending time with my friends and I can't stand it when somebody tries to own me, or box me down in any way...*

When telling of the circumstances surrounding her pregnancy and decision to terminate, it appeared that the fear of losing her freedom, and as a result, losing her sense of self, was the driving force behind her decision to have an abortion. At the time, she was in a serious relationship. She described the nature of this relationship as tumultuous, but happy. Although her partner was extremely jealous and possessive, they were receiving counselling in order to deal with these issues. She felt that they were in a good place and that having a baby was the next step.

*He and I actually wanted a baby, bizarrely enough, and we were going for counselling because we had these, possession issues and, uh, counselling sort of, really helped to make our relationship look a lot healthier than it was...*

The pregnancy revealed the true nature of the relationship and became something that threatened her freedom and independence - her life, as she knew it.

*A lot of fighting then started up when we found out I was pregnant. I'd always done a lot of travelling and he started saying things like, "if you want to live your life of freedom, you'll be doing so without your child", "this child will not leave my side"... and that was really scary for me... I all of a sudden felt like, he now had a vice grip on me. He would now be controlling my life through this child...I just saw that this was just going to be a life of complete hell, and jail.*

She went on to describe how she carefully thought about each option, but how her disabling fears of the impending life of confinement, made none of them seem feasible.

*I was in such a place of complete and utter terror, because I felt so trapped. I knew that he would hunt me down, he would, he would constantly be in my life, and if there was a child of his on this earth, he was gonna be there. There was no way that I could get away from that...and slowly but surely it started dawning on me that it is going to be a lot easier for me not to have this baby...*

Although she experienced that time in her life as extremely difficult, she does not regret her decision to have an abortion and feels that the crisis led to a necessary period of personal growth. She commented:

*I started taking my life seriously and wanted to get a proper career going... find out what it was that I really wanted to do... it was something positive that had come out of something very negative.*

Despite this positive outcome however, she still thinks about the child that she did not have. As she related her experience, it became clear that she carries a sense of loss and haunting sadness within her, which she believes, will always remain:

*It was very, very hard. It was a very sad, very, very sad thing. The thought of not having had this child, there was a lot of sadness around that... there's this sadness that won't go away, it will always be there... because there was a huge loss with that.*

She also explained how her feelings of loss and sadness about the abortion were intensified by the subsequent death of the man she fell in love with after the abortion. She was two weeks pregnant with their daughter at the time of his passing. She describes this subsequent pregnancy as a miracle, but also as a situation, which brought up many issues for her, which will receive more attention later in this chapter.

For the past five years, Gayle has worked as a trauma and life coach who specialises in grief and loss. She focuses a lot of her work on assisting women who have had abortions through sharing her own experience. In describing how her own abortion experience, as well as her subsequent loss, impacted on her choosing her current line of work, it became apparent how her process of healing after the abortion has become intertwined with her altruistic nature and need for a corrective experience. When asked about how she experiences working daily with abortion distress, she commented on how helping others deal with their grief and loss formed a part of her own healing process:

*I think it is a healing thing... it heals. The pain that I've been through around this is enough to drive me to want to work with other women who are going through it... and I think that is giving back for me...*

### **Hayley: unremitting doubt**

Hayley is a 23-year-old Afrikaans speaking philosophy student. At the time of the interview, she had been in a committed relationship for the past year. She had a medical abortion three years ago at the age of 20.

I experienced Hayley as an intelligent and very inquisitive person. From our interaction, it was clear that she has a very artistic outlook on life and that she is forever questioning the world and everything in it, in true philosophical manner. I found myself

impressed by how deeply she was able to reflect on her experiences and how they contributed to the person she is today.

As the only child of parents who struggled for years to conceive, Hayley is considered a miracle child in her family and has always had very high expectations to live up to. In the past, she has always lived upto, and at times exceeded these expectations. In the following quote, she comments on this issue:

*Ek was 'n top-tien student. Ek... was 'n ATKV leier gewees, ek was 'n redenaar, ek was hierdie absolute akademiese girl, verstaan... ek was die enigste kind, so my ouers het my op hierdie verskriklike pedestal gehad...*

*[I was a top-ten student. I...was an ATKV (Afrikaanse Taal en Kultuurvereniging) leader, I was a debater, and I was this academic girl... I was the only child, so my parents had me on this pedestal...].*

She regards her intellectual ability as her best asset and places a lot of value in her academic achievements. She describes herself mostly as a good student and as someone who is intelligent and rational, analytical and with an enquiring mind. She became pregnant while in her first year of university studies and her repeated interpretation of the circumstances surrounding the pregnancy as “unintelligent”, made it apparent how the above-mentioned view of herself influenced the meanings that she attached to becoming pregnant and later, her decision to have an abortion. Regarding her pregnancy, she commented:

*Dit was stupid van my... dit was baie spur of the moment en ek was onder hierdie verskriklike illusie dat ek nie kan swanger word nie... wat nie regtig baie intelligent was nie... ek het 'n stupid besluit gemaak! Ek moes dit nooit gedoen het nie, ek's meer intelligent as dit...*

*[It was stupid of me... it was very spur of the moment and I was under this extreme illusion that I cannot get pregnant... which wasn't really very intelligent... I made a stupid decision! I should never have done it, I am more intelligent than that...].*

Before the abortion, a false negative result on an initial pregnancy test resulted in an emotionally confusing time for Hayley. She experienced bodily changes and behaved “irrationally”, not knowing what was causing this sudden change in mood and behaviour. She equated this time in her life with the “dark ages” because she felt she experienced a lack of conscious awareness. She describes how she still battles to make sense of that time.

*Dit is vir my soos die dark ages van my lewe... uhm, ek pride myself daarop om te probeer conscious lewe...op 'n rationaliteit...dis vir my vreemd om daaraan te dink selfs....dit voel vir my soos 'n Alice in wonderland tipe gat waarin ek geval het, waar niks sin maak nie.*

*[It is like the dark ages of my life...I pride myself on trying to live consciously...on rationality...it is strange to even think about it...it feels like I fell into an Alice-in-wonderland-type-whole, where nothing makes sense].*

When she eventually discovered that she was pregnant, she immediately knew that she wanted to end the pregnancy. Completing her studies was her first priority. For her, pregnancy and motherhood at that time in her life threatened the ideals and expectations that she had for how her life would be and she believed that it would interfere with her personal and intellectual growth.

*Ek het van die begin af geweet ek wil nie 'n kind hê nie, ek sal moet opskop. Opvoeding is my verskriklik belangrik, ek glo dit is die saviour van human kind...en vir my, was dit tragies dat ek my studies sou moes stop. Dit was 'n groot tragedie, dat ek gevoel het ek sal 'n uneducated persoon word, of dit sou... my growth stunt...*

*[I knew from the start that I didn't want to have a child, I would have to drop out. Education is extremely important to me, I believe that it is the saviour of human kind...and for me, it was tragic that I would have have to stop my studies. It was a huge tragedy, that I felt I will become an uneducated person, or that it would stunt my growth...].*

Even though she does not regret having an abortion, Hayley admits to having struggled with her decision from time to time after the abortion. She is very aware of how certain aspects of the abortion still remain with her and affect how she views herself and the world. She speaks of guilt and sadness. However, it seems that her questioning nature creates a constant loop of doubt, as she finds herself constantly questioning the morality of

the decision, her reasons behind the decision and whether it was the right decision to make. She views this doubt as her one constant source of distress:

*Ek dink wat die konstante sal wees, nie die hartseer nie, maar 'n twyfel... het jy die regte gedoen...?*

*[I think what will be constant, is not the sadness, but the doubt... did I do the right thing...].*

### **Emily: judgement**

Emily is 27 years old and Afrikaans speaking. At the time of the first interview, she had been married for four months. She terminated her pregnancy eight years ago when she was nineteen.

I experienced her as an optimistic individual who seems to always search for the positive aspect of a situation. She described herself as easygoing and friendly. Although I could see these qualities in her, I initially found it somewhat difficult to get a proper sense of Emily, as she came across as somewhat guarded and appeared to share limited information about her experience. She then related an acute awareness of the social stigma surrounding the issue of abortion, and the perceived judgement that goes along with it. She explained how it affected her willingness and ability to disclose information regarding her abortion:

*Ek is nie lus om geoordeel te word nie. Dit is 'n privaat deel van my lewe, wat ek nie graag met iemand sal wil deel nie, omdat daar so groot stigma om dit is dat dit verkeerd is.*

*[I don't feel like being judged. It is a private part of my life, which I would not really want to share with someone, because there is such a big stigma about it being wrong].*

Realising the impact of the fear of judgement on the interview process was an important turning point in the interview as it allowed me to adapt my approach



accordingly. I acknowledged my observation and assured her of my neutrality. This appeared to set her at ease and she began to share her experience more easily.

Before the abortion, Emily went through a period of adjustment and experienced uncertainty about her future. She had recently broken up with her long-term boyfriend and prepared herself to start university studies, only to discover that her parents were no longer willing to pay for her education. She explained how she felt that her disappointment contributed to her having a brief sexual encounter with someone she barely knew.

*Ek dink dalk het ek maar, ek weet nie, liefde gesoek, so toe eindig ek op met iemand wat ek nie regtig ken nie. Ons het letterlik 'n maand fling gehad...ons het vir mekaar liefde gegee wat ons altwee nodig gehad het.*

*[I think maybe I, I don't know, was looking for love, so ended up with someone that I barely knew. We literally had a one month fling...we gave each other the love that we both needed].*

When Emily discovered that she was pregnant, she was desperate to get out of the situation.

*Ek wou net uit daai situasie kom, so gou moontlik!*

*[I just wanted to get out of that situation, as soon as possible!]*

She felt that she was too young and not ready to have a child, as she herself was very unhappy during that time in her life and felt like she had not yet lived. She describes her experience as a journey to self-discovery and independence, through which she was finally able to assert herself and make her own life decisions.

*Ek het gevoel dat ek baie meer independant raak en dat ek vir myself moet begin opstaan...dit was nou my beurt om 'n besluit te neem oor wat ek wil doen.*

*[I felt that I was becoming more independent and that I needed to start standing up for myself...it was my turn to make decisions about what I wanted to do.].*

Emily did not suffer severe distress due to her decision to abort, but she has at times struggled with certain issues relating to the experience. It was difficult for her to reconcile her actions with the Christian value system that she was brought up in because it makes her feel guilty and condemned. She believes that Christians view abortion as “murder”. She recently resigned her faith and currently leans more towards being agnostic. According to Emily, dealing with guilt over her abortion has become easier since she is no longer religious. She commented:

*Plus geloof... baie mense in ons land is verskriklik gelowig en dis teen ons geloof om moord te pleeg...dis die hele ding met geloof, ek dink dis 'n deel wat vir my makliker is nou, want... ek dink dis waar mense jou laat skuldig voel, is met geloof.*

*[Also, religion...many people in our country are very religious and it is against our religion to commit murder... that is the whole thing with religion, I think that is a part, which for me, is easier now, and because... I think that is where people make you feel guilty, with religion].*

Like Hayley and Gayle, she too, does not regret having had an abortion. However, despite her unwavering belief in a woman’s right to choose and her change in religious orientation, some part of her still believes that by having an abortion, she ended a life. She experiences this thought as distressing as it contributes greatly to her perception of stigma and judgment regarding abortion, which currently appears to be the main source of post-abortion distress for Emily.

### **Mona: deep despair**

Mona is a 28-year-old schoolteacher. She is English speaking and is agnostic. She was single at the time of the interview. She has had two abortions during the last three years, the first of which was an elective abortion at the age of 25. Subsequently she had to have a second trimester, therapeutic abortion due to foetal abnormality. She views both of her aborted pregnancies as huge losses and she is currently in a state of grief concerning both.

Mona was first to respond to the advertisement, and at first, I was sceptical to include her in the study because of her second abortion, as it did not meet the prescribed criteria and I was concerned about how her experience surrounding the most recent abortion would colour her experiences of the her first termination. During the first interview however, it was clear that her having experienced both an elective and a therapeutic abortion, greatly enriched her ability to reflect on her experience with post-abortion distress after her first abortion. She experienced the second abortion as less traumatic due to it not being an elective procedure. It in fact clarified many differences between the experiences regarding the level of distress experienced when having an elective abortion as opposed to a therapeutic abortion. She was able to distinguish quite clearly between her two experiences and their meanings, and it was felt that her narrative opened up many possibilities for future research on this topic.

I experienced Mona as talkative and lively. She was eager to share her story with me and did so very expressively and in vivid detail. Despite her smile and laughter however, her slouched posture, downward glance, negative comments about her own character and occasional tears, reflected a deep sadness and an extremely negative view of herself. She later mentioned that she was diagnosed with bipolar mood disorder in 2004 and that she suffers regular bouts of depression. She believes that impulsivity, related to her mood disorder played a role in her decision to have an abortion. In addition, she explained that coercion by her partner at the time played a role in her decision to terminate the pregnancy. She described her experience at the clinic. She said:

*I started feeling very uncomfortable and not sure I want to do this... he just kept on going over everything that I said when I made the decision... and the fact that he was so adamant that it must happen scared me and made me feel even more insecure, and ok, I must do this to please him...*

She described how going through with the abortion affected how she felt about herself. She made the following comments in response to me asking how she felt after the abortion:

*Worthless, as a person, disappointed in myself... sad about the baby I have lost... regretful... that's how I felt immediately afterwards.*

She further related that after the abortion, she felt like her “mental stability went down the drain.” She struggled to get out of bed, neglected herself and was suicidal. She eventually “broke down” and spent three weeks in a mental health facility. She also started resenting her partner for pressuring her and not listening when she expressed her doubts about going through with the abortion. The relationship ended shortly thereafter. Currently she is still haunted by intense feelings of loss, sadness and regret:

*I want a child, I want the child that I've lost, I think about it every day, I think about it every time I see someone pregnant or someone with a kid. I think that could have been me... I have a deep sadness inside that I do not show anybody. I regret what I've done and want to have a baby now to fill that void in my life. I have that void because I was pregnant, I was expecting you know... and just like that, it's gone...*

### **Contemplating the Stories**

Hearing each woman's story made me aware of the diversity with which the phenomenon of post-abortion distress can be experienced. Each narrative was one of a kind, and highlighted different elements of post-abortion distress. The themes that emerged from these narratives emphasised that although each woman carries a burden that is specific to her own personal experience, similar experiences and meanings are also shared by all the participants. I present the themes in a manner that attempts to capture the subjective truth of each woman's experience, as well as the shared truths and meanings concerning this particular phenomenon.

### **Emergent Themes**

A number of super-ordinate themes, (as discussed in Chapter 3) emerged during the analysis of the participants' transcripts. The themes reflect the participants' feelings and views on the matters discussed and were constructed based on how many of the participants reported that particular issue, as well as the frequency with which they were

encountered in each of the transcripts. All or most of the participant's reported variations of each theme offered in this chapter. The individual differences within themes are highlighted by using verbatim quotations taken from each participant's individual narrative. The superordinate themes thus represent the shared experience of post-abortion distress, specific to the women who participated in this particular study.

A range of subordinate themes connected to the superordinate themes was also identified. These appeared less frequently and were not necessarily reported by all the participants. The subordinate themes more clearly illustrate how each participant attaches different subjective meanings to an experience, even though it is an experience shared by all.

As mentioned previously, the research question aimed to address two aspects of the phenomenon and themes will be presented accordingly. The nature of the subjective experiences and meanings of post-abortion distress is introduced, after which the impact of the distress on relationships is discussed. Table 4.1 summarises the themes representative of the subjective experiences and meanings of post-abortion distress. This is followed by a personal reflection on the process of naming the themes and a discussion of the themes.

**Table 4.1 The subjective experiences and meanings of post-abortion distress**

<b>Superordinate themes</b>	<b>Subordinate themes</b>
Stigma, judgement and disclosure	
Reflections on abortion	The moral dilemma Abortion as a selfish act The brutality of abortion
Unspoken distress	
The awakening	
The body and post-abortion distress	Meanings attached to bleeding after abortion The meaning of pain
Emotional responses to abortion	Loss and sadness, guilt and shame
Triggers	Pregnancy, children and motherhood as triggers of distress Specific times, dates or places Conversations
Avoidance behaviour after abortion	Isolation and withdrawal as a means of avoidance
Atonement	Finding healing
Crisis leads to evaluation and growth	

### **The Naming of the Themes: A Personal Reflection**

When I initially embarked on writing up this results chapter, I anticipated the naming of the themes that emerged from the participants' transcripts as a relatively straightforward task. This however proved to be a great misconception. During the process of attempting to name the themes, I was acutely aware of the fact that many of the initial words that came to mind sounded harsh and insensitive considering the phenomenon under investigation. I

found myself conflicted regarding the use of words such as “selfish”, “brutal” and “bleeding” within the context of this study, since it brought on massive discomfort, because not only did I personally experience it as raw and hard hitting on an emotional level, but I also feared that it might offend some of the readers. I especially thought about how it might affect readers who themselves have had abortions. Another particular concern was that some readers might perceive these strong words as suggestive of bias towards abortion as a negative experience for all women, or more specifically, that it might be perceived as coming from a pro-life stance as opposed to reflecting neutrality. At this stage, I decided to re-acquaint myself with my motivations for undertaking this study. In doing so, I once again felt strongly about the fact that one of the issues I particularly wanted to address, concerning past post-abortion research, was the fact that politics often ruled the results.

My initial idea was to research this topic from a perspective where I refrain to get pulled into the political debate surrounding it, however, due to abortion being such a heavily charged issue where people’s personal value systems are involved, it would be impossible to completely ignore the politics surrounding the issue. I realised however, that I can attempt to limit the involvement of politics in this study to some extent, by focusing pure and simply on the participants and their subjective experiences, to hear and report their experiences from their point of view. My concern about the politics of the matter therefore, was contradictory to this notion. So, in the spirit of portraying the participants’ views regarding what they experienced, as accurately, and as close to their personal views thereof as possible, I felt it essential to include these seemingly *taboo* words, as they were all spontaneously introduced by the participants during their interviews, and are central to the illustration of the lived experiences of these women. These evocative words represent their intimate descriptions of what it was like for them to go through the experience of abortion as well as the distress that followed. As such, no other words can more accurately reflect their personal struggles. I concluded that giving in to my personal concerns by substituting their chosen language with my own *milder* language would take away from the research study rather than enhance it. Having shared my considerations about this issue, I now present the emergent themes.

## Stigma, judgment, and disclosure

An interesting pattern emerged while I conducted the interviews. The initial question asked of participants was to give an indication of what their lives were like before the abortion. The question was open-ended and they were asked to comment about things such as their relationships at the time, their general well-being and so on. Despite being careful not to ask about the reasons for them choosing abortion, all the women automatically proceeded to explain very thoroughly their circumstances surrounding the pregnancy and their reasons for choosing abortion. I got the impression that the manner in which they approached this question, suggested attempts to justify their reasons for choosing abortion. Further enquiry confirmed this to be an accurate interpretation. It came to the fore that all the participants were exceptionally aware of the stigma attached to the issue of abortion and that disclosing information about their own abortions resulted in the fear of judgement by others. There appeared to be a general perception that judgement incurred by others is linked to the reasons supplied for choosing abortion, and so, to be able to justify their decisions to others lessens the discomfort that arises when disclosing to others.

Hayley's reflections on the issue revealed an intense fear of judgement that affects her willingness to reveal her abortion both in a personal, as well as, in a professional context and she avoids disclosure as much as she possibly can. She acknowledges that her fear is perhaps irrational and based on her own perceptions. She explained:

*Nou nog, van my familie, al wie weet is my ouers... ek kon nie eers cope dat my mediese dokter weet ek het 'n aborsie gehad nie. Dit vat preparation voordat ek iemand sê, soos my kêrel... ek het, deur hierdie hele ding gegaan (ritueel) voordat ek hom kon sê want ek was so bang daarvoor...*

*[Even now, from my family, the only ones that know are my parents...I couldn't even cope with my medical doctor knowing that I had an abortion. It takes preparation before I can tell someone, like my boyfriend... I went through this whole thing (ritual) before I could tell him, which is how afraid I was...].*

She continued:



*Dis 'n huge stigma! Ek sal dink, dat mense dink, ek is immoreel... dat ek nie 'n werk etiek het nie... dat ek nie bereid is om die werk te doen om 'n kind te hê nie... dat mense sal dink ek is lui... en dit is nie noodwendig wat mense dink nie, ek dink dit... dis 'n absolute irrasionele vrese vir as mense uitvind...*

*[It is a huge stigma! I will think, that others think, that I am immoral... that I don't have a work ethic... that I wasn't willing to do the work of raising a child... that people will think I am lazy... and that is not necessarily what people think, I think that... it is an absolute irrational fear for when people find out...].*

The stigma surrounding abortion appears to promote secrecy and avoidance of disclosure. This is apparent in the following statement made by Emily:

*Dit was 'n baie kort rukkie van my lewe wat ek definitief nie met mense gaan deel, wat ek weet my gaan judge nie...*

*[It was a short period of my life that I definitely won't share with people who are going to judge me...].*

When Gayle went to the hospital for the procedure, she feared judgement and kept her reasons for being there a secret.

*As far as the other women in the ward were concerned, I was there for a D n'C... and I wanted that, even though abortions were legal, I, there was no ways that I wanted anyone to know, really.*

She became much more open about her abortion since she started working as a trauma counsellor. Yet, she has since been reminded that others are not always as comfortable with her decision. When she decided to disclose her abortion to her romantic partner (who has since passed away), he reacted badly:

*I was quite shocked, that he was very upset by it. I was shocked because I didn't think that he would judge me... he did tell me, a few months after, that he was really worried about me having had a termination because he wanted to have children... and he felt that if I had fallen pregnant with his child that I would then have done the same thing...*

In contrast to Hayley, Gayle experienced a lot of overt judgment by significant others who disapprove of her having had an abortion.

While some participants appeared to be more affected, and differences were apparent in the intensity of the experiences of perceived judgment, it was clear that it is an issue that has a pervasive impact on the experience of post-abortion distress. Not only did it come to the fore as a major source of distress for most of the participants, but also, it clearly influenced the way in which participants chose to tell their stories. In addition, many of the other themes identified appeared to stem from the fear of judgement or the awareness of social perceptions. Many of the interpersonal difficulties experienced as a result of post-abortion distress can also be traced back to this. Later in this chapter, the matter is discussed in more detail.

### **Participants' reflections on abortion**

Over time, as the participants have tried to process, integrate and make sense of, their experiences, each reflected on their abortions in a different manner. Each one was left with certain impressions, thoughts and ideas that inform how they view their experiences of post-abortion distress in the here and now. Some significant reflections shared by the participants are presented next.

#### The moral dilemma

Irrespective of their worldviews and religious orientation, each participant's subjective experience of abortion and the distress that followed, appeared to be coloured by the implicit moral dilemma of when human life begins and whether abortion equals the taking of a life. With powerful words such as "life", "death", "taking life" and "murder" being rife in each woman's transcript, it became apparent that within all the participants, there exists an explicit awareness that pregnancy implies a potential or growing life, and that abortion means the ending of that life. The following reflections by the participants illustrate their conflicts regarding this issue.

Mona's feelings are perhaps the strongest in this regard, as she explicitly stated at various times, "I killed my baby." Her conceptualisation of her pregnancy as being a human life, as opposed to a mass of tissue or cells, was further made overt in how she consistently referred to her "baby" or "child" that she lost or the "life" that she "ended". For her, there was, from the beginning, little doubt about the nature of abortion and she described how having an ultrasound beforehand, erased any such uncertainty that she may have had around the issue. She commented:

*She scanned my tummy... and she kind of pulled the screen away, but I could still see on the screen what was there... it was just a little something... but there was something in my tummy... she explained about how old the baby was and that there was nothing really there, it's just a division of cells. I am not religious, but something is causing the division of cells, something is growing – it is the baby that's growing...*

Although Hayley was convinced that she was just having some cells removed, she too, admits that the ultrasound picture made a significant impression on her. She commented on the effect of the ultrasound picture:

*...die fototjie... dit was 'n vreeslike reality shock. Hier is dit nou, dis fisies hoe dit lyk, dis jou kind, en nou gaan die aborsie... dit het my baie gepla, ek het die heelyd gedink aan daai fotojie, dit was net soos 'n donker kolletjie...*

*[... the little picture, it was a huge reality shock. Here it is now, this is what it looks like, physically, this is your child, and now the abortion is going to... it bothered me tremendously, I thought about that little picture the whole time, it was just this little dark spot...].*

Mona further explained how she chose surgical abortion over a medical abortion so as to prevent herself from experiencing the painstaking death of her unborn child:

*She explained the two different procedures... that you can take a pill, you bleed for a few days, and you might see... I don't know, I just thought, no, I don't want to do that, and also because you think you're going to basically experience your baby dying, slowly...*

While Mona was convinced that human life begins at conception, Gayle emphasised that pregnancy was “potential life” as opposed to existing human life. Her view on the matter is that human life does not necessarily start at conception, but that conception implies the process of becoming a life. She struggled with the idea of the potential that she felt was contained in her pregnancy and the idea that she interrupted that potential life. She commented:

*At the time you think, ok, it is just so tiny, and all there is, is just, there is a tiny heartbeat and that is it... but that was going to grow into a person... and I prevented that from happening...*

The other two participants shared similar struggles. Consider Hayley’s reflections about her personal conflicts on the matter:

*Ek het voor die tyd nie geglo aan god nie, so ek het nie gedink daai paar selletjies het al 'n siel of 'n persoonlikheid nie. Dit het potentiaal, om 'n kind te word en dit is wat my gepla het.... die potentiaal is daar vir dit om 'n kind te word, 'n mens te word... en ek dink ek was nuuskierig om te weet watter tipe mens dit sou wees... ek dink dit is waar my, botsing gekom het. Sou my kind intelligent gewees het, sou sy kunstig gewees het, sulke goed het ek al aan gedink...*

*[I did not believe in God, so I did not think that those few cells already had a soul or a personality. It had potential to become a child and that is what bothered me... the potential was there for it to become a child... and I think I was curious to know what type of person it would be... I think that is where my conflict was. Would my child have been intelligent, would she have been artistic? I have thought about such things...].*

Hayley’s worldview doesn’t involve the belief of life at conception. Like Gayle, her moral dilemma was never that she was taking an existing life, or that she was committing an act of “killing”. Instead, her conflicts centred on her awareness of what could have been, had she not interrupted the process through an abortion. The potential child or person and the possibilities that were lost when she had the abortion, are what lies at the core of her doubt about the morality of the decision she made.

Even though Emily was quite certain that she wanted to terminate her pregnancy, she too, appeared to struggle with ambiguity regarding her feelings about life before birth and whether the act of abortion, is the taking of a life. Her ambivalence was apparent in the contradictory nature with which she reflected her feelings about foetal development and the existence of a soul before birth. She discussed the issue as follows:

*Ek het op die internet gekyk na fetusse en goed... hoe ver die babatjie ontwikkel is en goed en ek was fine daarmee nog. Dit was vir my nog vroeg genoeg dat dit nie...dat ek voel die uh, uh, uh... fetus, kan nog nie regtig emosie hê of, jy weet, 'n siel... ek weet nie regtig of 'n mens kan sê 'n siel nie, dis maar 'n hartjie en 'n breintjie wat begin ontwikkel...*

*[I looked at fetuses and things on the internet... how far the baby was developed and stuff, and I was fine with it still. It was early enough that it didn't... that I felt the uh, uh, uh, fetus, couldn't really have emotions yet, or, you know, a soul... I don't really know if one can say a soul... it is only a tiny heart and a tiny brain that's starting to develop...].*

And later:

*Ek het actually, 'n vrou gevra voor die tyd hoekom doen sy dit... so ek het agtergekem daar is 'n paar mense met verskillende redes.*

*[I actually asked a woman beforehand why she was doing it...so I realised that there are a many people with different reasons].*

Making an informed decision was clearly important to Emily and the fact that she went so far as to research foetal development and ask other women about their reasons for choosing abortion, illustrates the level of concern that she had about whether having an abortion was an acceptable action to take. Her serious considerations about both foetal development and the soul's existence are significant in that it confirms her awareness of the possibility of life before birth and of what the act of abortion possibly entails.

She has since come to show more clarity in her views on life before birth, as she now believes, that despite the way that she thought about abortion when she made her decision, and despite the fact that she is still uncertain about the moral correctness of her decision, that the reality is that she "ended a life". She commented:

*Die enigste ding, grootste ding wat ek negatief ervaar is dat, jy weet, ek het n lewe geneem. Dit is maar iets waarmee ek moet saamleef. Maak nie saak hoe ek goed gesien en hoe ek steeds daaroor voel nie, die feit bly , ek het, 'n lewe geneem... dis die negatiewe deel, net om nugter daaroor te dink, en dis actually wat jy gedoen het...*

*[The only thing, the biggest thing that I experience as negative, is that, you know, I took a life. It is just something that I have to live with. It doesn't matter how I saw things and how I still feel about it, the fact remains, I, took a life... that is the negative part, just soberly thinking about it, and that is actually what you did...].*

### Abortion as a selfish act

All four women demonstrated dissatisfaction with their personal reasons for choosing to have an abortion and all of them introduced the notion of abortion as an inherently selfish act. Most of them explicitly noted their feelings about this issue, while others approached it with more caution.

Mona emphasised the elective aspect of abortion in her reflections on abortion as a selfish act. For her, the experience of having had both an elective and therapeutic abortion motivated her belief that the choice to terminate a healthy pregnancy was a selfish, murderous act. She explained the different feelings she experienced after each of her abortions:

*...and again it was horrible, but I didn't have that, I killed my baby, I killed my baby, why, how could I have done that, this was so selfish... and I didn't have that feeling because I did it for the baby...*

The elective abortion evoked many negative emotions in Mona, as she felt guilty about ending her child's life for reasons she felt were unjustifiable. She felt more comfortable with the therapeutic abortion as it didn't feel like a selfish act, but rather a selfless one, as she felt that it was in the best interests of the child and not herself.

Hayley had a different opinion on the matter. Despite being staunchly pro-choice and of the opinion that just not wanting to be a mother is reason enough for an abortion,

she also believes that there are also wrong reasons to choose abortion. She chose to terminate her pregnancy because she was ashamed and embarrassed, and afraid of the scandal that her pregnancy would cause. She feels that her reasons might have been cowardly and selfish. For her, shame and fear are not justifiable reasons to end a pregnancy, and because of that, she feels guilty and fears judgement from others. She commented:

*Nou voel ek skuldig omdat ek selfsugtig was... ek was bang, en ek het skaam gekry. Ek was bang vir die skande, en ek voel, skande, van al die redes wat mens - want ek voel daar is redes om aborsies te hê, ek glo om net nie 'n kind te wil hê nie, is een van die redes - maar skande, om skaam te kry... ek dink dis selfsugtig...*

*[Now I feel guilty because I was selfish... I was afraid, and felt ashamed. I was afraid of the scandal, and I feel that shame, of all the reasons that one – because I do feel that there are reasons to have an abortion, I believe that just not wanting a child is one of those reasons – but shame, to have been ashamed... I think that was selfish...].*

Emily expressed how she experienced her pregnancy as a threat to her well-being and the life that she felt she had not yet lived. For her, it came down to a choice between her own life and that of the “potential child” that she was carrying. She felt that at that time, she had to concentrate on her own happiness first. She explained:

*Ek wou net uit daai situasie uitkom... en probeer om eers myself gelukkig te maak. Ek het ook gevoel ek het nog nie regtig gelewe nie... ek het nog nie kans gehad om jonk te wees nie... ek is jammer daaroor, maar dit was om my eie lewe te red... my eie lewe was vir my belangriker.*

*[I just wanted to get out of that situation... and try to make myself happy first. I also felt that I had not really lived... I did not have a chance to be young... I am sorry about that, but it was to save my own life... my own life was more important to me].*

While most participants explicitly stated their views on the matter, Gayle approached the subject indirectly as she explained how she thought that others view her as having been selfish and that she feels that it is true to a certain extent. She commented:

*I think they all saw me as selfish... that it was all about me... and to a certain extent that was true, it was all about me...*

### The brutality of abortion

Before the interviews commenced, I expected that most of the participants would be rather hesitant to reveal many details regarding the abortion procedure itself. I was thus quite surprised when I found that they spoke very frankly about their experiences. I was struck by how matter-of-factly they related very intimate, and clearly traumatic, memories of what they went through. Their commentary constructed a very clear picture in my mind about the experience of having an abortion. The language that they used to describe what they saw, felt and thought during and after the procedure, revealed that abortion, in their minds, exists as quite a vicious act.

Hayley had a medical abortion. This process, by which the foetus is expelled in a way that mimics a miscarriage, lasts approximately two weeks and involves many physical sensations as well as prolonged bleeding. Despite having had a negative experience, she sees herself as lucky to have been eligible for this kind of abortion, as she feels that a surgical abortion would have been invasive and even more traumatic compared to what she went through during those two weeks. She related her views concerning the two kinds of experiences:

*Die pil wat ek gevat het, dit veroorsaak dat jy 'n aborsie by die huis het, verstaan... hulle suig dit nie uit nie... ek dink as ek daardeur gegaan het sou dit vir my baie meer traumatiserend gewees het...dat mense daar onder rond krap... Hulle het vir my gewaarsku dat dit heel moontlik is dat ek die fetus sal sien, as ek badkamer toe gaan. Dis actually nogal brutal, want dan spoel jy jou fetus in die toilet weg...*

*[The tablet that I took, lets you have an abortion at home...they don't suck it out... I think if I had to go through that, it would have been even more traumatic for me... that someone scratches around down there... they did warn me that it's possible that I will see the foetus, when I go to the bathroom. It's actually kind of brutal, because then you flush your foetus down the toilet...].*



Hayley's suggestion that a surgical abortion is intrusive and traumatic was confirmed by the other participant's testimony about their abortions. Mona, for example, underwent the procedure in a clinic, without the option of general anaesthetic. Consider her experience:

*...and then they tell you it's going to hurt a bit, because they have to break into your uterus... and I could basically feel the baby being sucked out of me... <Emotional>... it was horrible...*

In light of Hayley's view concerning surgical abortion, Mona's choice of words such as "break into" and "sucked out" is quite significant, as it illustrates the nature of the experience with vivid intensity.

The abovementioned notion is also supported by Gayle, who in anticipation of that kind of traumatic experience, opted for her abortion to be performed in hospital, under general anaesthetic. Although she did not have such a physical experience of the abortion, she too, acknowledges that other women who she has worked with described the experience in a similar way to Mona. Interestingly, when she comments on her emotional experiences of abortion, she repeatedly used the word "cruel" to describe the meaning that she attaches to the experience.

### **Unspoken distress**

The abovementioned reflections of the participants are all major sources of distress. In addition to that which was verbally introduced by the participants, all of them also displayed signs of distress that were more covert. As I conducted the interviews, I noticed that most participants appeared to share a tendency to use certain words or phrases with extreme caution, or to avoid them altogether. This was evident in verbal as well as non-verbal cues of the participants. Often when using words such as "abortion", "foetus", "baby" or "child", they would lower their voices, hesitate, or pause for long periods before uttering the dreaded word. At times, I noticed how they would shift around in their chairs or start to fidget with their jewellery or their hands. With some of the participants, it appeared as though language was used in strategic ways to avoid saying those specific

words. The word “abortion”, for instance, was often replaced by “termination”, “the procedure”, “what happened”, or simply just “it”.

To me this seemed significant and I wondered whether the participants were aware that they were using language in this way. I considered that these particular words or phrases might be a source of emotional discomfort for these women and that it may be due to negative connotations with the experiences that they have had. When I mentioned my observations, most of the participants agreed and were able to shed light on the reasons why they tend to hesitate when using certain words or phrases. It was revealed as an indication of unspoken distress.

Mona revealed that she finds it difficult to use the word “abortion” because she is uncomfortable with what it constellates within her. She commented:

*It sounds bad. Abortion... it is an ugly word... it is, it's... I just get mental pictures... of anti-abortion campaigns and abortion pictures and stuff like that.*

She went on to explain how she views the ending of her first pregnancy as an “abortion” and the second as a “termination” because the first was “murder” while the second was not, due to its therapeutic nature. The word abortion clearly has negative connotations for her and is a source of emotional discomfort.

Gayle agreed in the sense that she finds it to be a harsh word to use. She prefers to use the word “termination”, as she feels it softens the reality of what is being discussed. She stated:

*I say termination because it sounds... it sounds very hard... I think the word abortion is a very hard word, I tend to use the word termination, because it is, it's such a horrible thing, it's a terrible thing, and the harder the words, the more real that makes it. Even to mention it, is uh... it's not easy to do.*

She further commented on the fact that she also, in her work with post-abortive women, noticed that when women are faced with talking about their abortions it often becomes more real to them in that moment.

*When women need to talk about it, or when they are faced with it, and they actually have to voice it, it just makes it so much more real as opposed to what is just going on in their heads...*

These statements appear to indicate that the abortion was an intense experience for Gayle and that she, despite not regretting the decision altogether, fears the prospect of emotionally experiencing the full impact that the abortion has had on her psyche, and as such, uses language as way of keeping it at bay. For the other two participants, the words “baby”, or “foetus” appeared to be more difficult to verbalise than the word “abortion”. Emily appeared to struggle with the word “foetus”. She experienced the pregnancy as intrusive and even referred to it as something “alien” to her that she needed to get out of her. She explains how at the time, she did not think of “it” as a child, but rather as a “tumour” that needed to be removed.

*Dit was nie vir my soos 'n kind nie, meer soos 'n tumor wat moet uit...*

*[It wasn't a child to me, more like a tumour that had to come out...].*

Although she did at times refer to the pregnancy as “the child”, efforts to define the pregnancy as everything but a child can be found throughout her transcripts. Difficulty in referring to the pregnancy as a “foetus” seems to tie in with a sustained need to depersonalise the pregnancy, and referring to the pregnancy as anything other than “it”, is perhaps too closely human for her to tolerate. This notion was also a struggle for Hayley. She acknowledged that the words “cells” or “foetus” serve as a distancing function for her, in that it allows her to refrain from giving an identity to the pregnancy she aborted. She commented:

*Ek weier om 'n identiteit te sit aan daai kind, verstaan, ek praat baie van die “selletjies”, en die “fetus”. Ek sal nie sê “'n baba”, “die baba”, of, ek het nog nooit gesê, “my kind” nie, verstaan, ek distansieer myself.*

*[I refuse to give an identity to that child...I talk about the “cells” and the “foetus”. I will not say “a baby”, “the baby”, or, I have never said “my child”, I distance myself].*

### **The awakening**

All participants described a moment after the abortion where the “reality” of what had occurred dawned on them. Mona almost immediately felt that the reality was that she had “killed her baby”. For the other three participants, the initial feeling of relief after the procedure eventually subsided only to be replaced by unexpected negative emotional emotions.

For Gayle, the feeling of relief was intense, but also short-lived, as the bleeding that occurred after the procedure, brought with it a feeling of sadness as she became aware of the fact that a life had ended. She said:

*Initially there was the euphoria, and then I had a sense of, of, unbelievable sadness... and reality... reality sort of came and hit me... because now there was an ending of a pregnancy that was still visible for me... it really is a rude awakening...*

The reality that she eventually came to experience mirrored how she then viewed the nature of the act of abortion:

*The reality was... I would say it was hard, but it was cold. Because it was a reflection of what I'd done... it's a cold, hard thing to do and it was a cold, hard experience...*

Emily had a similar experience, although her initial feelings of relief were replaced with fear. She describes how she felt relieved after the procedure and that she was eager to get on with her life. In an effort to do so, she went back to work sooner than her doctor advised her and started bleeding very heavily as a result. She became fearful that she had incurred complications. This brought an increased awareness of her own mortality and, similarly to Gayle, an awareness of a life that had ended. She also developed an intense fear

that she had jeopardised her ability to have children in the future. She describes a state of shock:

*Toe ek begin werk, het ek verskriklik gebloei, dit was vir my nogal... skokkend! Dit was nogal groot klonte... so dit het my bietjie uitgefreak... ek kon nie help om te wonder of is stukkies van, jy weet... die fetus of wat ookal nie.*

*[When I started work again, I started bleeding very heavily; it was kind of, shocking! There were large clumps... so it freaked me out a bit... I couldn't help but wonder whether it was pieces of, you know... the foetus or whatever].*

She continued:

*Dit het my net laat voel dat, ons eintlik baie nietig is, jy weet, so maklik, 'n einde kan aan 'n lewe sit...of daar iets fout gegaan het... en ek wil definitief eendag kinders hê, so ek was bekommerd dat dit dalk dit gejeopardise het...*

*[It made me feel that, we are actually very fragile, you know, it is so easily to put an end to a life... whether something went wrong... and I definitely want kids one day, so I was worried that I had jeopardised that...].*

Hayley on the other hand associated the bleeding that occurred with a sense of relief, as it made her feel that she was never pregnant in the first place. She revealed the following:

*Ek kan net daai intense verligting onthou... toe ek begin bloei het, toe is ek net soos, <sug> ek het my period... dit was laat, en dit het nooit gebeur nie... ek was veilig in daai denial... dit was net daai, dis verby, alles is normal... en alles is dieselfde. Dit is die grootste fout wat ek gemaak, het... dis dieselfde, dinge is dieselfde...*

*[I can just remember that intense felling of relief... when I started bleeding, I was just <sigh> I 'm having my period... it was late and it never happened... I was safe in that denial... it was just that, it's over, everything is normal... and everything is the same. It was the biggest mistake I made... that it's the same, everything is the same...].*

For her, the realisation of what had happened only came months later. She pensively stated that after four months of “pretending to cope”, and using addictive substances to help her do so, she had what she describes as a “breakdown” when she eventually realised that she was distressed about the abortion. She narrated:

*Dit was actually maande – as mens dink ek het die aborsie in Augustus gehad - het ek daai skyn cope gehad. Die crack, wat ek kan onthou, toe ek beseft dat... soos die groot breakdown, was in februarie gewees. Dit was 'n breuk in my soos ek nog nooit ervaar het nie... ek het regtig mal gepraat, oor mense wat nie daar was nie. In hierdie weird toestand het ek heeltyd gepraat van die kind wat ek in my drome sien... 'n kind wat ek nie opgepas het nie... en toe beseft ek dat, ek het hierdie goed gesê, dit het uit my mond uit gekom, en ek het gedink ek voel dit nie, verstaan, ek het gedink... ek het nie gevoel asof ek my kind vermoor het nie, ek het gedink ek was verlig...*

*[It was actually months—when you think I had the abortion in August - that I had that false coping. The crack I can remember, when I realised that... the big breakdown was in February. It was a break in me, as I have never experienced... I was really talking crazy, about people who were not there. In this weird state, I talked about this child that I was seeing in my dreams... a child that I didn't protect... then I realised that I had said those things, that they came out of my mouth and I thought that I didn't feel it... I thought that I didn't feel as if I had murdered my child, I thought that I was relieved...].*

### **The body and post-abortion distress**

#### Meanings attached to bleeding after the abortion

In the previous theme, it was apparent how the physical experience of bleeding after the abortion held specific meaning for participants in terms of their experience of distress.

While Hayley coupled the bleeding with a sense of relief and something that allowed her to deny the occurrence of the abortion, the other participants had different associations. Gayle revealed that the bleeding reflected a visible loss of life, while for Emily it signified an increased awareness of her own mortality as well as the realisation that she had ended a life.

In addition, the intensity of the physical experience highlighted an element of risk, as she became fearful that she might have jeopardised her chances of becoming a mother in the future. Mona commented that menstruating is one of the things that she still finds distressing, as it is a constant reminder of her abortion. She commented:

*Oh, you know what's bad, when you have your period... every single time you have your period <what does that bring up for you?> what they saw (the nurses), with the abortion, and again the regret of you know, I wouldn't have had my period for nine months. It's horrible, that reminder every single time you go to the bathroom...*

She explained how the nurses commented after the abortion that “it was still round” and that, that comment stuck in her mind, as it gave form to her aborted child. In the follow up interview, she further reflected on the issue:

*I actually can't make sense of why my period would make me sad, because its, normal <laughs> and it's every flippen month and I've had it since I was thirteen. I think it's what I see... <What you see?> blood... coming out of me... which is probably what the baby was, with the abortion...*

Further enquiry revealed that the body played a huge role in how these women experienced their abortions and the distress that followed. In addition to attaching meanings to the experience of bleeding after the abortion, meanings were also attached to the experience of the physical pain that occurred during and after the procedure.

### The meaning of pain

All the participants distinctly remembered the physical pain that accompanied their abortions. Emily described how the pain that she experienced on the way home from the clinic is associated with a significant part of her journey. She remembers the following concerning her experience of physical pain after the abortion:

*Dit was seer vir my om te ry, dit was hard op die pad, dit het baie gevibreer... toe stop ons vir 'n koppie tee. My maag was baie seer, en, ja, ag ek dink ek was op 'n manier*

*seker emotioneel, want dit was nogal 'n ordeal om deur te gaan... so, dit was bietjie van 'n journey, en dit was nogal 'n mooi... dit was amper soos die final cut van die hele ordeal... so ja, dis iets wat ek sal onthou vir altyd.*

*[It hurt, the drive, the road was hard, there were a lot of vibrations... so we stopped for a cup of tea. My stomach was very sore, and yes, I think I was in a way, emotional, because it was quite an ordeal to have gone through, so, it was a journey, and it was kind of... a nice... it was almost like the final cut of the whole ordeal... so, it's something that I will always remember].*

Gayle's father drove her home after the abortion, and even though she experienced him as supportive, the pain that she experienced while in the car with him, highlighted for her, the fact that abortion is a female experience. It was uncomfortable to share that experience with a man, specifically her own father. She reflected:

*So when he came to fetch me, it was a bit awkward for me, because you know I was, I couldn't walk straight and just, you know, I was uncomfortable... I would have preferred my sister in law to fetch me... just because, you know, it's women's stuff, and also the bleeding, the pain, and there was cramping and I couldn't hide that from him, and it was just uncomfortable...*

She further explained how experiencing the pain and bleeding in her father's presence was a source of guilt and shame for her, as it served as a reminder that she had just "taken away his grandchild".

Hayley and Mona also attached very deep, personal meanings to their experiences of physical pain. For Hayley, the pain that she endured is something that she feels was a necessary consequence to the decisions she had made. She felt that it served as a punishment. She explained:

*Ek het gevoel, ek moet hier deurgaen, dit was my keuse, ek moet die pyn voel. Ek dink ook omdat ek nie die ander (chirurgiese) aborsie gehad het nie, was daai pyn, kind of, my troos... ja, my straf vir myself... dat ek moes... omdat ek ook nie myself die emotionele pyn laat voel het nie, moes ek voel, daai pyn...*



*[I felt, I have to go through this, it was my choice, and I have to feel this pain. I think, also because I didn't have the other (surgical) abortion, that pain was kind of my comfort... my punishment for myself... that I must... because I also didn't allow myself to feel the emotional pain, I had to feel that pain...].*

Mona linked her experience of physical pain after the abortion with the emotional pain that she experienced. She felt that it personified her loss and grief.

*Ja, and also the pain afterwards... the stomach cramps, it was this contracting pain and in my head I was thinking, my body is in pain because of its loss that it just had... it was kind of like my body was mourning this loss, and I knew it was my decision, so, jeez it was horrible...*

### **Emotional responses after abortion**

Three of the four participants related their experiences as filled with mixed emotional reactions. Feeling relief after the procedure seems to be a general reaction for most of the women, as seen in the previous theme. These feelings of relief however, appear to be in response to the stressful situation of an unwanted pregnancy having been resolved, rather than relief over the actual aborting of the pregnancy. An interesting notion emerged regarding the dynamic between relief, regret and other negative emotional responses to abortion. It was often assumed in previous research, that relief after abortion implies no or little regret, and as such, the absence of any negative emotions in response to abortion. There is also the tendency to assume that any negative emotional responses imply regret. The experiences of the women in this study seem to show that this is not necessarily the case. Despite feelings of relief and not being regretful and continuing to feel that they made the right decisions, negative emotional reactions still occurred for all of the participants at one point or another subsequent to their abortions. For some of the women these feelings are still present and constant, while for others it has subsided and only surfaces at certain times, mostly in response to certain triggers or reminders. These women's experiences revealed that emotional responses to abortion are indeed extremely complex, as they seem to move continuously between positive and negative reactions as they attempt to make sense of their experiences.

It is relevant to note that the results indicate that experiences of post-abortion distress are not static, but rather vary with ever changing meanings. This dynamic depends on what is happening in these women's lives and where they find themselves in terms of spiritual or emotional journeys.

### Loss, sadness, guilt and shame

The negative emotional reactions mentioned by the women in this study, seemed to be similar to those generally associated with grief. The introductions of the participants earlier in this chapter showed that most of the women share a sense of loss and sadness that remains long after their abortions are over. This is especially true for Gayle and Mona, who currently still carry these emotions, which over time, has only intensified due to their experiences with subsequent losses (refer to introductory statements).

In addition to the shared experience of loss and sadness, other emotions commonly experienced by all the participants include guilt and intense feelings of shame. These emotional reactions were found to be intertwined in different ways for the participants. In a previous section for example, we came to see that Hayley's feelings of guilt stem primarily from her belief that her main reason for having an abortion was "cowardly" and "selfish". She explained the role of shame in her decision to abort, and how as she moved through the process of trying to make sense of her experience, her feelings of guilt shifted from the initial thoughts about having taken a life, to how she came to view her decision to have an abortion.

Emily's upbringing in the Christian faith appears to be at the core of her feelings of shame and guilt, while Mona attributes her guilt feelings to having "killed her baby". While most of the participants' guilt and shame is attributed directly to their abortion experience, Gayle had a different experience. Her guilt feelings after the abortion, was mostly because of the pain she felt she was causing those around her. She had no support from the significant others in her life regarding the abortion. In addition, the subsequent loss of the man she fell in love with after the abortion, and her belief that he might have died because she was being

punished for the abortion became the source of much of her past and current distress. She related how she was overwhelmed with guilt upon his death. She told her story as follows:

*We got very close quite quickly... and we also decided to have a baby...two weeks after I went off the pill, we had a car accident and he died...there was guilt...a thought that crossed my mind then and has crossed my mind regularly ever since then... whether I was being punished...*

At that point, in the interview she became extremely emotional and asked me to stop the interview temporarily, which indicated the intensity of the emotional distress that she still feels regarding this. She later continued and explained how she then discovered that she was pregnant. This further contributed to her notion that she was being punished for the abortion. She explained how she then reasoned:

*I sort of took one away, (the aborted child), therefore I lost the other (the man she loved), and ended up with a child (subsequent pregnancy). So there's an ironic something there, because that's exactly what happened...I took away a child here, could have had the man but chose not to, lost the man and had the child in the end...*

She expressed her belief that this event might have been connected to something “bigger”, almost like a divine correction of her life path.

## **Triggers**

All of the participants pointed out how the emotional responses mentioned above, such as sadness and feelings of loss, often became more noticeable in response to certain stimuli in the environment. These triggers are mostly things that are seen or heard, that remind the women of the fact that they had an abortion, the thought of which then elicits emotional distress or discomfort. Although each participant perceives different stimuli as triggers, and attaches their own unique meanings to what they experience in terms of this, certain common triggers were identified, and are discussed here.

## Pregnancy, children and motherhood as triggers of distress

Common triggers for post-abortion-distress that were mentioned on various occasions by all four of the participants are issues relating to pregnancy, children, and motherhood. Seeing a pregnant woman or a baby, walking past a baby store or the baby clothes aisle in a shop, for instance act as reminders of the abortion. The discomfort experienced appears to be largely related to feelings of loss, or thoughts about “what could have been”. Mona, especially, finds it painful to be around pregnant women or young children, as it reminds her the child that she “lost”. She related the following:

*I started crying every time I saw a child or a pregnant woman...the young ones, under two years, because that's how old the baby would have been, the first one...*

Her sister and best friend both became pregnant in the year following her abortion, which was a source of anguish for her, because she was unable to share the joy of their pregnancies. She further explained how it served as a constant reminder of that which she could not experience and how she found herself envious of their pregnancies:

*I'm very jealous... I shouldn't feel bad, I should be happy for her... its heart wrenching... yesterday, I had to go to baby city to go and look for a baby shower present... and it's just, you know, trying to shut my brain up while looking at the toys in the window...*

In addition to triggering emotional responses such as sadness and envy, the extract above suggests that reminders of motherhood, such as buying a baby shower present, also created a sense of longing within her. She describes this as a feeling of emptiness, which she cannot seem to fill.

Gayle didn't share Mona's intense emotional reactions to stimuli such as pregnant women. However, she also is reminded of her abortion when she sees a child of similar age to the child that she would have had. She conveyed:

*A friend of mine had a baby, she fell pregnant a few months after me...she was in a similar situation to me in that she was going to be on her own....She went through with it, and, I still look at her son, and think, wow, my child would have been three months older...*

As the years went by, Gayle has continued to think about the child that she did not have, while the mental image that she holds of this child changed as the years passed. When thinking about the child that she aborted, she no longer imagines or refers to a “baby”, but rather, a twelve-year-old. What she puts across illustrates just how vividly the idea of a child conceived, but never born, can live on in a woman’s psyche. She describes the experience as “surreal” in that it is like a glimpse of the untravelled road. She also reflected on how her subsequent pregnancy generated an awareness of the “reality” of abortion as a missed opportunity to raise a child. This is what she said:

*After having had a termination, rejecting one child and bringing another into this world...it was hard... it was very hard in a sense that...it’s that whole reality thing again you know, that, that’s all that I missed out on with this child I chose not to have...*

Some of the participants mentioned how depictions of abortion, pregnancy and motherhood in the media as well as in popular culture, such as movies, commercials and television series, brings on distress. Hayley remembers very clearly, how the content of certain television programmes and commercials prompted strong emotions and upsetting thoughts about the potential that had been lost with the abortion. Consider her example:

*Ek kan nou nog onthou, daar was 'n pampers advertensie... dit was net so babatjie... die kamera neem net die babtjie so af en dan maak hy so of hy bestuur... en dan was die slogan soos, you never know, of, you never know the potential, of so iets, Daai advertensie het my na die tyd geruineer...*

*[I can still remember, there was this pampers (brand of disposable napkin) commercial...it was just this baby...the camera just focused on the baby and then he looks like he is driving...and then the slogan is like...you never know, or, you never know the potential, or something like that. Afterwards, that ad ruined me...].*

That particular commercial, among others, was so distressing for Hayley following the abortion, that she stopped watching television. She described the experience as one where she lived in constant fear of switching on the television because she didn't know what she would find to be showing and how it would affect her. She compared switching on the television with a game of Russian roulette. She explained:

*Dit was toe soos Russian Roulette om die TV aan te sit... jy weet nie watse advertensie opkom nie, gaan dit daai pampers advertensie wees wat my skok, gaan Oprah 'n show hê oor, wat, wat, wat... jy weet, mens weet nie.*

*[ To switch on the television then, was like Russian Roulette...you don't know which ad comes up...will it be that pampers add that will shock me, is Oprah going to have a show on...you know, one doesn't know].*

In addition to the emotional responses to particular television content, watching the movie Juno triggered feelings of guilt in Hayley. She explains how the heroic depiction of the teenage girl in the movie, who decides against abortion, motivated her belief that she had made a cowardly decision by having an abortion. She explained:

*Daai movie, het my verskriklik, laat skuldig voel... sy doen dit ook so great, jy weet, dis kind of humorous... en sy is hierdie... kind of "anti-hero", tipe ander karakter, jy weet... en dit het my baie, ek het toe eers regtig skuldig gevoel, soos 'n lafaard...*

*[That movie, made me feel incredibly guilty...she does it so great, you know, it's kind of humorous...and she is this...kind of anti-hero type character, you know...and it made me very...I only then felt guilty, like a coward...].*

She identified with the main character in the movie because they shared the experience of an unwanted pregnancy. She perceived the movie to depict the decision that she made under similar circumstances to the main character as the less desirable one. The meaning that this held for her was that she perceived society to judge her negatively for taking “the easy way out”, thus contributing to her feelings of guilt and shame.

Emily's response also indicated that shows or movies dealing with the topic of abortion have the tendency to intrude on her need to avoid thinking about it, thus, causing a level of discomfort, which she then purposely attempts to avoid. She related the following:

*Oh, ek wil nie regtig baie daaraan dink nie. As my gedagtes daarna toe gaan, soos sê nou maar daar is 'n fliëk op tv oor 'n aborsie...of iets wat jou weer terug vat na daai gedagtes toe, dan sal ek myself stop en eerder op iets anders fokus.*

*[Oh, I don't really want to think about it too much. When my thoughts go there, like say there is a movie on television about abortion...or something that takes you back to those thoughts, then I'll stop myself and rather focus on something else].*

### Specific times, dates or places

Certain associations also act as reminders like certain times of the year, or places that hold significance in terms of the abortion. Emily for example, has developed a dislike for hospitals since her abortion because the smell triggers memories of that time in her life.

*As ek nou in 'n hospital instap, dan skop die memory bietjie in, van jy weet, soos wat dit daar was (In die aborsie kliniek)...ek assosieer hospitaal reuke met daai tyd in my lewe...nou, ek hou nie baie van hospitale nie <lag>.*

*[ When I walk into a hospital now, the memory kicks in a bit, of you know, how it was there...I associate hospital smells with that time in my life...now, I don't like hospitals much <laughs>].*

Emily did not have her abortion in a hospital, but explains that the clinical feeling that she associates with hospitals, remind her of the abortion clinic. She describes a hospital as a place where lives are in danger. For her, being inside a hospital reminds her that abortion implies the ending of a life that would have been. She put it like this:

*Jy kry daai baie harde gevoel van hospitale af... hier, hier is, is soos lewens wat in gevaar is en sulke goed, want, ja, dis wat in die aborsie kliniek gebeur...dis lewens wat sou, wat nie nou gaan nie...*

*[ you get that hard feeling from hospitals...here, here is, is like, lives that are in danger and stuff, because, yes, that is what happens in an abortion clinic...it is lives that would have been, that now, won't be...].*

Hayley noticed that she generally experiences the month of August as extremely difficult. She never immediately links it to her abortion, but eventually comes to realise that it is the same month as when she had the abortion. This causes her to wonder whether she perhaps, on a subconscious level, experiences distress in response to that time of year reminding her of the abortion. She remarked:

*Augustus is altyd vir my 'n moeilike maand, ek het altyd een of ander, soos laas jaar, het ek ook 'n mini breakdown gehad in Augustus... en hierdie jaar nou weer, het ek gevoel of ek nie met die stress kan cope nie...eers na die tyd onthou ek, oh, dit is die selfde maand... dalk verstaan ek net nie hoe nie, maar dit is dalk dit (die aborsie).*

*[August is always a difficult month for me, I always have some or other, like last year, I also had a mini breakdown in August...and this year again, I felt as if I cannot cope with the stress...only afterwards do I remember, oh, it's the same month... maybe I just don't know how, but it is possibly that (the abortion)].*

Even though Mona made a point not to note the date of her abortion, she still struggles with increased negative emotions around that time of year. She reflected:

*I especially didn't highlight the date in my mind to remember it, because it was such a painful day...every end of February, I get a little bit sad, coz I know it was around there...*

### Conversations

Talking about their abortions with others, or even just discussing the topic of abortion in a general sense, also triggers discomfort. Not only does it act as a reminder of the abortion, but it also elicits an awareness of the negative social perceptions surrounding the issue and the implied judgement from others. This in turn appears to fuel existing feelings of shame and guilt.



## Avoidance behaviours after abortion

In addition to an array of emotional reactions, the participants mentioned engaging in certain behaviours after abortion that they attribute to the event as well as to post-abortion distress. The behaviours most commonly mentioned by the participants were avoidance actions. All of the participants suggested that they cope with the discomfort that arises in response to thoughts about their abortions, by finding ways to avoid experiencing these feelings or avoiding having to face situations, things or activities that elicit thoughts about their abortions. Avoidance, as it pertains to this study, includes removing oneself physically from a situation and finding ways not to discuss or think about the topic in question. Two of the participants repeatedly stated that they avoid thinking and talking about the abortion as much as possible. Mona, for instance, stated very clearly that she tries to “divert” her thoughts whenever they go to “baby stuff”. She also mentions that if she starts feeling distressed when thinking about her abortion, she often tries to fall asleep to avoid experiencing it. In addition to participants engaging in topic avoidance, anger outbursts over mundane matters, substance abuse, and social withdrawal were also mentioned frequently in this regard.

For Gayle, the enormity of the issue seems to be overwhelming. She related:

*It's huge. It is so huge that you actually, stop thinking about it, because it's too hard to think about. I try not to think about it too much, because, to think about it in depth, would be to bring up a lot of pain...and self...uhm, I don't think I would say self-hatred, but... that I'd have to judge myself, and actually come out with a verdict.*

Avoiding thoughts about the abortion appears to serve the function of maintaining a state of mind where she does not feel bad about her abortion and where she does not regret making the decision.

Hayley experienced what she refers to as “irrational” outbursts of anger after her abortion. She supposes that these outbursts over everyday issues occurred because she avoided the real issue – the emotional distress she experienced because of her abortion. She commented:

*Vir mense wat geweet het was dit obvious dat dit 'n uitlating was vir die emosies wat ek nie wou face nie.*

*[For those who knew, it was obvious that it was an outlet for the emotions that I didn't want to face].*

In addition to these anger outbursts, she also engages in avoidance behaviours that are more overt, such as purposely avoiding contact with couples who have children. Consider the following statement:

*Ek is huiwerig om vriende te maak met mense wat kinders het, want ek wil nie myself blootstel aan mense wat jonk kinders gehad het, en dit reggekry het nie, want dan gaan ek dalk... dan gaan ek dit moet face ...dat dit (aborsie), nie my enigste keuse was nie...*

*[ I'm hesitant to make friends with people who have children, because I don't want to expose myself to people who succeeded at having children at a young age, because then I might... then I will have to face it...that it (abortion), wasn't my only option...].*

Being around young couples with children touches a sore point with Hayley, because she feels that it negates the reasons behind her decision to have an abortion. This fuels her belief that in making that decision, she was selfish and cowardly. This question is a great source of distress for her, which is why she goes to great lengths to avoid such situations.

### Isolation and withdrawal as a means of avoidance

The above section refers mostly to general avoidance as participants attempt to direct their thoughts away from thinking about abortion. Some of the participants however, illustrated more specific avoidance behaviours. One example that was frequently mentioned in the transcripts is isolation or withdrawal. This entails physically removing themselves from the majority of social circumstances.

Emily engaged in milder forms of this behaviour, such as just “keeping to herself” for a while after the abortion. Hayley on the other hand used more extreme measures, as illustrated by the following vignette:

*Ek het toe die buite wêreld heeltemal uitgeshut...dit het my 'n baie private mens gemaak (die aborsie)...ek het nie meer huistoe gegaan nie, ek het nie vriende gemaak nie... ek dink ek het myself maar afgeswitch, verstaan, ek het verskriklik baie dagga gerook... dit het 'n spasie vir my create, om te wees, en om... ek kon huil, sonder om nie te kon ophou nie, sonder om histeries te word. As ek hoog was kon ek sê nou maar daai selfde advertensie kyk wat my soveel ontstel het, en dan het ek hartseer gevoel, maar ek het nie histeries geword nie, verstaan. As ek terug dink, ek dink ek het verskriklik in substances terug gedraai, of dit nou preskripsie pille was, tranquillisers, slaappille... want ek het baie nagmerries gehad. Ek het baie oor babatjies gedroom, so toe het ek baie slaappille gevat om my drome te probeer suppress...*

*[I completely shut out the outside world ... it made me a very private person (the abortion)...I didn't go home anymore, I didn't make friends...I think I switched myself off, I smoked a lot of dagga... it created a space for me to just be, and to...I could cry without not being able to stop, without becoming hysterical. When I was high, I could for instance watch that same commercial that upset me so, and then I was sad, but not hysterical. Thinking back, I turned to many substances, whether it was prescription drugs, tranquilisers, sleeping tablets... because I had many nightmares. I dreamt about babies a lot, so then I took sleeping pills to try to suppress my dreams...].*

In addition to isolating herself from friends and family, she turned to a variety of substances in order to allow herself an alternative space in which to function, as reality was too overwhelming.

### **Atonement**

With the exception of Mona, the absence of regret, for most of the participants, was apparent throughout this chapter. Bearing this in mind it is interesting to note that, although the women in this study are adamant that they do not regret having had their abortions, all of them indicated a need for some form of reparation. Earlier in the chapter, we saw that Gayle was concerned that her actions may have lead to the death of a loved one, as a form of punishment or divine correction of her life path. Emily and Hayley remarked on their need to be forgiven. For both of them however, this seemed to be something elusive in light of their absence of faith. Hayley related:

*Ek het gevoel asof iemand my moet vergewe, maar ek was nie gelowig nie, ek dink ek wou gehad het my ma moes my vergewe... en ek dink ek sal nogsteeds dit waardeer, om te hoor dat, sy is of oor dit, of sy het my vergewe daarvoor.*

*[ I felt as if I had to be forgiven by someone, but I wasn't religious, I think I wanted my mother to forgive me...and I think I would still appreciate it, to hear that she is over it, or that she has forgiven me ].*

Her statement suggests a conflict between her wants and her convictions and implies unmet needs in this regard. Emily related a similar conflict:

*Na die tyd... ek was nooit regtig gelowig nie, maar ek het nogal baie gebid en jammer gesê. Ek weet nie verseker of is daar 'n god nie, maar as hy daar is moet hy net weet ek is jammer...*

*[Afterwards, I was never very religious, but I prayed and repented. I don't know for certain if there is a God, but if he is there, he must just know that I am sorry...].*

In contrast to the other participants, Mona was rueful from the start and felt that atonement could be found in replacing the baby that she lost. She explained how she welcomed her second pregnancy:

*I was thinking, this might be my chance for retribution, especially now since this was just a one-night stand, this guy wouldn't want anything to do with it, you know, this is my time to make up for what I've done before...*

This atonement pregnancy however resulted in her second abortion, due to foetal abnormality. Mona still longs to have a replacement child:

*I want the child that I've lost...*

### Finding healing

Many of the participants expressed a need to find a way to heal the pain connected to their abortions. Gayle found her healing through helping other women through their

struggles. The other three participants all mentioned their dissatisfaction with available resources to deal with abortion distress. The main reason for their dissatisfaction is that religious and esoteric ways of healing appears to dominate the resources available to women in dealing with post-abortion distress. They felt that the healing programmes or suggestion were inherently judgmental. Emily's comment in this regard is representative of their feelings on the issue:

*Ek dink nie dit sal help, sê nou maar jy gaan na die tyd vir...emosionele behandeling...hulle het sulke goed waarheen jy kan gaan...ek dink nie dit gaan regtig iemand help om daardeur te werk as hulle dit baie gelowig maak nie...*

*[I do not think it will help, say, you go for emotional help afterward...they have some things you can go to...I don't think it will really help someone to work through it if they make it too religious...].*

### **Crisis leads to evaluation and growth**

Most of the participants introduced the impression of personal growth. The abortion and subsequent hardships are viewed as a crisis that resulted in positive changes. Gayle put it very eloquently:

*It was a complete and utter time of change...I grew... I think if there is anything positive that came out of it, was that I grew as a human being, I became an adult. It was a necessary time for me to grow up and that I looked at things... I think it was the beginning of a lot of soul-searching for me.*

Mona still believes that her abortion was a mistake, but also that surviving that mistake resulted in a better sense of self and increased emotional strength. She commented:

*I've grown a lot... if it doesn't kill you it only makes you stronger <laughs>... I have learnt from that mistake that I have made, I have learnt not to make that mistake again, to take my own feelings into consideration more, to control myself more. I mean first all that I learnt was that I should die and that I don't deserve to live, but after that... you learn from your mistakes, to be a better person...*

When Hayley “broke down” and realised that she had extreme negative emotions about her abortion and that she was using substances to suppress what she was feeling, she re-evaluated her coping methods. She explained:

*Ek het heeltemal opgehou drink, opgehou dwelms vat... ek het ook toe vir my kêrel gesê kyk, ek gaan nou consciouly kyk wat ek kan doen om hierdeur te werk, vir my tools kry, 'n journal kry. Ek het 'n dagboek gekoop, want ek het begin dink, ek moet neerskryf wat ek voel... al kyk ek later terug daarna en sien sin daarin...en ek moet erken, in retrospect, kan ek dit baie beter verstaan, as wat ek toe het...*

*[ I completely stopped drinking, stopped using drugs...I also told my boyfriend at the time, look, I am now going to consciouly see what I can do to work through this, get some tools, a journal. I bought a diary, because I thought that I should write down what I feel...even if I have to come back to it later in order to make sense of it...and I must admit, in retrospect, I understand things better than what I did then...*

For her, starting a journal was the beginning of her re-discovering consciousness. Through this helpful tool, she regained something important that she felt, was lost to her.

For some of the participants, their post-abortion struggles have also resulted in positive changes within the interpersonal sphere. This is discussed in the following section dealing with the impact of post-abortion distress on interpersonal relationships.

### **Post-Abortion Distress and Interpersonal Relationships**

As mentioned previously, this study endeavoured to explore two issues concerning the phenomenon under investigation. Firstly, it aimed to gain insight into the lived experience of post-abortion distress, in other words, what it entails, and what it is like to live the experience. However, in this study, the crux of the exploration of meanings surrounding the experience of post-abortion distress centres on how these difficulties affect the interpersonal relationships of the women living these experiences. A report on the latter is found in the section.

The previous section reported various themes that represent different parts of the lived experiences of the women in this study regarding post-abortion distress. Each of these have, in some way or another, affected the interpersonal relationships of these women like issues of avoidance, shame, judgement and concerns about disclosure. These appeared to have the greatest impact. The interview transcripts also indicated that the phenomenon affects all kinds of relationships. Past relationships, new and present relationships, as well as future relationships are shaken by post-abortion distress. In addition to intimate relationships, relationships with family members, friends and colleagues also suffer.

When considering the lived experiences reported on in the previous section of this chapter, one comes to appreciate the vast and intricate nature of the possible effects that these difficulties could have on the interpersonal relationships of these women. The diversity and pervasiveness of the impact is beyond the scope of this study, but through this presentation, I hope to at least, reveal the tip of the iceberg.

### **Significant relationships in the aftermath of abortion**

Most of the participants reported that they experienced changes in one or more of their significant relationships immediately after abortion. This included an increase in conflict, as well as changes in the nature or status of the relationship.

#### Post-abortion ties

In retrospect, most of the participants, despite not necessarily being in committed relationships with the men by whom they became pregnant, agreed that their ordeals had a bonding effect on these relationships. All had trouble letting go of these relationships, and experienced intermittent relationships. They would repeatedly leave their partners only to reconnect later on, or remained together long after the relationship should have ended because they shared a traumatic experience. Hayley lived through the latter:

*Daai verhouding het ons langer uitgereek as wat ons moes... daar was lankal nie meer liefde nie, dit was hierdie trauma wat ons weer saamgebring het.*

*[We let that relationship go on longer than we should have...there hadn't been any love for a long time, it was just this trauma that brought us together again].*

Gayle and her partner ended their relationship before the abortion because they were at odds over her decision. After the abortion however, they reconnected, but later went their separate ways, as it was clear that things would never be the same as before.

### Conflict

Gayle experienced a conflict-ridden relationship with her mother after the abortion, which was a source of great distress for her. It took months for them to rebuild what they once had, and even today, there are remnants of the rift that it caused between them. Mona and Hayley described how anger and blame tore apart their intimate relationships and how this slow deterioration culminated in feelings of resentment and eventual estrangement from their partners. Mona said:

*Let's just say, I grew apart from him very quickly... I started to realise all of his flaws and I started to blame him, because I knew I wanted to leave and he told me no. Very quickly, the relationship disintegrated.*

She regrets going through with the abortion despite her strong reservations, and blamed her partner for persuading her to stay at the clinic when she wanted to leave. She felt that he robbed her of the opportunity to have a child. Her anger and resentment towards him soon led to the termination of their relationship.

Hayley had a similar experience, in that she too, blamed her partner for her distress. She told how she would often become angry about other less important things just so that she could lash out at him. In one example she explained how she told him that he was a bad person for not getting her a hotdog when she wanted one, and how she now realises that it really was about the fact that he didn't attend to her needs concerning the abortion. She explained:



*Ek het bedoel - “dit maak jou 'n slegte mens want jy kon my nie oppas soos wat ek nodig gehad het nie...” - omdat ek 'n aborsie gehad het, nie omdat ek nie nou 'n hotdog kan kry nie...ek het vreeslik uitgelash...*

*[I meant – “It makes you a bad person, because you didn’t look after me like I needed you to...” - because I had an abortion, not because I can’t get a hotdog right now... I really lashed out...*

According to Hayley, the way that she treated him because of her distress caused irreprehensible harm to their relationship:

*Dit was nooit weer dieselfde daarna nie... dit het nooit regtig weggegaan nie...  
[It was never the same after that...it never really went away...].*

### **The impact of post-abortion distress on new relationships**

Most of the participants expressed the opinion that forming new romantic relationships were more difficult because of their abortions. Mona, for example, shared the following concerns:

*How do you meet someone and then tell them what you have done? Having an abortion, it has a huge negative connotation to it... so, I can imagine how they (potential partners) feel when they find it out, but how can you go into a relationship with someone and not tell them? What do you do, keep it a secret? I haven’t had any verbal judgments, but I can imagine the judgments... I can see the distance in romantic relationships that it causes once they do know. How do you form a new relationship with this monster sitting in the room? You know?*

These questions reveal that the difficulties surrounding disclosure are paramount. Self-revelation appears to trouble all the participants when considering entering a new relationship. It appears that informing a potential or new partner about a past abortion, is a dreaded experience, riddled with doubt, anxiety and fear of rejection. As a result, communication tends to be selective and approached with caution. Earlier in this chapter, I revealed how Hayley has to thoroughly prepare before telling someone about her abortion

because she finds the prospect so terrifying. She further remarked how, she takes a formal “businesslike” approach to get it over with as soon as possible so as to limit the anxiety generated by the uncertainty of not knowing whether she will be rejected or not. She commented:

*As ek in 'n verhouding intree, vind ek dit belangrik om vir iemand te sê wat gebeur het, want ek tree altyd in 'n verhouding in met die oog op 'n langtermyn verhouding. Dan het ek amper hierdie presentation van, ek het hierdeur gegaan, en nou weet jy...*

*[When I enter into a new relationship, I find it important to tell that person what happened, because I always enter into a relationship with the intention of it being a long-term relationship. Then I almost have this presentation of, “I went through this, now you know...].*

Like Hayley, Emily also chose to disclose quite early on in her relationship with her partner (now husband). She described feeling uncomfortable when disclosing the abortion:

*Toe ek sien die verhouding raak vir my regtig belangrik, toe sê ek vir hom... dit was vir my erg, want jy weet, ek het 'n operasie gehad daar (verwys na voortplantings organe), en hy was eintlik nog 'n virgin... dis klein bietjie embarrassing vir my dat so iets met my gebeur het, maar gelukkig het hy dit aanvaar...*

*[When I saw that the relationship was becoming important to me, I told him... It was hard, because, you know, I had an operation there (referring to reproductive organs), and he was actually still a virgin... it is a little bit embarrassing for me that something like that happened to me, but luckily he accepted it...].*

His acceptance meant the world to her and she commented on how life would have been very difficult if this was not the case.

Each participant’s experience in this regard is unique, but common sources regarding the origin of their concerns could be identified. When considering the participants statements, it is evident that the issues of stigma, perceived judgement and shame seem to lie at the core.

Furthermore, the importance placed on early self-disclosure and acceptance by the new partner links to Mona's concern that disclosure carries the risk of creating distance within a new relationship. It appears that when a relationship is seen as having the potential to become serious, disclosure becomes essential to further assess the feasibility and long-term potential of the relationship. It is better to know early on whether a partner is judgemental or becomes distant. This is preferable to experiencing that rejection once the relationship has already reached a level of commitment. Despite acceptance by their partners however, disclosure concerning the abortion continues to have an impact on interactional patterns within these relationships. The difficulties experienced do not seem to be so much as a result of the partner's judgement or lack of acceptance, but rather the participants' own negative views about their abortions. The following section sheds more light on this issue.

### **Altered self-perception and interactional patterns within relationships**

In the opening statements of this research paper, I mentioned how through my interactions with women who have terminated their pregnancies, I became aware of how having an abortion appeared to colour their perceptions and their experience of being in the world. The stories related by the participants in this study confirmed this. All of the participants introduced the notion that their abortions influenced their perceptions of themselves in various ways. Views of the self as unworthy of happiness and of love, self-doubt and inferiority, are some of the aspects they mentioned concerning how their views of themselves have changed since the abortion. Based on the accounts of their experiences with post-abortion distress, there appears to be a complex relationship between self-perception subsequent to abortion, and suppositions about how others perceive them, when they learn of their abortions. This interchange appears to influence interpersonal processes and the way in which these women conduct their close relationships. Most of the participants commented on this issue, but Hayley's lengthy considerations in this regard, best illustrated this relationship and serves as an example.

She believes that her choice to have an abortion constitutes a deviation from the natural instinct of a woman to protect her child. For her, not carrying the pregnancy to term means that she failed as a woman, because she chose not to fulfil the intended maternal role.

She is burdened by what she describes as “female guilt” because she believes that she rejected motherhood by terminating her pregnancy. She said:

*Ek dink, as 'n vrou, dra mens skuld dat jy in die begin gefail het. Ek meen, as jy die kind gehad het, spandeer jy agtien jaar om hierdie kind veilig te hou, en daar het ek al opgegee op die idee van dit veilig hou. Ek was dadelik bereid om dit nie te erken as 'n mens nie, om nie kans te sien om dit groot te maak nie, en, om dit dood te maak...*

*[I think, as a woman, one carries guilt because one failed right in the beginning. I mean, if you had the child, you would spend eighteen years to keep this child safe, and there I gave up, even at the idea of keeping it safe. I was immediately willing not to recognise it as a person, to not be willing to raise it, to kill it...].*

Hayley questions her ability to be successful in the role of woman and mother. This altered view of self, colours her interpretations of the actions of others, especially when matters of care and nurturing are concerned. She made the following remarks about how these distorted interpretations often leads to conflict within her relationships:

*As sy my soos aanvat oor hoe ek my kat behandel... of hoe ek my huis run... dan dink ek sy sê vir my: “Jy het 'n aborsie gehad, jy kan nie na iets kyk nie... jy verdien nie om volgende kinders...” Dit is, dis glad seker nie wat sy bedoel nie, dit is wat ek hoor...so ek verdedig daai tiepe aspek van my eie vrouwees verskriklik... soos, ek kán na iets kyk, ek kán my kêrel oppas. Hy het nier probleme, en as hy siek is, moet hy ongelukkig huis toe gaan... ons eerste fight was verskriklik, daaroor, ek het vir hom gevra: “Jy bly nou al 6 maande hier, hoekom dink jy nou ewe skielik ek kan jou nie oppas nie?”*

*[When she confronts me about how I treat my cat...or how I run my household...then I think she is telling me: “You had an abortion, you cannot look after anything... you don’t deserve to have future children...” It isn’t at all what she means, it is what I hear. I really defend that aspect of my own womanhood...like, I can look after something, I can look after my boyfriend. He has kidney problems and when he is ill, he unfortunately has to go home, and our first fight was terrible, because of that, I asked him: “You have been staying here for 6 months, why all of a sudden, do you think I cannot look after you?]*

The above statement also suggests that Hayley is struggling with the thought that she might deserve a second chance at motherhood. As a result, she feels a constant need to prove, to herself and to others, that she can take on such a responsibility and that she is worthy of their trust. She conveyed this saying:

*Ek voel ek moet nou ewe skielik, omdat ek daai besluit gemaak het, vir mense bewys ek is nogsteeds vrou... ek kan na iets kyk, ek kan iets oppas, ek gaan nie net opgee op alles nie, ek gaan nie alles doodmaak wat ek moet oppas, of waarvoor ek verandwoordelik is nie...*

*[All of a sudden I feel I have to, because I made that decision, prove to people that I am still a woman...I can look after things, I am not going to give up on everything, I am not going to kill everything that I'm supposed to keep safe, or is responsible for].*

Consequently, this strong need to prove herself, leads to overcompensating behaviour, such as taking on more responsibility than she can handle at work and in her studies. In addition, it also seems to transform her interactional patterns within intimate relationships. She explained how, after disclosing the abortion to her partner, she deliberately assumed a more nurturing role, which is against her “liberal beliefs”, to ensure that his perception of her remains favourable in that regard. She commented:

*Sodra ek vir my kêrel gesê het ek het 'n aborsie gehad...was ek overly motherly... ek wou vir hom bewys, omdat hy nou weet ek het die aborsie gehad... “maar moenie worry oor jou kinders nie”... ek wil hom amper gerrusstel, verstaan, dat, ek kán 'n ma wees.*

*[As soon as I told my boyfriend I had an abortion... I became overly motherly...I wanted to prove to him, because he now knew of the abortion... “don't worry about your children”...I almost wanted to reassure him, that I can be a mother].*

### **Relationship needs after abortion**

The transcripts suggest that the participants' experiences with post-abortion distress brought a change in what they need from the people with whom they are in a relationship. All of the participants communicated a need for those closest to them to understand what they are going through and to be supportive during times that are more overwhelming. Some however, expressed frustration with these needs. They experience them to be complex, and difficult to

articulate, largely because their need for understanding, sympathy and support, conflicts with the need to shield their relationships and their partners from what they are feeling. Emily and Hayley both reported that they prefer to keep their thoughts and feelings about their abortions to themselves and that they would prefer their partners not to think about the event too much. There appears to be concern about how their distress concerning their abortions is imposing on or affecting their partners' emotional state. They don't want to be a burden. Emily stated:

*Ek wil nie regtig te veel daaroor praat nie, ek wil hom nie onnodig, soos, ontstel of iets nie...*

*[I don't really want to talk about it too much, I don't want to, like, unnecessarily upset him...]*

Hayley expressed additional feelings on the matter. Despite needing her partner to be aware of what she went through and to understand that certain things might upset her, she doesn't want him to constantly treat her as fragile. She feels that the intensity of his compassion in this regard, doesn't match her emotional intensity and that he at times overestimates the emotional turmoil that she experiences. As a result, she finds it awkward to be in his presence when the topic is mentioned or discussed as she feels that she is viewed as vulnerable or as a victim. This is upsetting for her because it is incongruent with the view that she has of herself as a strong, logical, independent woman.

It thus appears that some women have a (perhaps unrealistic) need that their partners be understanding, supportive and sensitive concerning certain issues, but at the same time, not be too involved or too reactive. Such expectations could conceivably place strain on a relationship.

### **Communication**

The participants identified many areas of their relationships which they felt were affected by post-abortion distress. Communication featured high on the list with three out of the four participants. Hayley, Mona and Emily all reported that they have struggled with strained or limited communication within their relationships because of the distress experienced due to their abortions. Some of the prominent issues that were mentioned are, the

difficulties inherent in sharing information that makes them feel vulnerable, deliberate avoidance of the topic of abortion, and a general feeling of awkwardness when the subject is discussed.

Although Emily doesn't find it as difficult as the other participants to discuss abortion issues in general, she deliberately avoids discussing her own abortion, as it causes too much discomfort. The other participants also engage in topic avoidance. Hayley reported discomfort in many situations with her parents as well as her partner, regarding their avoidance of the topic in her presence. She mentioned a few scenarios to convey her feelings on the matter:

*Ek wens kommunikasie daaroor was meer gemaklik...ek het dit saam met my ouers gekyk (rolprent) en ek kan onthou, ek voel kinda awkward, as hulle dit opbring(in die rolprent),en niemand sê enige iets nie, maar daar is 'n kind of 'n jy-het-ook–daardeur-gegaan-atmosfeer... 'n kind of a consensus dat almal is ewe skielik weer bewus daarvan. Dit maak vir my baie ongemaklike situasies en dan voel ek, ja, my ouers dink nou daaraan...en ek en my ouers het na die tyd nog nooit weer daaroor gepraat nie.*

*[I wish communication about it was more comfortable...I watched it with my parents (Movie) an I can remember, I felt kind of awkward, when they bring it up (in the movie), and nobody says anything, but there is a kind of a oh- you -went -through -it- too- atmosphere... a kind of a consensus that everyone is aware of it again. It creates many uncomfortable situations for me and then I feel that my parents are thinking about it now...and we never spoke about it afterwards].*

She also mentions that these uncomfortable situations linger in her mind and that their memory contributes to her uncertainty about broaching the matter with her parents.

Hayley also finds it difficult to discuss gynaecological matters with her mother and is concerned about future communication, which is indicative of anxiety. She is especially worried about some time in the future, when she will have to tell them that she is pregnant again. She wonders whether her parents will then automatically think about the abortion. In addition, she expressed her frustration that conversations with her partner about their future become strained because he fears to bring up something that might upset her. She wants to

feel free to discuss the prospect of children and babies names without being expected to become emotional. She feels that it creates unnecessary barriers between them.

### **Distancing and intimacy**

Mona commented that she presents herself to others as “unapproachable” and “distant” to protect herself from rejection. For her, this is largely because she no longer trusts men because of her view that her partner coerced her into having an abortion. She commented:

*I can't have relationship with a man, I can't... and I think it (the abortion) might have something to do with it. He (previous partner) hurt me because he forced me to have the abortion, so, you know, I analyse them (men) more, but I also kind of send out this vibe of, don't even speak to me, or approach me, because I'm so distrustful of men... every man that I meet, I give him the impression that I'm not relationship material either, because I really keep my distance.*

Two of the other participants also report distancing behaviour in relationships. Withholding physical affection, purposely omitting the presence of severe emotional turmoil, as well as not letting their partners comfort them in times of need, all contributes to a decrease in the level of closeness achieved in their relationships. As a result, there appears to be a general lack of intimacy in the relationships of the participants, which contributes to feelings of loneliness, and a fear that the relationship might end as a result.

While the other participants initiated the distance within their relationships, Gayle experienced the contrary. She commented in this regard:

*I think that when there's something like that between you... I think that, he was concerned about the type of person I was who did that...looking back, he probably felt...he felt that there was a part of me, who could do that, and that scared him. I don't feel like I felt the intimacy issue, but I think that it was there in retrospect... I think that it affected his relationship with me.*



### Impact on sexual activity

A related issue is that of sexual intercourse after abortion. Some of the participants mentioned that having an abortion impacts on their willingness to engage in sexual activity. Mona mentions that she became promiscuous after the abortion because of her need to have a replacement child. During the follow up interview, she again commented:

*My boyfriend and I have been having lots of sex... and all the way from the start to end, there is still a little hope, a little wish that there'll be an oopsie.*

In contrast to Mona's experience with sexual activity, Emily and Hayley both report being extremely cautious when it comes to sex, because they are anxious about becoming pregnant again, and possibly having to repeat their experiences. Hayley commented:

*Ek kan onthou dat ek toe gevoel het, ek sal nooit weer seks hê nie". [I can remember that I then felt, I would never have sex again].*

Hayley also struggled for two years after the abortion to have sex without using two contraceptive methods at the same time. Although this is no longer the case, she still finds it somewhat difficult and practises extreme discipline when it comes to taking contraception. She explained:

*Ek is tot vandag toe, ek mis nie 'n pil nie. Ek het hierdie jaar eers, in my verhouding... kon ons seks hê sonder 'n kondoom al was ek op die pil, ek moes, dubbel seker maak.*

*[Until this day I, I don't miss a pill. Only this year, in my relationship...was I able to have sex without using a condom while being on the pill. I had to make doubly sure...].*

After eight years, Emily still practices extreme caution when it comes to sexual intercourse. She explains:

*Ek is net baie meer versigtig, uhm... as ons seks het... hy sal nooit binne in my kan ejaculate nie, want dis semier teen hoe ek is, ek gaan nie weer swanger raak en onvoorberied wees nie...*

*[ I am a lot more cautious...when we have sex... he will never be able to ejaculate inside of me, because it is against who I am, I will not become pregnant again and not be ready. ]*

When I asked about her view of how her husband sees the issue, she answered:

*Partykeer wil hy bietjie meer losbandig wees, maar ek meen, daar is ook ander maniere om, om hom soos te satisfy... so, ek is seker hy kom vinnig oor dit.*

*[Sometimes, he wants to be a little more impulsive, but I mean, there are other ways to satisfy him... so, I am certain he gets over it quickly.]*

Her comment suggests that she places her anxiety about possibly becoming pregnant above the possible impact that it could have on the sexual relationship with her husband. It does make sense however, that an issue like this could contribute to lower levels of emotional closeness, as well as other relationship difficulties. A partner might feel that his needs are not considered.

### **Positive impact**

Some of the participants mentioned that their experiences with post-abortion distress resulted in positive changes within one or more of their relationships. Gayle for instance discovered an unlikely ally in her father, who supported her at a time when she felt that everybody she cared about had turned his or her back on her. Their relationship improved significantly. Mona reported a similar experience. She also feels that her bond with most of her family members grew stronger because of their support throughout her ordeal. Although Hayley is still uncertain of her relationship with her parents, she feels that the experience contributed to them treating her like an adult. She reports that they are more open with her regarding family problems and that they have started to respect her individuality. Emily considers the experience to have brought about a sense of empowerment and independence.

## Summary

This chapter provided the results that were obtained from the research process. The themes presented are considered central to illustration of the phenomenon under investigation. By presenting the themes in the form of verbatim quotations, the participants' truths became the focus. Noteworthy answers were obtained concerning the exploration into the subjective experiences and meanings of the post-abortion struggles that these women endured. These answers also extended to how these experiences affected their relational worlds.

## **CHAPTER 5**

### **DISCUSSION**

#### **Introduction**

The results of the present study provide an illuminating description of the subjective experiences and meanings of post-abortion distress for women, and their impact on interpersonal relationships. It is evident that this is a multifaceted and deeply emotional experience for the women who took part in this study. Four women who had legal, elective, first trimester abortions offered accounts of their stories during in-depth interviews. Regardless of the time lapse between the abortions and the interviews, all of them could vividly recollect their thoughts and emotions about the abortion experience. Several themes were uncovered through interpretative analysis of the interviews and were reported in the previous chapter. This chapter presents a critical discussion of the findings in relation to other pertinent research. This is followed by commentary on the implications of these findings for the mental health of women as well as for the field of psychology. The chapter concludes with a discussion of the strengths and limitations of this research study and suggestions for future research

#### **Critical Appraisal of Themes**

A comprehensive review of the available literature on post-abortion issues highlighted several crucial aspects regarding the phenomenon of post-abortion distress, some of which were also evident in this study. The themes that emerged during the analysis of the participant's transcripts, revealed meanings similar to issues discussed in other relevant research, but also brought new meanings not prominent in the available literature. Ten main themes were identified concerning the subjective experiences and meanings of post-abortion distress. They are:

- Stigma, judgment and disclosure
- Participants' reflections on abortion

- Unspoken distress
- The awakening
- The body and post-abortion distress
- Emotional responses to abortion
- Triggers
- Avoidance behaviours after abortion
- Atonement
- Crisis leads to evaluation and growth.

Each of these themes represent distressing thoughts, emotions and behaviours in response to abortion that in some way or another was shown to affect the nature and quality of their relationships with others. The impact of post-abortion distress on interpersonal relationships is contained in the following themes:

- Significant relationships before the abortion
- New relationships
- Altered self-perception and interactional patterns within relationships
- Relationship needs after abortion
- Communication
- Distancing and intimacy
- Positive impact.

As indicated by the aforementioned themes, the women in this study appeared to be affected in areas relating to sense of self as well as interpersonal processes. This included, among others, self-esteem, identity, interactional patterns and attachment patterns. Various emotional difficulties and behavioural effects were also noted. In accordance with much of the previous research on the topic, the results of this exploration indicated that the participants experienced post-abortion distress as a complex issue involving a mixture of positive and negative emotional reactions. In addition, the meanings they attach to their experiences are fluid in nature and unique to each individual (Avalos, 1999; Campbell, 2009; Emužienė, 2005; Fielding, Edmunds & Schaff, 2002). Overall, the findings obtained from the participants' narratives suggested that having an abortion was an experience that holds significant meaning in these women's lives.

Central to their understandings of post-abortion experiences is that meanings are different for all women, and that they change with time. Avalos (1999) confirms this observation when she says that an abortion procedure takes place on a given day and is then over, but that women live with this experience and its varying retrospective meanings for the rest of their lives. Over time, women might change their perceptions and reflections and may re-evaluate their experiences in light of other events that have since transpired in their lives. This was true of the participants in this study. Some women might find that their reappraisals confirm their original feelings about the experience, while others' feelings, are transformed. For instance, Mona's second abortion re-affirmed her guilt, regret and sense of loss concerning her first abortion, while the loss of a loved one, years later, brought doubt and a sense of loss and guilt for Gayle that she did not previously experience.

The stories presented in this study emphasise abortion as bringing a sense of disruption to women's lives, in terms of their bodies, their emotional states, their images of who they were and how they function in relationships. This sense of disruption appears to be present irrespective of whether the emotional outcome is perceived as positive or negative. According to Baumeister (1995), social psychologists distinguish between the public self (how one is perceived by others), the private self (how a person views him or herself) and the collective self (referring to one's membership in social groups, including family ties). The experience of abortion appears to cause disruptions in all three of these dimensions of the self. For some of the participants, like Emily, this interference was short lived, while for others, like Mona, it represents an uncompromising struggle.

### **Stigma, judgment and disclosure**

One such disruption manifests in how women choose to handle the information about their abortion. Despite the prevalence of abortion, women who have one in South Africa, do so within a society that is divided about the morality of abortion. Many of those who do support the choice of abortion, do so only when certain circumstances are involved (Ngwenya, 2003). The results of the present study revealed that all of the participants share an acute awareness of the stigma surrounding abortion and that they live in fear of judgment. A woman's sense of self in terms of the private, public and collective comes under threat (Baumeister, 1995). The perceived *badness* of abortion often conflicts with a woman's belief

about herself in terms of her own moral goodness, and thus threatens her self-concept in the private sense. Judgment incurred by others affects the public and collective self, as a damaged reputation and possible rejection by others (including social groups and family members) may be the result of disclosure. To protect themselves in this regard, they guard against telling others about their abortions.

Fear of judgment and resulting hesitation to disclose was also found in a study by Major and Gramzgow (1999). They examined stigma in relation to the psychological implications of concealing an abortion from others, and found that many women who have had an abortion feel vulnerable to being stigmatised by others for their action, and as such, feel compelled to keep it a secret. The women reported that they felt others would look down on them because of their abortion. Such reports seem to suggest that feelings of shame appear to be linked to issues of disclosure. This was also identified in the present study.

Linking to the above, Adler (1975) distinguishes between internally-based and socially-based emotions. Socially-based emotions reflect responses to an action that could generate social disapproval. These include shame and guilt. Lee et al. (2001) are of the opinion that shame is a self-conscious emotion that affects views of self as well as social identity. They further distinguish between external shame and internal shame. External shame refers to experiences of how one believes to be perceived by others, while internal shame refers to experiences of the self as devalued in the eyes of others. This also links with the notion of the private- and public-self, as mentioned by Baumeister (1995).

Lee et al. (2001) also suggests that intense experiences of shame can result in certain behavioural patterns similar to those revealed by the participants in this study. This specifically refers to concealment, and an increased awareness of how one appears to others when and after revelation of a past abortion.

In light of the above, concealing an abortion from others may then provide a number of immediate benefits in the short-term. It may permit a woman to circumvent the disapproval of others and prevent social conflict, both of which can be damaging to mental health. In addition to these short-term benefits however, there can be intrapsychic costs

(Major & Gramzgow, 1999). In particular, it is proposed that the effort of keeping an abortion secret sets into motion cognitive and emotional processes that exacerbate psychological distress over time. Disclosure of stressful life events to others is thought to be an important part of the coping process and that most people feel a compelling need to talk with others about emotional upheavals, negative life events, and important aspects of their identity. Failing to disclose emotion-provoking life events is associated with poorer physical health and lower subjective well-being.

Similarly to what was found by Trybulski (2005), reflections about the abortion experience existed then, for most of the participants, as an unspoken story, confided to few. Before their participation in this study, most of the women had never spoken in depth about their experience. Gayle commented that the interview was the first time, in the twelve years since her abortion, that she discussed the experience in detail and she was surprised at the intense emotional reactions that she had at certain points during the interview. Emily responded to the study because she felt it was an opportunity for her to help others, but was reluctant to do so because she severely dislikes talking about her abortion and prefers to keep the experience at a distance. Her reluctance to discuss the issue appeared to centre on an intense fear of judgment. In the eight years since her abortion, she has only briefly confided in four people about it and only when she was certain that she would not be judged. In contrast, Hayley responded to the study because she felt that it was time for her to talk about her experience, as she had not done so with anyone in the three years since her abortion.

The stigma surrounding abortion appears to promote concealment that impact on all kinds of relationships, including family, friends and colleagues. The participants' accounts showed that it spills over to even their closest relationships. Despite feeling a need to disclose, the experience is filled with dread, and for most, means intense fear, anxiety and extensive preparation. Even when their partners responded with sympathy and support, the negative connotations to disclosure did not subside and concealment continued. Omitting emotional turmoil resulting from thoughts about the abortion was one way in which further concealment manifested. These omissions were shown to impact on levels of intimacy and closeness. The consequences of this for partner relationships are discussed in more detail later in this chapter.



## **Participants' reflections on abortion**

For most of the participants, the time that had passed since their abortions, involved some reflection and attempts to make sense of their experiences so as to meaningfully integrate the experience. Many of these reflections resulted in notions, frequently indiscernible in research on post-abortion issues. This includes their personal reflections concerning the implicit moral dilemma involved in terminating a pregnancy, the possibility of it being a selfish act, and the cruelty that they perceive as inherent in the abortion itself.

### The moral dilemma and abortion as a selfish act

In the previous chapter, it was made clear that all of the participants, irrespective of their worldviews and religious orientation, indicated some awareness concerning the potential for human life contained in a pregnancy. For most of the participants, this awareness results in considerable ambiguity surrounding the morality of abortion, which affects their subjective experience regarding abortion issues. Throughout their transcripts, they used potent words such as “life”, “death”, “taking life” and “murder” reflecting this struggle of moral conscience, which is inextricably linked to the conceptualisation of their pregnancies. Coleman, Rue and Spence (2007) remarked on the various ways that women view abortion. It can be viewed as the termination of a potential human life, or just the removal of a bunch of cells. In some cases, as seen in this study, women refer to a termination of pregnancy as “murder” or “killing of a baby”.

How women come to conceptualise their pregnancies depend on a variety of factors, but one that specifically stood out in this study, was the viewing of an ultrasound. Mona mentioned how seeing the ultrasound before the abortion erased any doubt that she may have had regarding the human status of the “child” she was aborting. Hayley also admitted that seeing the ultrasound picture made a significant impression on her.

Regardless of the implicit moral dilemma that women are faced with when choosing abortion, research shows that women's reasons for choosing abortion are closely tied to their life situation (Coleman, Rue & Spence, 2007). Many women, who are ethically opposed to abortion, make the decision to abort despite their personal views. However, when the crisis of

the pregnancy and the pressure to make a decision regarding termination passes and women have had time to process the experience, those who are morally opposed to abortion may begin to feel as though their reasons for terminating the pregnancy were insufficient justification for terminating a human life. Kero, Hogberg and Lalos (2004) asked women to choose words expressing their feelings about an abortion when facing the procedure and one year later. Only 11% selected “injustice” at the time of the procedure, but 24% chose the word one year after the abortion. This is as an illustration of the attitude changes that women subsequently face when considering issues of morality. In this study, we heard how Hayley subsequently started to doubt her reasons and described them as selfish and cowardly. Gayle, Emily and Mona also retrospectively view their decisions as selfish. Not much literature exists on this issue however.

### The brutality of abortion

Based on the participants’ accounts of their experiences, it became clear that for many, abortion is understood as something destructive. Some women, no matter how compelling the reasons they have for seeking an abortion, may still perceive the termination of their pregnancy as the violent eradication of their own child. This was palpable in Mona’s story. She gave explicit imagery of the excruciatingly painful experience of having her “child sucked out of her body”. Some of the other participants also gave striking descriptions of their experiences of the procedure or their perceptions thereof. Hayley opted for a medical abortion, and commented on the brutality of flushing a foetus down the toilet, while Gayle repeatedly used words such as “terrible”, “horrible” and “cruel” to convey her experience.

Similar graphic descriptions was found in a study by Emužienė (2005), where fear, anxiety, pain and guilt associated with the procedure are an inextricable part of this perception of abortion as a grotesque and violent death. This supports the notions of the participants that abortion is an extremely unpleasant event, which by its very nature, is a cruel intervention to a woman’s body that has the irrevocable consequences.

The actual abortion procedure holds unique meaning for each woman. The results also indicated that perceptions regarding the nature of the types of procedures and the subsequent emotional responses differ among the participants. Mona and Hayley had clearly opposing

views on which to choose and why. Hayley was of the opinion that a medical abortion is less invasive and, as such, less traumatic. She also preferred the privacy that comes with being able to have the procedure at home. Mona felt that a medical abortion would be more traumatic because it lends itself to experiencing her child's death slowly. When Gayle had her abortion, the option of a medical abortion was not available. She opted for a surgical abortion under general anaesthetic, because she wanted to prevent herself from consciously experiencing the procedure. All three of these women were very aware of the possible psychological implications of this physical intrusion of their bodies. As such, they took measures to ensure the least amount of damage was caused.

Although little research is available on how women experience the actual abortion procedure, and how the different procedures affect women psychologically, some studies briefly mention women's experiences in this regard. Lie, Robson and May (2008) conducted a review of qualitative studies on abortion and found that, medical termination, before any symptoms of pregnancy were perceived, was often described as involving a "loss" (p.5) whereas a surgical termination was described as a "death" (p.5). In addition, women identified medical abortion as a way to avoid surgery and anaesthesia and that it permitted them privacy, autonomy and a greater sense of control. Fielding, Edmunds and Schaff (2002) found similar results.

One study cited in the review above, particularly explored the idea of medical abortion being more "natural", describing it as "not-really-abortion", but rather as a late period, that finally comes (Lie, Robson & May, 2008, p. 5). When viewed in this way, medical abortion was associated with reduced feelings of guilt for some participants in that study. They proposed that this *naturalness* seems to outweigh the pain and prolonged nature of the procedure, including the sight of the foetus. Hayley was the only participant in the current study that had a medical abortion. Interestingly she did mention that, initially, it didn't feel like an abortion and that it could easily be thought of as just a late period finally making its appearance.

Although her thoughts during the procedure was consistent with those found in other studies, her response differed somewhat. For her it did not lessen guilt and the *naturalness* did not outweigh the pain and prolonged nature of the procedure.

## Unspoken distress

Based on personal observations and subsequent enquiry concerning the participants' non-verbal cues, it was revealed that the women became uncomfortable when they had to talk about the foetus or the nature of abortion. Their body language, voice inflections and strategic use of spoken language, highlighted the distress that they felt but did not articulate. They use language in specific ways that enables them to distance themselves from beliefs that the foetus embodies a human life, as well as what they experience emotionally, when the subject of abortion is discussed and memories are triggered.

In connection with the use of language, Lie, Robson and May (2008) suggested, based on a review of qualitative studies on abortion, that the language women use to describe the foetus reflects the closeness or distance felt towards the life growing in their bodies and that it impacts on women's post-abortion emotional reactions. It is thus suggested that women who, for instance, describe the foetus as *a bunch of cells*, are less likely to experience severe post-abortion distress. The participants in this study however, seemed to intentionally use language to distance themselves from their feelings about the foetus and the abortion. The participants' use of language in this study was in order to distance themselves from emotional discomfort, as opposed to using language in the way suggested by Lie, Robson and May (2008). Both ways, however seem to result in the lessening of the emotional impact of abortion. For example, it was clear that Emily, Hayley and Gayle, who all used more distancing language and words such as "cells" and "it" to describe the foetus, showed milder levels of subjective post-abortion distress than Mona, who used less distancing language and talked about her "baby". In this regard, Keys (2010) also points out that the terminology a woman uses to describe the pregnancy and the foetus, may be carefully selected to correspond with what the woman believes she should feel, and can be employed to maintain or accentuate a feeling state. When considering the use of language by the participants to lessen the emotional disruption that the topic of abortion invokes, it is clear that terminology is used by these women to maintain or accentuate a more positive feeling state.

Corroborating this, Keys (2010) found that women appeared to manipulate emotional labels by their refusal or willingness to personify the foetus. Examples in her study clearly

show women resisting personification to lessen the emotional impact of abortion. In this study a statement by Hayley illustrates this perfectly:

*Ek weier om 'n identiteit te sit aan daai kind...ek praat ook baie van “die selletjies”...ek sal nie sê 'n “baba” nie...ek distansieer myself...*

*[I refuse to put an identity to that child...I talk about “the cells”...I won’t say the “baby”...I distance myself...].*

The terminology a woman uses to describe the abortion itself can, as in language used to describe the foetus, also be employed to uphold or highlight a feeling state. In this study, the word “abortion” appeared to cause the most distress among the participants’ and was most often avoided or replaced with alternative terminology. This is consistent with observations by Keys (2010), where twenty-five women discussed their comfort level with the word abortion. It was found that some women had no problems with it whatsoever, while others cringed and had to whisper it or use more euphemistic terms like *plan A*. Similar voice modulations and euphemisms were apparent during the interviews with the participants in the current study. According to Brennan (1974), who identified certain neutralisation techniques women use to cope with abortion, euphemisms relegate the unborn to the status of a *non-victim*. Using words such as “termination”, “procedure” appears to soften the act of abortion in the women’s minds. In contrast, some women are thought to deliberately use harsher terms as a form of self-punishment (Keys, 2010). This is comparable to the way in which Mona used terminology regarding her abortion. She constantly used words like “killing”, “murder”. Interestingly, the more dramatic word was also shown to elicit alternative interpretations and reassurances from members of the women’s support networks indicating that they had not done anything wrong, which could also promote more positive feeling states.

### **The body and post-abortion distress**

Various references were made to the bodily sensations, functions and perceptions inherent in the experience of abortion. What these women experienced via their physical bodies contributed much to the meanings that they created surrounding their abortions.

According to Keys (2010), the abortion procedure can provoke anxiety or fear, and it can be physically painful. Speckard and Mufel (2003) also reported that women in their study mostly felt that the procedure was physically and emotionally painful for them. In the current study the participants' narratives identified abortion as physically painful, although, contrary to what is mentioned in the literature regarding pain and abortion, the participants placed greater emphasis on the pain that they experienced, after the procedure was over, rather than during the procedure. O'Neil (1999) found that women, who report a less favourable psychological reaction immediately after the abortion, were more likely to have experienced physical pain during the procedure. Although the results of this study indicate a relationship between being conscious during the procedure and more severe reactions afterwards, the significance attached to post-abortion pain appeared greater for the women in the current study, in terms of emotional responses. The pain that these women felt within their bodies was shown to act as a catalyst for emotions such as shame and guilt. In some instances, pain was welcomed as form of self-punishment. Similar findings are discussed in Keys (2010) and Lie, Robson and May (2008), where women deemed pain as "less than they deserve" (Keys, 2010, p. 60) or a necessary part of the process, which is associated with taking responsibility for the consequences of what they considered an irresponsible act.

In addition to pain, the women also introduced comments on the bleeding that occurs after abortion. The meanings created around this entailed that bleeding embodies loss and mourning, and that it increases awareness of death. Williams (2000) suggest that among other symptoms, heightened personal death awareness is associated with grief reactions after abortion.

In addition, meanings created by the women in the study seem to touch the deepest aspects of feminine identity and appears to change the way that these women experience and view their bodies after the abortion. For some, normal female reproductive functions such as menstruation were transformed into painful reminders of their loss and accompanying guilt, while for others, the loss of blood signified the possibility of the loss of future ability to become a mother.

There is little relevant literature available that explores this aspect of women's subjective abortion experiences.

## **Emotional responses to abortion**

Much of the existing research concurs that women's responses to abortion are complex and that they consists of a mixture of positive and negative emotions (Adler, 1975; Adler et al., 1992; Avalos, 1999; Bradshaw & Slade, 2003; Campbell, 2009; Cogle et al., 2001; Emužienė, 2005; Fielding, Edmunds & Schaff, 2002). According to these studies, positive outcomes mostly include feelings of relief and happiness immediately after abortion; while the negative reactions include emotional responses such as loss, grief, doubt, remorse, sadness, guilt, anger, increased anxiety and depression, and increased suicidal ideation and/or behaviour.

Adler (1972) distinguishes between two kinds of negative emotions, namely, those that are socially-based and those that are internally-based. The former include shame, guilt and fear of disapproval, and evolve from the stigma attached to abortion by society and the violation of social norms. Internally-based negative emotions include regret, anxiety, depression, anger and doubt. Internally-based emotions are likely to derive from the personal meaning that the pregnancy and the abortion has for the woman, such as a feeling of loss. The participants in this study all experienced both externally- and internally-based negative emotional responses and mentioned the exact same responses that frequent other research findings. One novel emotional response, envy, was introduced.

Regarding positive emotional responses, most studies indicate relief as a common feeling after abortion, while some also mention happiness (Adler et al., 1992; Broen et al., 2005; Kero et al., 2004; Major et al., 2000). Feelings of relief are also commonly associated with a lack of regret and satisfaction with the abortion decision. The results of this study yielded similar findings. With the exception of Mona, relief was also cited as the most pronounced reaction immediately after the abortion. Regarding the experience of happiness, however, only Gayle mentioned experiencing what she termed "euphoria", which was short-lived. Studies that mention relief as a common response to abortion were however mostly conducted shortly after the procedure or within the first few months following abortion and little information exist on whether these feelings of relief continued. In this study, all of the participants who mentioned feeling relieved after the abortion also describe how these feelings eventually gave way to more negative emotional responses. This is discussed under

the theme “the awakening” in Chapter 4 (p, 108). In this study, the feeling of relief thus appears to be temporary, although the subsiding of relief was not indicative of regret.

Although most of the participants feel that having an abortion was the right decision for them at the time, none of them found themselves free of significant negative emotions concerning their abortions. Sadness, loss, guilt and shame were the negative emotions most frequently mentioned by the majority of the participants. Some participants were better able to integrate the experience than others. Mona’s narrative is characterised by emotional complexity, intensity and grief. Gayle understands sadness and a sense of loss as inherent to an abortion experience. She maintains that these feelings do not serve to negate the correctness of her decision, but for her is an integral part of her post-abortion experience, that she knows will remain with her throughout her life.

#### Sadness and loss (grief reactions)

Feelings of sadness and loss were present for all of the participants, similar to what Coleman and Nelson (1998) reported. There was a large percentage of men and women who participated in their abortion study who suffered from prolonged feelings of sadness and longing. The participants’ narratives suggest that facing grief and other emotions in response to having had an abortion, is a strong possibility even when certain that they made the right decision. Williams (2000) acknowledges abortion as a form of peri-natal loss that results in grief reactions. The study corroborates the presence of a grief response that is mild in intensity after elective abortions that took place an average of eleven years ago. Coleman, Rue and Spence (2007) also remark that peri-natal loss is often experienced as a personal tragedy with substantial grief reactions. Broen et al. (2005) compared women’s emotional responses in relation to miscarriage and abortion, and found that those who had induced abortions showed slower recovery in terms of emotional difficulty and exhibited higher scores of grief, loss, guilt and shame. Resolution of peri-natal loss is believed to be particularly difficult, because memories of interacting with the child are lacking and others may not acknowledge the significance of the loss in the individual's life. Regarding the expression of grief and other negative emotional responses Hayley said:

*Ek het nie waardig gevoel vir troos nie, want...want dit was tog ‘n besluit ...*



*[I didn't feel worthy of comfort, because...because it was a decision after all...].*

Most of the women in the study that share these emotional responses found it somewhat difficult to acknowledge and express their emotions regarding their abortions. The literature on this subject suggests certain social dynamics that complicate the expression of such grief because it was a personal choice (Avalos, 1999). Williams (2000) points out that many women who choose abortion seem unaware that they may indeed have legitimate emotions of grief and loss after the experience. These women are reluctant to openly express feelings of loss or grief because of the controversy that surrounds elective abortion.

Due to inadequate opportunities to grieve and frequent insufficient social support, a distinct form of grief termed *shadow grief* is sometimes associated with a peri-natal loss such as abortion. Rather than resolving more or less completely after a few years, this form of grief involves a life-long tendency to re-experience feelings of loss in response to cues, such as the anniversary of the loss (Coleman, Rue, & Spence, 2007).

### Shame and guilt

According to Lee et al. (2001), the effects of shame and guilt in particular can be very immobilising. They describe shame as a self-conscious feeling that affects views of self and social identity. They further differentiate between internal and external shame. External shame refers to experiences of how one believes oneself to be perceived by others, while internal shame refers to experiences of the self as devalued in one's own eyes. In the case of abortion, it can be distinguished in the following way: external shame might result from the perceived social inappropriateness of the action of abortion, because it is a stigmatised issue. When a woman believes that others will view her act of having an abortion as something immoral and against appropriate societal behaviour, she might feel external shame in the form that she believes she is devalued in the eyes of others. She is thus aware that she carries traits that are associated with stigma and devaluation from others. Internal shame might result when the woman's action of abortion activates schematic beliefs of the self as shameful. Internal and external shame often overlap and inform one another. Intense experiences of shame can result in behavioural patterns such as submission, desire to escape, hiding and concealment and an increased awareness of how one appears to others (Lee et al., 2001).

Under the theme dealing with stigma, judgment and disclosure, it was discussed how the participants experience of shame impacted their view of self in relation to various contexts and how it contributes to changes in their social behaviour in the form of lack of self disclosure.

Research shows that women's reasons for choosing abortion are overwhelmingly tied to their life situation as opposed to abstract, moral, or religious principles. Many women who are ethically opposed to abortion can make the decision to abort despite their personal views about abortion. This incongruence between women's beliefs and behaviour is likely to engender guilt feelings, which are very common among women who have aborted. Available evidence specifically indicates that between 29% and 75% of women acknowledge feelings of abortion-related guilt (Kero, Hogberg & Lalos, 2004).

Much of the distress discussed by the participants seems to emanate from guilt. The guilt mentioned by participants seem to originate from various sources like the reasons for choosing abortion, religious upbringing, current worldview, personal beliefs regarding the status of the foetus, the impact of the abortion on significant others and so on. Coleman, Rue and Spence (2007) also point out that the resolution of a crisis pregnancy through abortion eventually culminates in time to process the experience. Those who are morally opposed to abortion may then begin to feel as though their reasons for terminating the pregnancy were insufficient justification for terminating a human life. Hayley also cited this particular sequence of events as the main source of her current guilt feelings. Lee et al. (2001) state that guilt is closely related to internal shame, and is a self-conscious affect that relates to a sense of responsibility. It is believed to arise when a person believes that they have done something contrary to their code of conduct or when their actions have injured another. This is normally associated with a need for restitution. Coleman, Rue and Spence (2007) state that in the context of an elective abortion, guilt implies the act of having done something wrong and feeling the need to make amends.

According to Speckhard and Mufel (2003), guilt is not only a common post-abortion reaction but is also complicated to resolve. Much human behaviour that lead to feelings of guilt can be compensated for by apologising to the offended party and/or by engaging in corrective behaviours; however, the finality of an abortion precludes engagement in such

restorative behaviours to absolve one from guilt. Pregnancy termination is irreversible and if women are unable to come to terms with an abortion that evokes considerable guilt, the negative feelings may lead to more generalised feelings of self-reproach. Coleman, Rue and Spence (2007) are of the opinion that feelings of guilt, in relation to abortion, may take on an existential dimension that becomes more pronounced with time, leading to preoccupation with the ramifications of the abortion. They mention that women who feel as though they really should have carried to term may find the guilt causing them to obsess on what the child's life would have been like. In addition, for those who experience abortion as traumatic and are guilt-ridden, there may be continual self-punishment and an inability and/or unwillingness to be free of the attendant guilt.

### **Triggers**

Coleman and Nelson (1998) are of the opinion that abortion is something that for most women is not readily left in the past. Similarly, in a study on the long-term phenomena of women's post-abortion experiences, Trybulski (2005) describes how after abortion, a woman's past often reaches into the present. She elaborates how, in response to certain events and without warning, women often experience intrusive thoughts about their abortions. For these women, having an abortion was not the final step in their abortions experiences, but rather the beginning of recurrent reminders. In the current study participants related similar experiences, where certain events triggered sudden, unwanted thoughts about the abortion, often resulting in unpleasant emotional responses. The most common triggers were pregnant women and babies, depictions of abortion, pregnancy or motherhood in movies or television commercials and other media, specific times of the year or dates as well as certain places such as hospitals or clinics. For some, these reminders are fleeting thoughts that are quickly suppressed, while for others, these encounters are difficult, upsetting and painful. The situations described by the participants corresponded to accounts of participants in other studies. Emužienė (2005) reported that women she interviewed often responded with sadness or tears when seeing babies, children or pregnant women.

Most women in the current study still call to mind the age that the child of the terminated pregnancy would have been. The sight of a child or young adult of this age reminds them that they could have been the mother of just such a young person. It feels like a

surreal glimpse into the life that they might have had, had they chosen a different outcome. Trybulski (2005, p. 569), who describes this phenomenon as the “embodiment” of the child, documented similar responses from women. Embodiment can be defined as giving shape or form, so refers to women giving form to their aborted child. These kinds of experiences seem to spur reflections of alternative scenario’s and new perspectives or insights that incite feelings such as doubt, guilt and longing. The experiences seem to frequently coincide with specific days, such as mother’s day, or reminders of certain events or milestones that would have been eminent in the mother’s or aborted child’s life. These include attending baby showers, gynaecological examinations, and buying presents for other people’s children, attending children’s birthday parties and passing day care centres or schools. To fend off these unwanted emotions, most of the women I interviewed practiced some kind of avoidance of babies, pregnant women, persons with children and the like.

According to Williams (2000), many women remember the exact date of the abortion with clarity, even after many years. He is of the opinion that this illustrates the significance of this experience for women. Various authors mention anniversary reactions, where women experience an increase in depressive symptoms or negative emotions at the time of certain dates connected to the pregnancy or the abortion (Emužienė, 2005; Franco et al., 1989; Reiser & Reiser, 2000). In these writings, Reiser and Reiser (2000) explain anniversary reactions as a symptom of the controversial post-abortion syndrome (PAS). Speckhard and Mufel also found anniversary reactions among 48 percent of women in their study and categorised these reactions as re-experiencing of the event and also a symptom of PAS. Anniversary reactions are also mentioned as periods that include extreme emotional and even psychosomatic pain (Franco et al., 1989). According to Emužienė (2005), the anniversary is usually on one of three dates, namely when the women became pregnant, the date of the abortion procedure, and the would-be due date of the child. Two of the four participants in the current study pertinently referred to anniversary related emotional difficulty. Hayley mentioned an increase in “stress” each year around the time of her abortion, while Mona mentioned both times close to the abortion and the due date. Her account also included content that indicates an increase in bodily symptoms around those times.

## A note on post-traumatic stress following abortion

Various authors have suggested that abortion could be a traumatic stressor, which induces symptoms in women similar to post-traumatic stress disorder (Barnard, 1990; Broen et al., 2005; Hanley et al., 1992; Reisser & Reisser, 2000; Speckhard & Rue, 1992). Symptoms identified include guilt, shame, anxiety, psychological numbing, depression, anniversary reactions, re-experiencing in the form of sudden distressing recurring “flashbacks” of the event, fixation on becoming pregnant again, anxiety over fertility, interruption of the bonding process with present and/or future children, substance abuse, eating disorders and other self-punishing behaviours. It has also been suggested that the abovementioned group of symptoms be classified as post abortion syndrome (PAS) (Reiser & Reiser, 2000; Speckhard & Rue, 1992). In the South African Context, Van Rooyen and Smith (2004) conducted a study, which indicated that one out of three women presenting at hospitals after abortion fulfil the criteria for PAS. In the current study, one of the participants mentioned experiencing the abortion as traumatic, but two of the four participants fulfilled the criteria for PAS. Although it is not possible to generalise from the small sample of participants, it does appear consistent with the findings of Van Rooyen and Smith (2004), and further confirms the possibility of abortion as a traumatic stressor.

### **Avoidance behaviours after abortion**

All the women in the present study acknowledged that they cope with the discomfort that arises in response to thinking about their abortions, by finding ways to avoid experiencing those feelings or having to face situations, things or activities that elicit thoughts about their abortions. All of them mentioned attempts to block thoughts, or deliberately diverting thoughts, when they occur as well as avoiding certain topics associated with abortion. Mona also mentioned trying to fall asleep in an attempt to avoid thinking about it. Hayley reported anger outbursts, substance use, and social withdrawal as ways to avoid unpleasant emotions.

Available literature supports avoidance as a symptom of post-traumatic stress disorder and also as a symptom commonly found in women who have had induced abortions (Emmerik, Kamphuis & Emmelkamp, 2008). The specific techniques mentioned by the

participants are also similar to what is found in other research studies. Broen et al. (2005) showed that many women presented with avoidance symptoms related to induced abortion for a mean of approximately ten years after the event. Fifty percent of women tended to avoid thinking or talking about the abortion and twenty-five percent of women had difficulty being near babies and carefully avoided situations where they would have contact with children. Speckhard and Mufel (2003) identified similar behaviours, but also mentioned that these behaviours appear to be individualistically defined for each woman. Additional situations were also mentioned where women often avoided going to hospitals, clinics or even gynaecological examinations. All of these behaviours correspond to the techniques that the women in the current study mentioned using. In a qualitative investigation, Emužienė (2005) discussed similar behaviours under a theme she termed “obliteration” (p. 26). She describes how women she interviewed showed a need to avoid feelings, thoughts and situations reminiscent of the trauma of abortion, and how this was often accompanied by a loss of normal emotional responses. Alcohol, food and drugs were mentioned as part of the process of avoiding and emotional numbing that occurred. 26.5 % of the women claimed that they began to drink more heavily subsequent to abortion, while 19.2 % began or increased their use of drugs. Coleman (2005) suggested that some women use substances as a means to alleviate psychological discomfort associated with their abortions. This method was also mentioned by Hayley as her primary method of coping with her abortion.

Keys (2010) reported that women, who have had abortions, often use behavioural and cognitive techniques in an attempt to transform unpleasant physiological reactions, inappropriate expressive gestures, and problematic emotional labels. Women were shown to strategically dodge or deliberately approach hazardous situational cues (like abortion debate rhetoric and demonstrators, pictures of foetal development and the ultrasound, babies and pregnant women) to achieve a preferred feeling state. She used an adaptation of Thoits’s model of stress and coping to illustrate how women use behavioural and cognitive techniques to cope with unpleasant emotions after abortion. Women were shown to use these techniques at every stage of the process, starting when suspecting the pregnancy.

The model suggests that when women are faced with stimuli that bring up unwanted emotions, they use situation-focused strategies, manipulation of emotional labels, physiological sensations and expressive gestures, in the following way: When faced with

unpleasant stimuli, situation-focused strategy would involve removing themselves from the stimuli (behavioural) and/or to reiterate their reasons for terminating (cognitive). The participants in the current study were shown to use similar techniques, for example social withdrawal and justifying their reasons for termination. When manipulating emotional labels, women would attempt to maintain a particular construction of reality by using cognitive techniques, such as word choices, to cope with the emotional discomfort. In the discussion under the heading, “Unspoken distress (p.147),” the participants in this study indicated that they too, use words strategically to lessen emotional discomfort, which corresponds to this technique. Substance abuse, which is also mentioned by some of the participants in this study, represents the behavioural strategy of manipulating physiological sensations, while acting would represent the behavioural and cognitive ways of manipulating expressive gestures to conceal outwards signs of distress. This was often encountered during the interviews with Mona and Emily, where deliberate attempts were made to disguise their anguish.

### **Atonement**

Even though none of the women in the study views themselves as religious, all of them introduced the notion of feeling that they have to *make up* for having had an abortion. The participants spoke of having done something “horrible”, something irreconcilable with their views of self. They mentioned a need to be forgiven, concern about being punished (by a higher power) for the abortion and needing to have another child to atone for the abortion. Lemkau (1988, p. 469) remarked: “People make decisions on the basis of what they know at a given time based on their past experience and future expectations. However, they also continually reconstruct their histories in the light of new experiences. When a woman, who has had an abortion, later has difficulty getting pregnant, loses an infant, or is faced with a catastrophic illness, she may make causal connections of a highly idiosyncratic nature.... It is in such retrospective reconstruction that moral themes sometimes emerge with ideas of punishment and retribution surfacing even among women who do not identify themselves as especially religious”.

This also appears consistent with descriptions of what Torre-Beuno (1997) deems *spiritual injury*. She notes that spiritual injury is not about religion, but that it is about the spiritual (or rather moral) conflict that can result after abortion even in the absence of definite

spirituality in a person's life. She deems it a seemingly unfixable separation from what is most essential to their sense of self. This can be God, or as it appears in the case of the participants in this study, a sense of their own goodness having been tainted. In this study, Gayle was hit especially hard by the idea of being punished for her abortion, as subsequent loss years later, raised the question of retribution. Speckhard and Mufel (2003), specifically mention delayed reactions reported in women, generally triggered by additional losses that became connected to the abortion by feelings of guilt or the expectation of punishment. For instance subsequent fertility problems, problems with later pregnancies or other life situations were potential triggers for onset or return of upsetting emotions about abortion. Losses appear to confirm unconscious fears of punishment.

The form of atonement that most frequently appears in post-abortion literature is the *replacement child*. In this study, the idea was introduced by Mona. She revealed the strong urge to get pregnant again to regain the child that she lost and to make up for the mistake she feels she made. According to Reardon (2000), up to 33 % of women who underwent abortion develop an intense longing to become pregnant again to make up for the lost pregnancy, with 18 % succeeding within one year of the abortion. Unfortunately, many women who succeed obtaining their replacement pregnancies discover that the same problems, which pressured them into having their first abortion, still exist and so they end up feeling forced into abortion the second time (Emužienė, 2005). This happened to Mona and further contributed to her post-abortion difficulties. Gayle found her healing path in giving back through her work as a trauma and grief counsellor. Hayley is still searching for forgiveness.

Kack-Brice (1997) commented on the cultural differences in dealing with the need for atonement after abortion. She referred to Japanese custom relating to post-abortion atonement. In Japan, a Buddhist temple was built as a memorial site for aborted fetuses or Mizuko. Unwanted children are seen as “existing in the realm of darkness” (p.92) and thus, for the child's sake, amends must be made. The custom entails the setting up of a Jizo, or statue representing the child and its saviour. The parent/s give daily offerings of water and rice to this statue to feed the soul on its journey to spiritual enlightenment or Nirvana. This is an example of a culture that has created an accepted healing and atonement ritual for the act of terminating a pregnancy, which is at present largely absent in Western cultures. Coleman, Rue and Spence (2007) state that finding a place to remember and talk about one's abortion



experience (in support groups, in psychotherapy, or among friends), and demonstrating one's caring through rituals or ceremonies which honour the aborted beings, can help in the process of reconciling one's view of oneself as a good person, in spite of having had an abortion. Although many women undoubtedly get beyond feelings of guilt, anger, and self-reproach through social and spiritual means and find ways to forgive themselves, these methods do not appeal to everyone. In our society, abortion is still clouded in secrecy and shame and is stigmatised, making socially based support a rare commodity. In addition, religious and esoteric resources appear to dominate the resources available to women in dealing with post-abortion distress. Many of the participants mentioned their dissatisfaction with available resources to deal with abortion distress. Many of the websites (e.g. [hopeafterabortion.com](http://hopeafterabortion.com); [rachelsvineyard.org](http://rachelsvineyard.org)) and centres that advertise post-abortion counselling advocate that the only way to atone or to heal is to accept God into your life and to ask for forgiveness. For those who do not subscribe to this kind of ideology, healing resources are largely inaccessible. The participants in this study repeatedly mentioned that they felt the need to address their difficulties and to find healing, but that their search for resources left them empty-handed because of the overwhelming involvement of churches in post-abortion healing programmes and counselling. They felt that the healing programmes or suggestion were inherently judgmental.

### **Crisis leads to evaluation and growth**

The majority of women in a study by Kero, Hogberg and Lalos (2007) viewed the consequences of abortion as a process of maturation and growth. Similarly, most of the participants in this study, mentioned experiencing a sense of personal growth in response to the crisis of the abortion and subsequent emotional difficulty. This is consistent with findings by a number of studies, that abortion leads to positive psychological and life outcomes in women (Campbell, 2009; Cvejic, Lipper, Kinch, & Benjamin, 1977; Fergusson, Boden & Horwood, 2007). A review conducted on post-abortion studies by Bradshaw and Slade (2003) suggested that self-esteem remains unaffected after abortion and that there might even be an increase of self-esteem in response to a sense of empowerment and personal freedom. Russo and Zierk (1992) also suggested that abortion leads to higher self-esteem and greater feelings of worth and feelings of capability, and fewer feelings of failure than women who have not had abortions. Such a notion does not appear to hold true for the women who participated in

this study. Emily, Mona, and Hayley suggested that their post-abortion experience negatively affected their self-esteem or sense of self.

### **The Impact of Post-Abortion Distress on Interpersonal Relationships**

This study set out to obtain further knowledge about the effects of abortion on women. As a starting point, it was assumed that knowledge concerning the individual can only occur within the context of interpersonal relationships (Sullivan, 1953). With this focus of the exploration surrounding the effects of post-abortion distress in mind, an attempt was made to gain a better understanding of the phenomena under investigation. The results of this exploration yielded significant information regarding the relationship between post-abortion distress and interpersonal difficulty.

Although it is natural to assume that the relationships most affected by abortion, are that of the women and their partners involved in the abortion, the results of this study indicated that relationships with family, friends and colleagues are also affected. Ring-Cassidy and Gentles (2003) commented extensively in this regard. Even though many studies have mentioned secondary effects of abortion related distress on interpersonal relationships, only a small number have approached the subject primarily from a relationship perspective. Most of these focus on adolescents and their parents or partner relationships between the woman and the man who fathered the child. Even though the findings of these studies seem to indicate a high separation rate between these partners, no literature could be located on the impact of abortion on subsequent partner relationships. As most of the participants in this study had their abortions quite some time ago and subsequently separated from the men involved in the abortion, most of the accounts contributed valuable information concerning effects of post-abortion distress on subsequent partner relationships.

Post-abortion distress may adversely affect relationships through numerous mechanisms. In this regard, Coleman, Rue and Spence (2007) identified reduced emotional energy, withdrawn behaviour, feelings of self-doubt, limited personal control, decreased self-esteem, and/or blaming one's partner for the suffering incurred. Some of these aspects were also identified in the current study as having adverse effects on interpersonal relationships. Stigma and judgment, avoidance, guilt, shame, anger and grief were identified as causing the

most difficulties. Anger outbursts are usually equated with limited personal control, while social withdrawal was established as a means of avoidance.

Speckhard and Rue (1993) state that the impact of abortion on a relationship can include impairment in the ability to self-disclose, to communicate (due to increased defensiveness), increased apprehension when communicating as well as possible rupture of trust between partners (Lauzon, Roger-Achim, Achim, & Boyer, 2000; Taft & Watson, 2008). Some of the findings of this study appear to correspond to these effects on relationship. New themes were also identified. The difficulties most frequently mentioned by the participants included negative effects on the relationship with the partner involved in the pregnancy, increased conflict, effects on forming and maintaining new relationships, changes in self-perception and interactional patterns within relationships, changes in needs within a relationship, communication difficulties, problems with intimacy and sexual relationships and positive impacts.

Relationship changes and/or difficulties appeared to manifest for the participants immediately after the abortion, and in some cases was an exacerbation of problems experienced even before the abortion. These difficulties overwhelmingly involved partner relationships, although all of the participants also mentioned their relationship with one or both parents subsequent to the abortion. Gayle experienced an increase in conflict with her mother due to lack of support, but also became closer to her father as a result. Mona also reports becoming closer to her parents afterwards. Hayley still experiences a strained relationship with her parents, especially where communication is involved, although in retrospect, she does feel that it changed their perception of her in terms of her no longer being perceived as a child. She views this as a positive change toward independence. After eight years, Emily still hasn't told her parents about the abortion and feels that this affects the level of closeness she can achieve with her mother. She expressed a wish to disclose her abortion to her mother, but refrains from doing so to protect her.

Coleman, Rue and Spence (2007) emphasise the relational nature of the abortion decision. They are of the opinion that such a decision involves the couple's connection to each other as well as each partner's relationship to the developing embryo or foetus. Abortion is consequently viewed as a possible negative turning point in a relationship. It becomes a part of the couple's shared history with potential to impact their future. Furthermore the

authors remark that post-abortion psychological effects on the part of one or both parties may conceivably add to earlier conflicts. Following the procedure new relationship problems could also emerge. For example, the abortion could lead to negative emotions such as anger, guilt, grief and/or depression, which can elevate the risk for ambivalent, withdrawn, antagonistic, or aggressive partner-directed behaviour.

Regarding intimate relationships, Ring-Cassidy and Gentles (2003) claim that 40 to 75% of marriages or long-term relationships dissolve after abortion. It is unclear whether this statistic is compared to a specific population. It is suggested that a breakdown of intimacy and trust are the main reasons why these couples separate. In addition, many women might experience depression, guilt, and anger, possibly related to feelings of having been let down by their partner which, in turn, result in communication difficulties and often, sexual dysfunction.

Comparable to the research cited above, the participants who were in committed relationships at the time of their abortions, all separated from their partners after the abortion. Interestingly, some of them described a *traumatic bonding* preceding the eventual break-up, where the couple became tied to one another due to the sharing of a difficult experience. This type of experience seemed to merely postpone the inevitable. Despite this bonding experience, post-abortion distress such as anger, avoidance, shame and guilt eventually brought an increase in conflict, withdrawal, rupture of mutual trust and concern and other communication difficulties, which lead to the eventual destruction of the relationship. Emužienė (2005) reported related themes concerning relationship difficulties after abortion.

As stated previously, the results of this study indicated that although all the subjective experiences of post-abortion distress affect interpersonal relationships; issues of stigma, judgment and disclosure, avoidance, guilt and shame, appear to have the strongest impact on all types of interpersonal relationships. Regarding the impact of shame and guilt on relationships after abortion, Coleman, Rue and Spence (2007) state that many women carry around unresolved feelings of guilt and shame. Such feelings tend to be expressed in self-punishing thoughts and behaviour. Pregnancy termination is irreversible, and if the woman is unable to come to terms with an abortion that evokes considerable guilt, the negative feelings she experiences may lead to more generalised feelings of self-reproach and/or they may lead to engagement in negative behaviours targeted towards a partner or family member. For

example, a woman who is consumed by abortion-related guilt may begin to feel as though she does not deserve happiness or to receive a partner's love. As a result, she may consciously or unconsciously, engage in antagonistic behaviours that lead to relationship problems. Participants' accounts in the current study suggested that these issues also affect their willingness and ability to form new partner relationships.

Most of the participants expressed the opinion that forming new romantic relationships were more difficult because of their abortions. The issues relating to social stigma, perceived judgment, shame and concerns regarding disclosure to new or potential partners were the cause. These concerns appear to inhibit the forming of new partner relationships as well as friendships. Pursuing and entering into new relationships, with the grief, shame and guilt lingering from a past abortion, complicate the natural process of connecting to others. Feelings of shame fear of judgment and rejection impact on their willingness to place themselves in the vulnerable position necessary for the creation of closeness between two people. Afifi and Guerrero (1998) note that individuals avoid disclosure for a variety of reasons but seem primarily motivated to avoid topics due to concerns for self-protection. They note a positive relationship between self-disclosure and relational progress. The women in this study are acutely aware of the importance of disclosure within a new relationship, but find themselves torn between doing what is necessary for the creation of intimacy and protecting themselves from possible judgment and rejection. Regarding self-disclosure in new relationships, some of the women report a need to *get it over with*, so that they can lessen some of the anxiety. They feel that it is better to know early on in the relationship whether the partner is going to accept the abortion as a part of their history or not.

Even when partners accept the abortion without judgment or rejection, issues regarding disclosure seem to persist. The women tend to omit issues relating to their abortions. They are hesitant to share things such as emotional turmoil that they experience when reminded of the abortion. The continued lack of disclosure does not seem to be because of the partners' judgment or lack of acceptance, but rather appears to stem from shame, negative self-perception and fear that their partners' perceptions of them might change should they think too much about the abortions. There seems to be a need to keep the new relationship separate from the abortion experience out of fear that it might be tainted by the

confession. It is also conceivably an extension of the self-protecting function of not wanting to be vulnerable. According to Guerrero and Afifi (1995), evidence suggests that there are several reasons why individuals avoid confiding in their partner. These include partner unresponsiveness, a preference to solve their own problems, and not wanting to replay negative experiences. Other reasons include fears of exposure, abandonment, loss of control, angry attacks, and their own destructive impulses, threatened identities, relational loss, and losing individuality, among others. In a summary of topic avoidance research, Guerrero and Afifi (1995), mention four general reasons for avoidance:

- Self-protection, which includes an interest in wanting to avoid criticism and/or avoid the vulnerability that comes with openness
- Relationship protection, which includes the desire to avoid conflict and/or to avoid relational destruction
- Partner unresponsiveness, which is characterised by a feeling that the partner will be unable or unwilling to provide the necessary advice or support
- Social inappropriateness, which involves the perception that disclosure would be socially unacceptable.

All four of these reasons are comparable to the difficulties that the participants mention regarding disclosure in new relationships.

Participants further reported strained or limited communication in their relationships because of post-abortion distress. Difficulty sharing information that makes them feel vulnerable to judgment or rejection, as well as deliberate topic avoidance because of fear or a general awkwardness when the topic of abortion is discussed, are some of the prominent issues mentioned. Not being comfortable to discuss certain matters within a relationship, such as pregnancy, the possibility of future children and gynaecological matters, creates barriers between the couple.

Some of the women also reported that they deliberately distance themselves in relationships since the abortion. They report a change in their interactions within relationships, such as being generally less affectionate and preferring to deal with difficult emotional issues without their partners' awareness or support. One participant made an

interesting reference regarding her interaction with her cat. She acknowledged that since the abortion, she struggles to be caring and constantly fears closeness to animals, as well as people, because she fears losing them. Ring-Cassidy and Gentles (2003) mention that after abortion, some women report an inability to respond in caring, appropriate ways to living children or to children conceived and born later. Considering the participants accounts, it seems that responses such as these extend beyond difficulties with children, but rather suggests the possibility of greater attachment difficulties following abortion. Major, Cozarelli and Sumer (1998) and Coleman, Rue and Spence (2007) discuss abortion in relation to attachment theory. According to attachment theory, stressful experiences are likely to activate a person's attachment pattern. Once this occurs, individuals with different mental models of attachment will attempt to regulate affect and cope with a given stressor in ways that reflect the patterns that have been learned or reinforced throughout their relationship histories and that echo their basic beliefs about themselves and others. Abortion, as a stressful life event, is therefore likely to activate the attachment system in women experiencing this event. In addition, accepting that mental models of attachment reflect assumptions about both the positive or negative characteristics of self and the likely availability of others as social resources, they are likely to have an effect on numerous facets of the coping process.

Withholding physical affection, purposely omitting the presence of severe emotional turmoil, as well as not letting their partners comfort them in times of need, all contributes to a decrease in the level of closeness achieved in their relationships. Such a lack of intimacy could have devastating consequences on a relationship.

A related issue is that of sexual intercourse after abortion. Some of the participants mentioned a decline in their willingness to engage in sexual activity, while others reported becoming more promiscuous after the abortion because of a need to have a replacement child. Previous research demonstrates that women with an abortion history are at an increased risk for sexual dysfunction (Bradshaw & Slade, 2003; Coleman, 2007; Emužienė, 2005; Reardon, 1990; Reardon, 2000; Speckhard & Mufel, 2003; Törnbohm & Moller, 1999). Bradshaw and Slade (2003) concluded that 10-20% of women experience abortion-related sexual problems in the early weeks and months after an abortion, while 5-20% of women report sexual difficulties a year later. Common themes explored in literature include sexual desire, frequency of sexual intercourse, orgasm ability, and sexual satisfaction (Coleman, Rue &

Spence, 2007). Some women claim that their decrease in libido is because they no longer feel good enough for their partner. Another theme indicated that women experienced a strain on their sexual relationships due to fears of falling pregnant again (Emužienė, 2005; Speckhard & Mufel, 2003; Törnbohm & Moller, 1999). Coleman, Rue and Spence (2007) reported that reasons for disinterest in sexual activity include depression, fatigue, numbness, preoccupation, and discomfort with sexual activity. The discomfort was based on sexual activity serving as a reminder of the previous conception, fear of pregnancy and another possible loss, and viewing sexual pleasure as incompatible with mourning. The participants in the current study also reported excessive concerns with becoming pregnant again. This fear results in sexual caution for many years after the abortion. The caution that they refer to include periods of deliberate abstinence, but mostly involve a pre-occupation with the use of more than one method of contraception to make doubly sure that they do not conceive. One of the participants described how this pre-occupation at times limited sexual spontaneity in her marriage.

From the participants accounts it was clear that many of the difficulties they experienced in their relationships appeared to be influenced, to a large extent, by how they viewed themselves after the abortion. They mentioned how intense feelings of shame and guilt left them feeling unworthy of happiness and of love. In addition, their awareness of the stigma attached to abortion contributed in them a feeling of inferiority and caused them to doubt themselves and their own morality. Speckhard and Mufel (2003) mentioned that some women experience a change in self-identity. For some this a positive change associated with being more competent and responsible, while for others, the change is experienced as negative as it impacts on perceptions of the ideal self. Some even experience it as an existential crisis. According to Gallant (2005), a stressful reproductive experience may force women to alter their cognitive frameworks, and may lead to cognitive conflicts. For instance, it may lead them to question their previous assumptions about themselves and the world. The physical, emotional and political consequences of an unplanned pregnancy and abortion may challenge previously held beliefs, such as *I am moral* or *I am successful*. It was evident from the participants' accounts that having an abortion in some way or another touched the very ideas of who they thought they were before the abortion and wrecked havoc with the positive perceptions that they once held about themselves. In turn, these changed self-perceptions



influence the way that they think others view them, including the persons that they are in relationship with. This interchange affects interpersonal processes.

Hayley's description illuminated the embeddedness of even the modern woman's identity in her perceptions of female roles as the nurturing body and the mother. Kero, Hogberg and Lalos (2004) remark that having children and becoming a mother are highly valued in most societies and that, in most cultural contexts, womanhood is strongly associated with motherhood, care and goodness. Gallant (2005) also notes that femininity has been equated with motherhood as the female body has been defined as a maternal body, a body that must have children. It is also assumed that mother-love automatically comes with this body in the form of maternal instinct and that, the desire to be a mother motivates and lies at the heart of all females.

Hayley explained how having an abortion impacted her female identity. She felt she had failed as woman when she chose career over motherhood. She neglected to protect her child with a good mother's instincts. This view that she now holds of herself as a failed woman and mother, not only caused her to question her future ability to be a mother, but also whether she deserved motherhood as well as whether her partner would see her as a worthy person or not. Emužienė (2005) describes similar themes. The women in her study illustrated concerns like those mentioned by Hayley. Women are described in general as the nurturers and providers of life and security. The study remarks that, since abortion can be considered as killing the foetus, abortion in its essence contradicts the nature of a woman – as mother.

In this regard, Gallant (2005) comments that women's social roles are embedded within gendered conceptualisations of what women should do or be like, that it is almost impossible to separate the maternal from the womanly. This inextricably ties the notion of motherhood to women's subjective experiences of abortion.

The other participants also commented on their abortion experience in relation to womanhood and motherhood. Mona's self-proclaimed motherly instincts are also at the core of her suffering. After her abortion, Gayle started questioning her belief that she wanted to be a mother and attributed this new awareness of her conflict to personal growth. Emily was intent on convincing herself, and others, that she did not reject motherhood completely and

that she still would actually like children one day. She experienced intense fear after her abortion when she considered the possibility of complications that could hinder her ability to have children in the future.

According to Gilligan (1982), women validate their own subjectivity through relations with others. These relations are based on what she refers to as an “ethic of care” (Gilligan, 1982, p.79). This is actuated when the “conventional feminine voice emerges with great clarity, defining the self, and proclaiming its worth on the basis of the ability to care for and protect others” (p.79). These beliefs conflict with having an abortion and as such create a conflicting moral dilemma and negative self-perceptions. The complex interchanges between a woman’s perceptions of herself and her fears that her partner might share these perceptions, changes interactional patterns within relationships. For instance, Hayley mentioned how she desperately sought out excess responsibility, as well as nurturing roles, to prove to herself and others that she remained a worthy woman capable of someday raising a child, and that, as such, she is a worthy partner. She lives in constant fear that her partner will abandon her for someone superior, someone more deserving and more nurturing. The consequences that such perceptions, and their resulting interactions, could have on relationships are considerable and warrant further exploration. Exploring how this issue relates to pregnancy, children and motherhood as triggers of distress is a proposal worth pursuing.

### **Implications for Women’s Psychological Well-Being**

Various researchers and psychological theorists have stressed the magnitude of interpersonal relationships in psychological well-being (Baumeiste & Leary, 1995; Dillow et al., 2009; Kafetsios & Sideridis, 2006; Reis, 1990; Sadock & Sadock, 2007; Sullivan, 1953). To be psychologically well appears entrenched in a persons’ ability to function effectively in society, expressly concerning the self and others. The quality of one’s interpersonal relationships is central when determining psychological well- being. Cambron, Acitelli and Pettit, 2009, regard this as especially significant for the mental health of women. In the field of clinical psychology Maslow’s conception of self-actualisation, Rogers’s view of the fully functioning person, as well as Alport’s conception of maturity all mention the crucial part that interpersonal relationships play. Dillow et al. (2009) cited a variety of theorists that affirm the human need for close, personal relationships (like Maslow, 1968; Schutz, 1958).

Social-psychological theories contain the focal idea that frequent and meaningful interactions with others promote healthy human functioning (Baumeister & Leary, 1995). Individuals who have regular exchanges with caring others tend to be happier, healthier, and better able to cope with everyday stresses. Conversely, those deprived of close social ties tend to have weaker immune systems, suffer from more health problems, and have a higher risk of mental illness and suicide. Baumeister and Leary (1995) also stated that happiness in life is strongly correlated with having some close personal relationships. Reis (1990) also suggest that life satisfaction depends on an individual's involvement in close relationships.

The results of this study clearly indicate that these women's subjective experiences of post-abortion distress, affect their interpersonal relationships. Although some of the women reported some positive effects, the impact on the relationships of the women in this study was shown to be largely negative, especially where partner relationships are concerned. Post-abortion distress experiences, like increased avoidance, guilt, and shame, have negative effects on self-disclosure, communication, intimacy and sexuality and the like. Some of these experiences or symptoms, as they are often referred to, have also been researched outside of the context of abortion issues, where findings indicated negative effects on interpersonal relationships. Beck, Grant, Clapp, and Palyo (2008) investigated the influence of PTSD symptoms and depression on interpersonal relationships. They confirmed that depression was consistently associated with negative interpersonal functioning and that emotional numbing, avoidance and hyperarousal symptoms negatively influence relationships. Similar experiences by the participants were shown to negatively influence their ability to form and maintain relationships and at the same time to influence the quality of their relationships.

When the results of this study are considered in conjunction with the available literature on the necessity of satisfying interpersonal relationships to psychological well-being, it is feasible that these women's experiences of post-abortion distress could significantly increase their risk of developing mental health problems.

### **Practical Implications for Psychology**

Professional psychologists can assist women who suffer from post-abortion distress. Based on the participants' accounts, it is evident that there is an existing need among women

suffering from post-abortion distress for more accessible interventions based on something other than religion or spirituality. Women's subjective experiences after abortion often deal with existential questions about life and death, and involve emotional, cognitive as well as systemic difficulties. Women's experiences regarding post-abortion distress are also unique and cannot be neatly categorised. Some of the participants, who have previously attended counselling programmes, mentioned feelings of being placed in a category. They expressed a need for healthcare professionals to acknowledge individual experience. This indicates that a one-size-fits-all approach is insufficient to address the complexity of these kinds of experiences and that a variety of therapeutic approaches could be valuable in addressing the issues that these women might bring to therapy.

The results of this study shed light on women's subjective experiences of post-abortion distress, as well as some of the possible effects that it could have on interpersonal relationships. The various dimensions addressed could be used as a guideline for professionals in terms of areas to explore with women who present with these kinds of difficulties.

### **Strengths and Limitations of the Study**

A notable strength of this study is the abundance of rich, descriptive knowledge obtained about the subjective experiences of women living with post-abortion distress. The individual, as well as the shared, meanings that were unearthed during the research process are extremely valuable in deepening the understanding of the post-abortion phenomenon and how it affects women's relational worlds. The results obtained from the participant's narratives also complemented existing research on the topic.

The study further contributed to preliminary knowledge regarding women's subjective experiences of post-abortion distress. This includes information on how subsequent relationships are affected in terms of forming and maintaining these relationships in the aftermath of abortion. Other aspects include sexuality, the impact of abortion on a woman's sense of self, like female identity and motherhood.

The study also provided an opportunity for the participants to speak freely about their experiences, often for the first time since the abortion. Finally having the opportunity to discuss feelings that have lingered for years proved to be a relief. Most of the participants commented that it served as a validating experience. They appreciated the chance to share their experiences in an environment where they felt understood and valued rather than judged and found wanting.

Along with the small sample size, the homogeneity of the sample represents a limitation in terms of generalisability of the results. The themes identified may not be representative of larger populations of individuals or individuals of different cultural backgrounds who have also experienced post-abortion distress. The participants of this study represent a very small segment of the South-African female population. All of the participants were Caucasian, adult females, from similar socio-economic backgrounds. The meanings of black, Indian and coloured women, as well as adolescent females were not explored. Females of other South-African cultural groups may have completely different experiences. This study therefore represents only a fraction of the possible information available regarding this phenomenon ultimately, many voices have yet to be heard regarding the issue of post-abortion distress.

Other limitations include those related to the specific method used, namely IPA. One such constraint is the interpretative nature of the framework. Interpretation means that there is always a risk of not capturing or accurately reflecting all aspects of the individual's experience. Even though the data analysis follows a relatively structured frame, and member checks were used to minimise the effect of interpretation, the likelihood remains that the results do not fully capture the entire post-abortion experience of these and other women.

The issue of subjectivity is also relevant. In line with the specific principles of qualitative research and phenomenology, the understanding and interpretation of the interview data is context-bound and influenced by my own ideas, values and pre-conceptions. Although I attempted to be as aware as possible of my own values and pre-conceived ideas, a complete suspension of previous knowledge is idealistic and not possible.

## Recommendations for Further Research

Even though relational aspects of abortion decision-making and adjustment are plain, abortion is usually conceptualised individually rather than relationally in existing scientific literature. According to Coleman, Rue and Spence (2007), a small number of studies have recognised relationship issues as significant to the choice to abort and some studies have considered the role of partner support in women's abortion experiences. Nevertheless, compared to the vast literature focusing on the individual experiences of abortion, few studies have approached the issue from a relationship perspective. As a result, the contemporary understanding of abortion is one that has been largely excised from the social and interpersonal realities of women and men's lives. The current study provides preliminary information regarding post-abortion distress viewed from a relational standpoint. It is however only a starting point in the discussion around this aspect of the phenomenon. Further research in this regard is needed. The focus of future studies could perhaps include separate, in-depth explorations of each theme identified as representing an aspect of post-abortion distress. Also relevant to future studies are the perspectives of men who enter relationships with women who have had prior abortions.

The accounts of the women in this study indicate that, for most of the women, abortion is an intensely emotional issue, which irreversibly changes the course of their lives and touches the very depths of their sexuality, self-image, maternal health, relationship with a partner, marriage and motherhood. Exploring how this issue relates to pregnancy, children and motherhood as triggers of distress is a proposal worth pursuing. The mention of these issues seems to suggest that unwanted pregnancy and abortion are not only significant life events, but are also important in terms of developmental issues. This could in turn influence future experiences of a reproductive nature such as pregnancy, delivery and parenthood, including other bodily issues and sexuality. These concerns are focal considerations for future research.

Based on the results of this study, another area that can benefit from exploration are differences between responses relating to medical abortion and surgical abortion. The results from this study seem to suggest that women who undergo surgical abortion while awake are more vulnerable to abortion related trauma and associated psychological distress than those

who undergo the procedure under general anaesthetic. There is, however, uncertainty regarding the responses of women who undergo medical abortions. The literature and responses of the participants suggests that some women find the prolonged nature of the process and the unpleasant images of blood and foetal matter extremely distressful, while others experience it as less invasive. More information is needed to fully comprehend the risks and benefits of the two procedures, especially in the South African context, as many women still appear to have abortions without general anaesthetic. Exploring the intensity of psychological trauma or distress related to different types of abortion procedure will deepen our understanding.

Related topics of concern are the treatment of women by clinic staff and the impact of pre-abortion clinic procedure on subsequent meaning making and emotional response to abortion. Even though not depicted as a super-ordinate theme, some of the participants mentioned the impact of their treatment by the clinic staff members in connection with their experience of stigmatisation, judgement, and decisions to talk about their abortion. In addition, some also mentioned the impact of having an ultrasound on their conceptualisation of the foetus, subsequent thoughts about the aborted foetus and feelings of guilt. As the results of this have indicated, along with other prominent literature, all these issues are significant in relation to emotional responses after abortion and, the quality of interpersonal relationships after abortion. As such, they warrant further investigation.

### **Final Reflections**

The results of the present study provided an illuminating description of the subjective experiences and meanings of post-abortion distress for women, and its impact on their interpersonal relationships. The phenomenon proved to be a multifaceted and deeply emotional experience for the women who took part in this study.

Several themes were revealed through interpretative phenomenological analysis of the interviews and were reported in the previous chapter. The themes identified appeared comparable to previous research on this topic. In addition, they clearly represented deeply felt aspects of a very intimate and personal experience.

Based on the accounts of the women who shared their stories, it is clear that abortion is not a decision that is easily made. It is also not a decision that is comfortable to live with. Instead, it appears to be a harsh reality, which is difficult to integrate and not readily discussed. The complexity of the cognitive, emotional and behavioural consequences of such a decision impacts the way that these women perceive themselves, and also how they experience their female bodies. These consequences influence how they approach and navigate interactions with others. How these women experience interpersonal relationships appear to be perpetually altered by the experience of abortion.

### **Summary**

In this chapter, I presented a critical discussion of the findings in relation to other pertinent research. This was followed by commentary on the implications of these findings for the mental health of women as well as some practical implications for the field of psychology. The chapter concluded with a discussion of the strengths and limitations of this research study and suggestions for future research.



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