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# Late onset grief and loss from having an abortion

Cheryl Ann Kochevar

# LATE ONSET GRIEF AND LOSS FROM HAVING AN ABORTION

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A Thesis

Presented to the

Faculty of

California State University

San Bernardino

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In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

Cheryl Ann Kochevar

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11/12/13

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ABSTRACT

This study was to investigate feelings of grief and loss from an abortion procedure that took place three or more years ago. It focused on the delayed effects of abortion and its psychiatric outcomes, and also looked at the effects of pre-abortion counseling. The sample was fifty volunteer respondents who chose to participate in the study, which was posted on a website that works as an abortion recovery network. Participants accessed online surveys and the results were analyzed using SPSS. Results indicated that although a convenience sample was used, the impacts of abortion were long-term, and sometimes severe. This is a population that is often overlooked, and social workers are needed to provide services.

ACKNOWLEDGMENTS

I would like to begin by thanking my adviser Laurie Smith for believing in me and encouraging me to follow my dreams and not give up. And then my family, especially my Dad and my brother Scott for always making sure I had what I needed. And Christi, my lifesaver, who wouldn't let me give up or drown. Finally, I want to thank my mother-in-law, Ann Nolte, for her never-ending kindness, help, and encouragement. She tolerated all my attitudes, tears, and negativity; so I want to thank you, Ann for being a Godly woman, and a Saint. I love you!

## DEDICATION

This is dedicated to my heart, soul, and inspiration, Gary Thomas Nolte. He is my shelter in the midst of a storm. The MSW program was not my idea or intention; it was his! He pushed and pushed, and encouraged and encouraged every time I wanted to give up; he wouldn't hear of it. He believed in me when I couldn't believe in myself, and he gave me hope to carry on. I love and adore you, God made us for each other! I also want to thank GOD for He is my rock, my salvation, the truth, the life, and the way. Without His grace and forgiveness this would not have been possible.

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# CHAPTER ONE

# INTRODUCTION

This chapter will focus on the issue of grief and loss that women experience soon after their abortion as well as grief and loss experienced years later. The chapter discusses the potential effectiveness of counseling pre- and post-abortion. In relation to grief, loss, and depression, it will look into mental health issues pertaining to abortion as an important social work practice concern.

## Problem Statement

The number of abortions in the U.S. is approximately 1.5 to 1.6 million annually since the Supreme Court decision in *Roe vs. Wade* (Adler et al., 1990). According to Lisa Stiefken, San Bernardino Pregnancy Resource Center, approximately 740 abortions take place in San Bernardino every month (personal communication, June, 19, 2013). The numbers of abortions that are taking place in San Bernardino are only a fraction of the approximate 4,000 that take place in the United States on a daily basis (Stiefken, 2013).

In the years since *Roe vs. Wade*, more than twenty million women have made a decision to have an abortion within the United States. Before *Roe vs. Wade*, it had been approximated that one million illegal abortions were performed annually (Henshaw, Forrest, & Van Vort, 1985).

Studying abortion is important for the practice of social work, because as generalists, social workers must stay involved and updated on any and all issues related to the population in and around them. Without insight and knowledge on the part of counselors, the problems surrounding abortions could go unaddressed.

A review of thirty research papers between 1995 and 2011 revealed data consistent with an increased risk of mental illness in women that have received an abortion. A detailed literature review will follow this chapter. Data also suggest that any fetal loss, either abortion or miscarriage, is a traumatic experience and increases the risk of incurring a mental illness. Little of the literature examined very long term effects of the decision to have an abortion (Bellieni & Buonocore, 2013). More specifically, thirteen studies confirmed the existence of increased mental health issues in women who have received an abortion, as compared to women who follow through with

child birth. When abortion was compared to an unwanted pregnancy, four studies showed an increased risk for mental health disorders. When an abortion experience was compared to miscarriage, three studies showed an increase risk for mental disorders. Two studies revealed that short-term depression and anxiety are more likely to occur in women who suffer a miscarriage, whereas long-term effects showed primarily in women who received an abortion.

With the possibility of increased mental disorders associated with abortion, women may need more information on the consequences of having an elective abortion. There is also a need to follow up with women who have suffered a fetal loss, abortion or miscarriage and monitor their mental health. The data suggest an adverse reaction to a traumatic fetal loss and more involvement is needed within the health care system (Bellieni & Buonocore, 2013).

Currently, pre-abortion counseling is mandated by federal law. However, many women are not told about other resources available to them, such as post-abortion counseling and resources available for women still grieving and or suffering. According to Upadhyah, Freedman, and Cockrill, (2010), emotional empathy is an extremely important piece of abortion support. The women

participating in their study named this component as the most vital element defining their all-around confidence with abortion support services. It should be recognized that emotional care is important. It gives one a sense of security and worth when this type of personal care is demonstrated and shown to individuals in almost any situation, especially women who are choosing to abort.

As stated earlier, abortion is related to emotionally significant happenings in one's life, and while pre-abortion counseling may be mandatory, post-abortion counseling has yet to be required. Abortion is a stressful and permanent decision. Without proper counseling to ease oneself back into the mainstream of life, grief and loss can combine with a host of other issues and transform into Post-Traumatic Stress Disorder, along with other emotional issues. The results of this study indicated that post-abortion counseling may be very significant to healthy functioning and quality of life.

## Purpose of the Study

The purpose of this study was to inform and educate social workers about the mental and emotional stress that comes from having an abortion. It looked at the levels of

grief and loss reported by women who had an abortion three or more years ago. This study looked into the extent of pre-abortion counseling and the need for post-abortion counseling. This study also measured the guilt, shame, grief and loss experienced by the women who volunteered to participate in this research project. The study looked at some of the regrets that the participants may or may not have felt that could possibly still be affecting their lives at present. This study employed quantitative research to gather, through empirical observations, the extent of grieving the participants may have endured.

This study was intended to empower women to come forward and seek help if so needed. The feminist approach has been utilized to develop/outline this study which allows women the freedom of self-determination.

## Significance of the Study for Social Work

The intent of this study was to inform micro practitioners in the field of social work of the significant issues in working with or treating women who had a prior abortion(s). One cannot know the mental state or frame of mind that these women could be in; therefore the issue must be handled carefully. The more knowledge

that each practitioner has, the more effectively the practitioner can counsel clients. This research may also be applied in groups specifically for women who have had previous abortion(s).

Since the study involved individuals, it was geared toward micro practice. However, that does not imply that it cannot be geared toward macro practice as well. This research may determine that there is a need for change at the agency level (macro level) such as in pre-abortion and post-abortion counseling, and the length of the counseling to be extended if deemed necessary. By understanding the effect of pre-abortion and post-abortion counseling, these women who have had or are getting ready to have an abortion(s) can become more educated on this topic and be able to refer other women to the places and facilities that would best serve their needs.

# CHAPTER TWO

# LITERATURE REVIEW

## Introduction

This chapter will introduce and discuss the main points of literature reviewed on abortion and mental health. It will begin by looking at the effects of abortion, particularly grief, according to the literature. Next, it will look at the treatment outcomes pertaining to pre- and post-abortion counseling.

## Distress and Abortion

### Post-Abortion Grief

Researchers Layer, Roberts, Wild, and Walter (2004) have observed that when dealing with post-abortion grief, most researchers focus on grief immediately after the procedure. There is a general weakening of emotional stability attached to the procedure. Many women mourn the loss of their unborn child alone because post-abortion grief goes undiagnosed. This type of grief continues unchecked, mainly because there is no sense of closure such as one might find in dealing with other types of death. The procedure is performed and then the woman is left alone

to deal with the outcome, perhaps without any sympathy from close friends and family. There is not a burial ritual because there is not a body to mourn over. A failure to recognize post-abortion grief as a treatable condition could make the woman feel that her emotions are not valid. Unfortunately, this type of grief has gone unnoticed by researchers; therefore, there is a substantial lack of empirical studies.

Researchers Layer et al. (2004) examined symptoms of Post-Traumatic Stress Disorder (PTSD) and/or Psychotic Features associated with post-abortion grief in a sample of 35 women ages 18 to 65 years old who were referred by through various channels including clinicians, agencies, churches, friends, and media. This study used an intervention technique that was spiritually based and specifically designed to address post-abortion grief. The most prevalent symptoms reported were those of PTSD with feelings of shame and guilt and a behavioral avoidance. Addressing these symptoms may take several years after the abortion procedure, but ultimately, according to Layer et al., "data analysis revealed a dramatic reduction in shame and posttraumatic stress in the study participants (p. 347)."

Researchers Curley and Johnston (2013) conducted a comparison of women who wanted psychological services after their abortion and women who did not. Psychological symptoms were found to be present in both groups of women. All of the women who had abortion procedures showed signs of PTSD as well as grief lasting on an average of three years. The women who desired the offered services, such as post-abortion counseling and grief or loss counseling, demonstrated heightened psychological trauma which implied PTSD in part, if not entirely. Post-Abortion Distress (PAD) resurfaced accompanied with the abortion procedure and impacted all-around mental health. Psychological interventions for PAD should be developed as a public health priority.

The American Psychiatric Association (1994) itemized abortion as representative of a psychosocial strain that may be directed to depression, specifically when combined with anxiety. As a pregnancy termination is irreversible, it seems logical to determine that the experience of an abortion procedure may present itself as a personal crisis for a woman (Faure & Loxton, 2003).

On the other hand, according to Speckard and Rue (1992) abortion may cause stress to dissipate by ending an

unwanted pregnancy, although at the same time it might be experienced as an anxiety caused by stressors such as grief, guilt, despair, and anger. As a combination these variables could contribute to feelings of vulnerability, powerlessness and self-condemnation, which are all emotions that underlie depression.

Contrary to others' opinions, feminist writers such as Petchesky (1990) stand on the belief that choosing to terminate an unwanted pregnancy could increase a woman's sense of self-control over her own body and her own life. Self-determination derived from making one's own choice could be empowering for certain women. Furthermore, researchers Adler, David, Major, Roth, Russo and Wyatt (1990) discovered that negative mental health consequences arising from abortion were extremely low. Much of the literature expressed the same or very close findings.

Pre- & Post-Abortion Counseling

Goodwin and Ogden (2007) investigated emotional support following abortion, and found that women disclosed four discrete alterations in their emotional responses in the years following an abortion: "(i) linear recovery, (ii) persistent upset, (iii) negative reappraisal and (iv) never being upset (pg. 236)."

"Linear recovery" was described as a gradual process in which negative feelings were reduced over time. Some women reported a strong negative reaction at the time of their abortion, but those feelings dissipated over time. On the other hand, women who had strong negative reactions at the time of their abortion that did not dissipate over time fell into the category of "persistent upset." These women reported that their lives reflected negatively on relationships and self-esteem issues, but over time they adjusted to the abortion experience. Women reacting with "negative reappraisal" reported an initial negative reaction immediately after their procedure, which faded in a short time period. However, over a longer period of time, these women reported feelings of remorse and a sense that they did not make the right decision. The women described as "never being upset" did not report an initial negative response to their abortion procedure, nor did they report negative feelings emerging at a later time. These women adjusted immediately and viewed their abortion as a relief or felt they had made the best decision for themselves (Goodwin & Ogden, 2007).

The post-abortion variable described by Goodwin and Ogden both influenced and was influenced by women's

personal and social contexts. Therefore, Goodwin and Ogden explained that post-abortion support for these women required an understanding of stress reduction and the best way that resolution can be gained in the long term.

Upadhyay, Cockrill, and Freedman (2010) have suggested that providers of pre-abortion counseling should explore the avenues that led these women to their decision. They should also evaluate the women's level of social support and ask the women how their feelings and beliefs affect their decision regarding abortion. Further, they should evaluate her ability to cope after the procedure. If it is apparent that an individual might live with regret from the decision to have an abortion, or she is undecided on the procedure, she can be referred for additional counseling or they can delay the procedure for additional time.

Research from Curley and Johnston (2013) has shown that women who have terminated a pregnancy are not being treated by mental health care providers due to the fact that disorders associated with abortion are not recognized. Women who have had an abortion are turning more and more toward seeking support groups and other resources, such as self-help groups and websites that focus on problems associated with having an abortion.

Mental Health in Relation to Abortion

Bellieni and Buonocore (2013) reviewed articles on mental health in relation to abortion and found substance abuse, anxiety, and depression associated with abortion, even more so than women who experience fetal loss through a miscarriage. Losing a fetus is traumatic under any circumstances, but the effect is greater with abortion because of the additional stigma and lack of familial and social support.

Adler et al. (1990) has also found that women who terminate a wanted pregnancy, or a pregnancy that has a significant personal meaning, may be at a higher risk for adverse psychological reactions. This may be compounded by a lack of emotional support from their families. In certain individuals, negative mental health consequences from terminating a pregnancy can be severe, even though testimony from former Surgeon General C. Everet Koop suggested that adverse psychological reactions to abortion are minute from a public health point of view (Adler et al., 1990).

Speckhard and Rue (1993) have described post-abortion grief (PAG) as the mourning that occurs after an abortion. PAG is a complex process of mourning as there is no

physical representation to mourn. This lack of a body, burial ritual, or pictures can make a woman feel as though her mourning is unjustified because her loss does not conform to normative types of loss through death; this can delay the process of mourning (Freed & Salazar, 1993). This unprocessed mourning can cause women to engage in avoidance behaviors, such as not discussing the abortion with medical personnel, friends, or family or by avoiding infants, and it can lead to significant distress through the suppression of the grief emotions (Layer, et al., 2004).

## Theories Guiding Conceptualization

### Crisis Theory

Some women who have experienced an abortion procedure may develop feelings of anxiety, depression, and stress that cause self-esteem issues, emotional stress, relationship problems, and an inability to perform certain tasks. In these cases the abortion can be viewed as a life crisis. The crisis is sudden and finds the individual unprepared, and it does not diminish by using regular coping skills. It can lead to self-destructive and/or anti-social behavior (Turner, 2011).

Crisis theory can be used to create a successful intervention on an individual level, or for a group of individuals that have experienced the same type of crisis. Crisis intervention thoroughly assesses the emotional condition of the client, making sure the social worker presents a non-judgmental attitude and genuinely shows a concern for what clients are experiencing. The social worker can then establish strategies that the client can employ, including a backup plan, and put these strategies into action. The social worker can establish a plan to follow up on the progress that each client is making (Turner, 2011).

Life Model

The life model's goal is to offer more unique resources that fit specifically with an individual's needs to guard against certain stressors. It seeks to improve an individual's coping skills, self-improvement, and patterns of behavior. It also tries to be influential on a social level by trying to break down barriers that sometimes prevent an individual in acquiring the resources they desire (Turner, 2011).

The steps of the life model are similar to that of the crisis theory, but take a wider perspective in

understanding and incorporating the environmental stressors that add to the stress of the crisis itself. The stages of the life model are thus: First, it is important for social work professionals to be sensitive to areas of oppression or stigma that contribute to and exacerbate the negative psychological effects that come from the trauma of abortion. As demonstrated by Bellieni and Buonocore (2013), the loss of a fetus is traumatic; however, the effects of trauma can be compounded by societal stigma associated with abortion. If social work practitioners are not sensitive to these effects they may miss a critical component of healing that needs to be addressed. Second, social work professionals need to be able to work with their clients wherever they are and be open to wherever the healing process leads. This is common practice in social work and allows the client to work from a place of strength as coping mechanisms have already been initiated to assist in the client's daily functioning. Third, it is important for social work practitioners to honor their clients' individual coping mechanisms. Each client deals with the effects of trauma differently and allowing those coping methods to remain in place can reduce the fear that comes from addressing negative emotions or behaviors. Finally,

it is important for social workers to be aware of each client's background, as this can impact how the client perceives and reacts to the abortion. Incorporating this understanding will help to establish rapport, and will increase the practitioner's sensitivity to the client's personal story (Turner, 2011).

In providing a post-abortion intervention, it is important for the clinician to determine which approach will be most useful. The practitioner will do this by assessing the situation and organizing and interpreting the information received by the assessment in order to formulate an intervention. Involvement by the social worker with a genuine compassion will have a positive effect (Turner, 2011).

## Summary

The studies examined for this research project outline a spectrum of emotional responses that may arise from a decision to have an abortion. These emotional reactions, ranging from emptiness and despair to joy and relief, may also reflect the societal split on opinions regarding abortion. Those on each side of the debate have equal and opposite passions on the subject and the controversy over

the moral dilemma of abortion is no closer to being resolved than it was in 1973 when *Roe vs. Wade* was decided. Nevertheless, there seems to be a need to address the adverse emotional response that some women face. The literature indicates that more counseling and education prior to an abortion and a more thorough and rigorous follow-up afterward may be a good starting point.

# CHAPTER THREE

# METHODS

## Introduction

This section will provide information about the methodology of the current study, including sampling, data collection/instrument, procedures, protection of human subjects and data analysis.

## Study Design

The purpose of this study was to identify the levels of grief and loss that women reported several years after an elective abortion. The research employed a quantitative self-administered questionnaire to gather the data. Participants were recruited through a convenience (non-random) sampling method; the questionnaire was posted on wufoo.com and arin.org/facebook for approximately 60 days to ensure that women would have ample time to decide whether or not to participate. The study was geared towards women who have undergone an abortion and aimed to identify the grief and loss it caused as well as any depression factors. The main hypothesis of this study was that women who have undergone an abortion will often suffer

from increased levels of grief and loss and depression for many years following the abortion.

## Sampling

The population from which participants were selected was women who have experienced an abortion three or more years ago. The target sample size was between 40-50 participants.

## Data Collection and Instrument

The instrument that was used to gather the data was created by the researcher for specific use in this study. It included eleven questions that focused on the amount of grief and loss experienced by the participants relative to the length of time that had passed since their abortion procedure. Items on the questionnaire included questions such as, "How long has it been since your abortion?" "Do you find yourself thinking about your abortion and tell yourself to just turn the feelings off?" and "Do you wish you could be pregnant again to replace your unborn child?"

The data collected was analyzed using SPSS, which calculated the frequencies in this study. The independent variable (IV) was the length of time that has passed since

the abortion. The dependent variable (DV) was the level of grief and distress and depression as reported by the participants.

## Procedures

The collection of data occured through self-administered quantitative questionnaires using wufoo.com and arin.org/facebook. Wufoo.com is an online form builder that allows an individual to create a fillable form as well as a website address where participants can take the survey. For this survey, the researcher contacted one of the co-founders of the Abortion Recovery International Network (ARIN) and asked permission to use their web page to post the link for this questionnare. They were more than willing to accommodate the researcher and help to gather data for the purpose thesis. Each participant who took the survey was somehow connected to ARIN. This website is nationwide, and it has helped men and women get their lives back after the hurt and pain of an abortion. ARIN's database is approximately 3,000 strong and when members or past clients visits the ARIN web site, they see news and updates, including the link to this questionnaire. For the purpose of this study, all participants remained

anonymous. The surveys had 11 questions and took approximately 10 minutes or fewer to complete.

## Protection of Human Subjects

(see Appendix A)

The main focus of this study was to survey women who experienced abortion three years ago or longer and to determine whether any of the participants experienced grief and loss as time passed. All measures were taken to protect the confidentiality and anonymity of all participants. The women who participated in the survey consented by clicking on a link that was posted on a well-known nationwide website for women seeking abortion support and recovery. Once the participant clicked on the link, they were led to the survey introduction, where they consented to several conditions before actually taking the survey. The researcher did not ask participants for any identifying information and informed participants that the study was voluntary to ensure the confidentiality of all participants. If the participants at any time decided to withdraw from the study, they were able to do so without penalty. Additionally, the participants were informed there were no foreseeable risks for participating in this

study. All the information gathered from this study was saved on a protected flash drive that will be given to the Research Advisor and held for one year, after which time it will be destroyed.

## Data Analysis

The data analysis included descriptive statistics such as frequency distribution and percentages to evaluate whether or not the hypothesis was accurate.

## Summary

This chapter explained the methodology that was used during this study. The topics discussed were the study design, sampling, data collection/instruments, procedures, and analysis. Also included in this chapter was a description of the protection of human subjects, which included anonymity and confidentiality.

# CHAPTER FOUR

# RESULTS

## Introduction

The survey questions were designed to elicit an understanding of some of the impact of abortion three years or more after the procedure. The sample was comprised of 51 women aged 18 years or older who had an abortion at least three years prior to participation in this study.

## Survey Data

Table 1 shows the number and percentage of participants in each age range. The mean, median, and mode age in the sample was 40 years old.

Table 1. *Demographics*

| Participant Age Ranges | N | Percentage |
|---|---|---|
| 18 - 30 | 9 | 18% |
| 31 - 40 | 18 | 36% |
| 41 - 50 | 10 | 20% |
| 51 - 60 | 10 | 20% |
| 61+ | 3 | 6% |
| Total | 51 | 100% |

In Table 2 the participants' responses to the survey question were totaled and the percentages were calculated. For each question a majority of participants either agreed or strongly agreed. Questions are listed in order, followed by the frequency and percentage of responses.

Table 2. *Experiences With Feeling Connected To Abortion*

N = 50*

| Variable | Frequency (n) | Percentage (%) |
|---|---|---|
| **Struggling to turn off feelings** | | |
| Strongly Disagree | 3 | 6% |
| Disagree | 5 | 10% |
| Agree | 12 | 24% |
| Strongly Agree | 30 | 60% |
| **Affected by physical reminders** | | |
| Strongly Disagree | 3 | 6% |
| Disagree | 4 | 8% |
| Agree | 24 | 48% |
| Strongly Agree | 19 | 38% |
| **Self-destructive behavior** | | |
| Strongly Disagree | 4 | 8% |
| Disagree | 6 | 12% |

| | | |
|---|---|---|
| Agree | 17 | 34% |
| Strongly Agree | 23 | 46% |
| **Prolonged depression** | | |
| Strongly Disagree | 1 | 2% |
| Disagree | 6 | 12% |
| Agree | 10 | 20% |
| Strongly Agree | 33 | 66% |
| **Become pregnant again** | | |
| Strongly Disagree | 8 | 16% |
| Disagree | 7 | 14% |
| Agree | 16 | 32% |
| Strongly Agree | 18 | 36% |
| **Guilt or Shame** | | |
| Strongly Disagree | 2 | 4% |
| Disagree | 1 | 2% |
| Agree | 3 | 6% |
| Strongly Agree | 43 | 86% |
| **Pre-abortion education** | | |
| Strongly Disagree | 2 | 4% |
| Disagree | 1 | 2% |
| Agree | 5 | 10% |
| Strongly Agree | 42 | 84% |

**Knowledge affect decision**

| | | |
|---|---|---|
| Strongly Disagree | 4 | 8% |
| Disagree | 2 | 4% |
| Agree | 8 | 16% |
| Strongly Agree | 36 | 72% |

*Although 51 participants answered the question about their age, one participant did not answer any other questions leaving a usable sample of 50.

## Summary

This chapter presented the results from the survey. The cumulative scores of each variable were added and percentages were calculated in order to determine if there was a consensus among the participants' responses.

A majority (84%) of surveyed participants agreed or strongly agreed that they found themselves struggling to turn off feelings connected to their abortions, as opposed to 16% who either disagreed or strongly disagreed. Regarding physical reminders such as seeing pregnant women or babies, 86% of surveyed participants agreed or strongly agreed that their emotional states were impacted, as opposed to 14% who either disagreed or strongly disagreed with that question. Eighty percent of participants had

either experienced new or increased destructive behaviors such as promiscuity, drug and alcohol use, or entered or remained in abusive relationships, as opposed to 20% who had not. Eighty-six percent of participants had experienced prolonged periods of depression versus 14% who had not. Sixty-eight percent of participants also had experienced a desire to become pregnant again. Almost all participants (92%) experienced guilt or shame about the abortion. Ninety-four percent of participants wished they had more knowledge or education about abortion prior to their procedure and 98% felt that with more knowledge or education they might have changed their minds about the abortion, or alternately that education would have helped with some of the negative experiences in their lives related to the abortion.

For each question, a majority of participants reported that their abortion(s) had impacted their lives negatively and wished they had more information about abortion prior to the procedure because it might have changed their minds or reduced the negative experiences connected to having the abortion.

# CHAPTER FIVE

# DISCUSSION

## Introduction

This chapter will discuss the results of the survey described above. Implications of the findings will be discussed as well as limitations to data collection in this study. Recommendations for social work practice will be offered as well as recommendations for policy changes and future research.

## Discussion

The findings of this study are not consistent with the majority of findings in the literature. According to Adler *et al.*(1990) the negative health consequences of abortion are extremely low. This was not demonstrated in our results; a majority of the participants in all but one category (becoming pregnant again) either Agreed or Strongly Agreed with the questions presented on the survey that represented negative outcomes. The results also contradict the theory by Petchesky (1990) that abortion can be a liberating experience. Although there may have been a sense of relief in some of the women immediately following

the abortion, over the long-term, the results demonstrate that as opposed to being liberated by their decision to abort, these women have experienced negative emotional distress. These results demonstrate that in this sample, there are significant and prolonged negative effects from having undergone an abortion three years or more after the procedure.

The results regarding self-destructive behavior are supported by Bellieni and Buonocore (2013) who found that women were more likely to engage in self-destructive behavior, specifically substance abuse, after the loss of a fetus through abortion. A majority (80%) of the participants reported either an increase or the introduction of self-destructive behavior connected to their abortion.

The greatest departure from the literature seems to be in the length of time over which negative emotions are experienced. Layer *et al.* (2004) found that women delayed the processing of negative emotions through their suppression; however they restricted the length of time to three years post-abortion. The results of this survey demonstrate that the negative emotional effects can

continue many years post-abortion if they are left unresolved.

The impact from the unresolved emotions is significant. The ability to function in a healthy and productive manner can be greatly impacted by depression, PTSD, increased incidence of mental illness and self-harming behaviors. These issues affect society at both micro and macro levels as unresolved mental health issues affect family systems and functioning as well as communities and society as a whole. Overlooking the long-term effects of abortion leaves a vulnerable population invisible to the medical and mental health fields. Therefore, it is harmful to minimize the long-term effects of abortion on women.

## Limitations

The primary limitation in this study was the convenience sample used in this study. Since participants were recruited from an abortion recovery website, the results are not surprising and limit a generalized application of the findings. It is likely that the sample was biased in that these women were accessing a website to seek healing from abortion; therefore the results from the

survey reflected a sample of women with unresolved issues. Had the researcher used a random sample of women who previously had an abortion the results might have been very different. A future study would benefit from a wider recruitment pool.

Finding a varied population to examine these effects is problematic, however, because unless a woman is experiencing negative psychological effects or behaviors, she is unlikely to seek help through websites, self-help groups, or organizations. Therefore, samples collected through such channels will always lend themselves to a certain amount of bias because of the challenge of locating and including participants who have not had negative experiences or behaviors after an abortion. However, these findings present a compelling argument for further research in the long-term effects of abortion and the need and/or efficacy of post-abortion interventions for women who do report negative long-term psychological impacts.

Another major limitation of the study is that while abortion definitely correlated with long-term distress in the survey responses, it is difficult to know whether the abortion itself caused the long-term distress. While abortion has lasting psychological impacts, there are other

factors that may lead women to abortion that can also have lasting psychological impacts, including but not limited to abusive relationships, anxiety and depression, self-esteem issues and substance abuse. Some of these issues can result in promiscuity and failure to practice adequate birth control, thereby increasing the chances of an unwanted pregnancy, and could also increase the likelihood of an unwanted pregnancy resulting in abortion. It is also possible that women with pre-existing mental health concerns may be more likely to have long-term psychological effects arising from abortion as compared to women who do not have a mental health issue at the time that they obtain their abortion. Without further information about study participants' history or background, it is impossible to know whether additional underlying factors could explain the correlation between abortion and long-term emotional distress regarding the procedure.

Honesty may have been another limiting factor in this study due to the stigma associated with abortion or participants' feelings of guilt or shame. It is likely that participants may have altered their responses due to the social desirability effect, or may have had difficulty acknowledging the strength or depth of their emotions.

This should be considered when writing future surveys to evaluate the long-term effects of abortion on women.

## Recommendations for Social Work Practice

Social workers who work with this population need adequate training in the areas of pre- and post-abortion counseling. Social work advocates must be able to examine the data from research in such a way to bring about a greater understanding of the personal and social impact of abortion on women. Interventions such as Crisis Theory and the Life Model should be evaluated for their efficacy in post-abortion counseling to reduce trauma as well as the potential for extended experiences of shame and guilt in women who choose to have an abortion. More research needs to be done on the long-term effects of abortion and effective identification and interventions in attenuating negative psychological experiences.

Additionally, training should be developed to help social work professionals treat those recovering from abortion with sensitivity and understanding.

## Conclusion

The impact of abortion on some women has been substantially demonstrated in this study of women who seek healing from the long term effects of an abortion. The study had substantial limitations, but whether or not all or most women suffer long-term psychological harm from abortion, this study demonstrates that there is a population of women for whom the long-term effects are detrimental to their well-being even after several years. Further research needs to be conducted to develop training for social workers, with emphasis placed on identifying and counseling women already experiencing long-term negative effects as well as providing post-abortion counseling to help women process their experience at the outset.

# APPENDIX A

# INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate and to find out if men and women experience delayed grief and loss (three,five, seven, or more years) after they have had an abortion. This study is being conducted by Cheryl Kochevar under the supervision of Dr. Laurie Smith, Professor of Social Work, California State University, San Bernardino. This study has been approved by the Institutional Review Board at California State University, San Bernardino.

PURPOSE: The purpose of this survey is to find out if the delayed grief and loss is affecting individual's lives and to what degree is it being affected.

DESCRIPTION: By clicking on the "accept the terms of the informed consent" will allow the participants to take the survey.

PARTICIPATION: This survey is on a volunteer basis to gather data for this study. Refusal to participate will not harm the participants in any way. It is also noted that a participant may discontinue this survey at any given time without penalty.

CONFIDENTIALITY OR ANONYMITY: Confidentiality and anonymity will be maintained at all times. This survey is discrete and only requires an individual's age of 18 years

and older, gender of female and to have had an abortion three or more years ago to participate, (at no time will anyone's name be used in this research). All data from this research project will be stored in a locked filing cabinet in Dr. Laurie Smith's office at California State University, San Bernardino. All surveys will be stored on a flashdrive and held for no more than one year. At this time all data gathered will be destroyed.

DURATION: Participation in this survey is estimated at 15-20 minutes.

RISKS: With any study there is always a possibility for risks, no matter how minimal. However, if this survey causes distress in any way or the memories involved are too painful, it is suggested that you stop and seek advice/counseling through Abortion Recovery International Network.org or call (949) 679- 9276. Someone will be able to help you. **Note: All participants should have undergone treatment and therapy at Abortion Recovery International Network prior to taking this survey. Dr. Laurie Smith may also be contacted via e-mail lasmith@csusb.edu or (909) 537-3837 in case of an emergency.

BENEFITS: This research has the potential to advocate for providing education and support to young women on the short

and long-term affects of getting an abortion and/or educating on alternatives to abortion.

CONTACT: Feel free to contact Dr.Laurie Smith at (909) 537-3837 or e-mail her at lasmith@csusb.edu for any questions, comments, or concerns.

RESULTS: Can be obtained after Sept. 2014 in the Pfua library located on campus at CSUSB or at the Abortion Recovery International Network. org after Sept 2014.

RIGHT TO WITHDRAWAL: I have been informed and understand that I do not have to participate in this study. Participation is entirely on a volunteer basis and my refusal to participate will not involve any type of penalty or loss of benefits.

MARK: I will be agreeing to participate in this study by clicking on"accept terms of informed consent."

Signature & Date: Cheryl Ann Kochevar

11/1/13 Cheryl Kochevar

Signature of Investigator

APPENDIX B

POST-ABORTION DISTRESS TEST

(DEVELOPED BY THE RESEARCHER)

How old are you?_____

How many years has it been since your abortion procedure?___

_____

Please answer the following questions:

| | Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|---|---|---|---|
| Do you find yourself struggling to turn off the feelings connected to your abortion(s)? i.e. telling yourself to forget about it? | | | | |
| Are you affected by physical reminders of your abortion(s) i.e. pregnant women, babies? | | | | |
| Have you experienced any new or increased self-destructive behavior? i.e. promiscuity, drugs and alcohol, abusive relationships? | | | | |
| Have you experienced periods of prolonged depression? | | | | |
| Have you experienced a desire to be pregnant again, perhaps wishing to replace your aborted child? | | | | |
| Are you bothered by feelings of guilt or shame? | | | | |
| Do you wish you could have had a little more knowledge or education on abortion(s) before you had yours? | | | | |
| With more knowledge/education would it have made a difference or maybe have changed your mind? | | | | |

# APPENDIX C

# DEBRIEFING STATEMENT

With any study there is always a possibility for risks, no matter how minimal. However, if this survey causes distress in any way or the memories involved are too painful, it is suggested that you stop and seek advice/counseling through Abortion Recovery International Network.org or call (949) 679- 9276. Someone will be able to help you. You may also contact Dr. Laurie Smith @ (909) 537-3837 in lieu of an emergency. **NOTE: All the women who are being asked to fill out a survey have already undergone treatment and the healing process for their pain from abortion.

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