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Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954

Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Psychology & Health

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title-content=t713648133>

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To link to this article: DOI: 10.1080/14768320600682384

URL: <http://dx.doi.org/10.1080/14768320600682384>

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Women's reflections upon their past abortions: An exploration of how and why emotional reactions change over time

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(Received 23 May 2005; in final form 30 January 2006)

Abstract

Previous studies have argued that women's responses to abortion are similar to a linear grief reaction. The present study aimed to explore how women reflect upon their past abortions in the longer term. Interpretative Phenomenological Analysis (IPA) was used to analyse the transcripts of ten interviews with women who had had an abortion between 1 and 9 years ago. The results showed that although a few women reported a linear pattern of change in their emotions, many also described different patterns including persistent upset that remained ongoing many years after the event, negative re-appraisal some time after the event and a positive appraisal at the time of the event with no subsequent negative emotions. The results also provide some insights into this variability. Those who described how they had never been upset or experienced a linear recovery also tended to conceptualise the foetus as less human, reported having had more social support and described either a belief that abortions are supported by society or an ability to defend against a belief that society is judgemental. In contrast, patterns of emotional change involving persistent upset or negative appraisal were entwined with a more human view of the foetus, a lack of social support and a belief that society is either overly judgemental or negates the impact that an abortion can have on a woman. To conclude, women's responses to their abortion do not always follow the suggested reactions of grief, but are varied and located within both the personal and social context.

Keywords: *Abortion, termination of pregnancy, qualitative, emotional change*

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Introduction

The 1967 Abortion Act made induced abortions legal in the UK. Although the law places the abortion decision in the hands of doctors (Greenwood, 2001), in practice, women make this decision and their choice is respected (Lee, 2003). Abortion is also legal in the US and most European countries. In England and Wales one in three women is likely to have an abortion in their lifetime (calculated from The Abortion Statistics England and Wales, 2001); however, debate continues over the moral status of a human foetus and consequently also over that of abortions (Gillon, 2001).

Much research has addressed the psychological consequences of abortion (see Colman, Reardon, Strahan, & Cogle, 2005 for a comprehensive review). Some of this has explored the extent of emotional reactions post-abortion. For example, Zolse and Blacker (1992) argue that approximately 10% of women experience depression or anxiety that is severe or persistent after an abortion. Other authors have used case studies of women who are distressed to suggest this may be more widespread (Butler & Llanedeyrn, 1996). In contrast, although Major et al. (2000) found that 20% of their sample experienced clinical depression within 2 years of an abortion, they argue that this is equivalent to the population rates. Adler et al. (1992) reviewed the most methodologically sound US studies and concluded that the incidence of severe negative responses is low, and that distress is greatest before an abortion and the reactions are often positive. They argue that an abortion can be considered within a stress and coping framework and that the small number of women who experience distress are insignificant from a public health perspective. Some research has also considered what type of psychological reactions occur after an abortion. Söderberg, Janzon and Sjöberg (1998) conducted interviews with a large sample of Swedish women ($n = 845$) a year after their abortion and found that 55% experienced some form of emotional distress. In contrast, however, Kero, Högberg and Lalos (2004) interviewed 58 women in Sweden a year after their abortion and concluded that most of them reported no distress following their abortion and that more than half reported only positive experiences. Other researchers have found that relief is commonly expressed after an abortion (Rosenfeld, 1992) and Major et al. (2000) found that 72% of their sample were satisfied with their decision 2 years later. There has also been some qualitative work in this area mainly focusing on specific aspects of the abortion experience. For example, Harden and Ogden (1999) analysed women's experiences of arranging and having an abortion in England and concluded that an unwanted pregnancy is experienced as a rare event accompanied by feelings of lack of control and loss of status, but that the process of arranging and having an abortion led to a reinstatement of status, control and normality. Similarly, Alex and Hammarström (2004) conducted a study in Sweden of five women's experiences and concluded that the women reported gaining a sense of maturity and experience.

It would therefore seem that although some women experience emotional distress post-abortion others experience more positive reactions such as relief,

a return to normality and satisfaction. But do these emotional states persist over time? Russo and Zierk (1992) followed up women 8 years after their abortion and compared them with those who had kept the child. They found that having an abortion was related to a higher global self-esteem than having an unwanted birth suggesting that any initial negative reactions decay over time. In a similar vein, Major et al. (2000) explored the variation in emotional reactions over time and reported that negative emotions increased between the time of the abortion and the 2 years, and satisfaction with the decision decreased. These results also suggest a linear pattern of change, but one towards the worse rather than a better adaptation. In contrast, however, some researchers argue that emotional responses do not always alter in a linear way. For example, Kumar and Robson (1987) found that neurotic disturbances during pregnancy were significantly higher in those who had a previous termination than those who had not and suggest that this is due to the unresolved feelings about the abortion that had been re-awakened by the pregnancy. In contrast, however, Adler et al. (1990) argue that research from other life stressors has found that if no severe negative responses are present from a few months to a year after the event, it is unlikely that they will develop later.

The research, therefore, illustrates variability both in terms of the initial emotional reactions to an abortion and how these reactions change over time. Some research has addressed what factors may explain variability in the initial response. For example, immediate distress has been reported as being higher in those who belong to a society that is antagonistic towards abortion (Major & Gramzow, 1999), in those who experienced difficulty making the decision (Lyndon, Dunkel-Schetter, Cohan, & Pierce, 1996), and in those who are younger, unmarried, have the abortion later in pregnancy (which may be due to the features of women who delay), show low self-esteem or an external locus of control, have had multiple abortions, and self-blame for the pregnancy or abortion (Harris, 2004). Further, believing in the human qualities of the foetus has also been associated with higher levels of distress (Conklin & O'Connor, 1995). However, to date no research has explored the variability in how these emotional responses change over time.

Overall, research indicates that although some women respond to an abortion with depression, anxiety or some form of distress others react more positively. Some research has addressed the factors which could explain this variability. The abortion literature has also explored how these emotional reactions change over time and, in general, an abortion is considered a stressor which promotes a coping response resulting in a linear process of recovery and eventual adjustment. This is in line with much of the grief literature which highlights how people pass through a series of stages, or tasks such as shock, pining and yearning, despair and then finally acceptance and a return to normal functioning (McKibbin, Koonce-Volwiler, Cronkite, & Gallagher-Thompson, 2000; Worden, 1996). It also finds a reflection in research exploring how women make sense of miscarriage (Maker & Ogden, 2003). However, to date no research has addressed how and why women respond differently as time progresses.

Therefore, the present study aimed to explore how women feel about their abortion a number of years after the event has occurred. In particular, using a qualitative design, this study aimed to examine women's perceptions of how their responses altered over time and to examine which factors could explain any variability in this pattern of change.

Method

Participants

The participants were ten women who have had an elective abortion between 1 and 9 years previously (one had also had another abortion 14 years ago), and were not pregnant at the time of the interview. They were aged between 23 and 31, and were recruited through advertisements placed throughout a London-based university. Their characteristics are shown in Table I. All the participants have been given pseudonyms.

Procedure

The interviews were conducted in the university premises in a private room. All the interviewees were happy with this setting as it not only minimised their need to travel, but also provided them with a confidential environment. All the interviews were audiotaped with the participant's permission and were later transcribed verbatim. The interviews lasted between 20 and 90 min. Approval was obtained from King's College London Research Ethics Committee.

Interview schedule

In the present study a qualitative design with in depth semi-structured interviews was used.

The interviews were conducted by the first author. The interview schedule included open-ended questions such as 'How did you feel at the time?', 'Can you tell me about the circumstances in your life when you had the abortion?', 'How do you feel about it now?', 'Could you tell me how having had an abortion has influenced you life?'. This schedule was used as a guide for the interviews, but the researcher was flexible in what was being asked, altering the interview schedule based on the participant's responses, so that they could tell their story in their own time and style.

Data analysis

The interviews were analysed using the Interpretative Phenomenological Analysis (IPA) (Smith, 1996, 2003). The transcripts were read and re-read to ensure familiarity with the data. For each interview, a coding sheet was constructed. This sheet contained all the possible themes and sub-themes for the interview. References to the original material were recorded under each theme. From the individual summary sheets, an overall list of themes was constructed.

Table I. Participant Characteristics.

Participant	Age (years)	Time since abortion (years)	Length of gestation when terminated (weeks)	Type of abortion	Ethnicity	Country where abortion took place	Children	Pattern of change
Samantha	23	3	10	General anaesthetic	British	England	No	Linear recovery
Catherine	28	2	4-6	Medical	Swedish	Sweden	No	Negative reappraisal
Diana	31	6	8	General anaesthetic	Indian	India	No	Negative reappraisal
Elaine	26	5	4	Suction while awake	American	USA	No	Persistent upset
Fiona	31	9	8	General anaesthetic	British. Parents Portuguese	Portugal (where it is illegal)	3-year-old	Linear recovery
Georgina	23	3	7-8	Medical	Swiss (Indian)	England	No	Persistent upset
Paula	24	4	8	General anaesthetic	Greek	Greece	No	Linear recovery
Abigail	30	14 and 3.5	8-9 and 12	General anaesthetic	British	England	No	Never upset
Hannah	28	1.5	6	Medical	British	England	No	Never upset
Keely	24	7	6-7	General anaesthetic	Irish	England	No	Never upset

With continuous reference to the transcripts, shared themes and connections across the list of themes were made. A table of the shared themes with their various sub-themes was consequently constructed. All the verbatim transcripts were re-read to ensure that the themes were representative of the original material. Throughout the write-up process, the themes and the sub-themes were adjusted. A research diary was used throughout the analytic process to keep the researcher reflexive regarding her own viewpoint. The first author is a female postgraduate student who has not had an abortion. This enabled her to relate well to the women as she is similar to them in some respects. Not having had a similar experience means that she has avoided the possible influence this could have had on her interpretations. To check if the themes were credible in relation to the original accounts, a chain of evidence was organised as an audit trail of how the themes developed. An independent audit was then carried out by a colleague on the selection of the original transcripts. She agreed the themes were credible based on the original material.

Results and discussion

The women discussed how their feelings had changed over time. Analysis of their stories suggests that rather than all the women showing a linear pattern of change as described by the grief literature, four discrete patterns of change emerged which were unrelated to the time since the abortion. These patterns of change were (i) linear recovery, (ii) persistent upset, (iii) negative reappraisal and (iv) never being upset. These different types of patterns will first be explored and then the themes which inform the variability in change will then be addressed.

Patterns of change

(i) *Linear recovery.* Women in this group described how they had been upset immediately after the abortion, but discussed how these feelings had reduced over time leading to a sense of adjustment and return to normality. The women in this group expressed being upset to different degrees after their abortion using words such as 'loss', 'upset', 'depressed', 'guilt' and 'miserable' and have had an abortion 3, 4 and 9 years ago. For example, Fiona had had her abortion 9 years ago when she was only 21 and described how "I never really considered keeping the baby, um it was never on my mind, I was too young". She felt upset before the abortion and then described how afterwards:

'when I woke up erm there was an immediate sense of loss... I didn't feel very well and I felt quite empty... I felt just like lying down in bed... But I just wanted to shut everything off... The period immediately after, I did have to deal with a lot of guilt' (Fiona).

Similarly, Samantha who had had her abortion 3 years ago when she was 20 said that:

'it was awful... I just remember sitting in lectures and all that I could think about was that, it was just constantly that for about nine months after... its funny I suppose, nine months after it... it was really horrible for a long time' (Samantha).

However, although these women reported feeling 'so upset' at the time of the abortion they also described how these feelings reduced over time. For example, Paula described how she had been upset at the time and had been particularly thinking "about whether I am going to be able to have babies when I grow older". However, she also described how she was in the process of writing a novel and had included a girl in it who had an abortion and reacted in a similar way to herself and felt that: "I thought if I'm ready to write about it maybe I'm ready to talk about it". Paula still felt "not comfortable talking about it" and described how "with mum it is a complete taboo" and how she waited a few months before mentioning it to her current partner, but felt much less upset that she had done nearer the time.

In addition, the women who presented this linear pattern of recovery described how they did not think about the abortion very often now. For example, Samantha who was studying medicine and had "done obstetrics and gynaecology . . . I mean I've seen abortions" described how:

'It's just a memory and it doesn't really matter any more . . . It was so horrible for such a long time and now its almost like it hasn't happened to me' (Samantha).

Furthermore, they generally believed that it had not affected them in the longer term. For example even though Fiona described the recovery process as "a really slow, slow process" and how "my life did sort of fall apart a little bit around that time" she also felt that there had been no longer term consequences:

'I don't think it's changed me in any specific way . . . well except for the part where, except for um I don't know the period immediately after' (Fiona).

Two of these women discussed that they would not want to have another abortion (one had actually already made this decision and had a child) and one stated that she would have one but would be 'petrified' by the idea.

'it is going to be difficult because . . . I still want to do a lot of things like we, we were planning on getting married in 3 or 4 years from now so it is going to be hard but I wouldn't, I wouldn't have another abortion' (Paula).

Therefore, some women reported changes in their emotional state which were linear and similar to that described in the literature. They described how they felt upset at the time of their abortion, but felt that these feelings had decayed over time and that the experience belonged to their pasts.

(ii) *Persistent upset.* Some women described their emotional reactions to the abortion in a way that can be classified as 'persistent upset'. These women were also upset after the abortion and used words such as 'traumatic', 'upset' and 'very cold' and had had an abortion 3 and 5 years ago. For example, Georgina described her initial reaction in the following way which is similar to the experiences of the women who showed a linear pattern of recovery:

'I didn't realise how traumatic it was going to be' (Georgina).

For Georgina this initial upset seemed to be compounded by her choice of medical abortion which involved taking two pills and waiting for the foetus to be

expelled from her body. This process was described quite graphically and had made the abortion very upsetting for her:

‘I was told that I would perhaps feel cramps which I did . . . I wasn’t told that I would see the foetus, I was told on the phone that I would see foetal matter . . . they didn’t explain that I would see it . . . I didn’t know I was pregnant with twins either so it happened a second time . . . I was really stunned . . . They basically give you this tray to catch the foetal matter as they call it and they fell into the tray.. I was so horrified I just gave it to the nurse’ (Georgina).

These women, however, also described how these negative feelings had not decayed and how they felt that they had not adjusted to the event. For example, Elaine said:

‘It is just like there is this kind of war inside you that you have disappointed everything that you believe in so fundamentally that you will never recover from this and of course no one can love you because you’ve just screwed everything up and you’ve just made a big mess of it and now there’s not even a baby’ (Elaine).

They also reported how they were still very upset about the abortion and still thought about it:

‘I think about it probably more than I should, and I think about it more than is healthy’ (Elaine).

And they described the extent to which the abortion had influenced their lives in terms of their self-identity and their ability to have relationships:

‘It doesn’t really go away . . . it probably did influence my self-image I . . . was probably less confident in my own abilities and fundamental moral values . . . I guess I had a high opinion of myself before . . . I felt pretty disappointed with myself that I allowed the whole thing to happen. I thought it would be something that could never happen to me, that I was too mature’ (Georgina).

Similarly, Elaine felt that the abortion had made her “very distrustful”, “hard” that she does not like to “lean on people”.

Elaine stated that she would not have another abortion because she wants children now and Georgina said that she would have another as she feels there is no other choice and that she would be very scared.

Therefore, some women described their emotional reactions over time in ways that illustrated a pattern of upset which persisted and did not diminish over time. Further, they explained how it had influenced the way they felt about themselves with a particular focus on their self-identity and their relationships with others.

(iii) *Negative reappraisal.* Some women reported a pattern of emotional change after the abortion which involved a negative reappraisal a few years after the event. They had had their abortions 2 and 6 years ago. In line with the previous two groups, these women were also upset immediately after the abortion. For example, Catherine described her feelings of how she had been in a rush to have the abortion when she found to be pregnant “I said I’m going to New York on Monday so I needed it before . . . that’s all I could think about” and also described how “I knew that if I would wait ten days I could never ever do it”. She then stated how she felt after the abortion as:

‘my boyfriend came to pick me up, and I didn’t go to work because I was still bleeding, um, and I think I just cried, and cried, and cried and cried’ (Catherine).

The women also described how this was only a brief reaction and how they then tried to move on. This was presented as 'shutting it out' or 'locking it away' mostly from the need to get on with work and a desire to return to normality. For example, Diana explained how this involved an active process of shutting out negative feelings:

'that night I broke down and I cried for what an hour and that was it, and after that I just locked it away, and never ever looked at it' (Diana).

However, after some time these women started to think about the abortion again and became upset about it. Catherine described how she started to read websites about abortions, foetal development "because I felt it was really important to know exactly what stage it was at... I just had this need to look at foetal development" and internet support boards. Initially she said that when she read other women's accounts of how they regretted their abortion – she thought "No that's just not me I can't relate to this and I just stopped it", but then, she then described how she got upset again:

'then just all of a sudden, or all of a sudden, I don't know how or why it came, but then I just I got very very sad about it and I regretted it a lot and the pregnancy... and I went to these web pages and these boards and I could really relate... it was very relieving' (Catherine).

For Catherine this was after 3 months, but for Diana this was after 6 years. Diana described how when she became pregnant she was living in India, but not married to her boyfriend "and in India that's a big deal". She also described how "we weren't settled, we couldn't afford a baby, you know our lives were in complete flux, so there was no sort of real choice about bringing a child into the world and caring for it, the option really didn't exist". She also described how in order to have the abortion "I just went, click, into automode... I'm going to divorce myself from this, from this entire situation because I can't afford to think with my heart". However, 6 years later she described how she then became upset:

'I decided to get that box out and open, you know open it and examine the contents and no it wasn't very nice' (Diana).

At this time in her life, Diana had recently been divorced and was tending to "dredge up everything in my life". She described how until the abortion she had wanted children and how the abortion had "subconsciously my entire attitude changed... I just didn't want kids... I said to myself I don't want the responsibility of children... I have a very happy life". She also described how she had developed polycystic ovarian disease and believed that "I was trying to punish myself for not going through with that pregnancy... I still feel that's it's the most horrible thing to do". For Diana, the abortion had made to her switch off her desire to have children which she felt had contributed to her illness. When she reflected upon this because of her divorce, all the negative feelings about the abortion which had been repressed at the time resurfaced causing her to negatively reappraise her decision not to have the baby.

However, although these women felt that the abortion had had a long-term effect on their lives and stated that they would not have another abortion

as it would be too upsetting, the women in this group described how they had managed to find a form of resolution:

‘I felt I really regretted it and I still do even though I don’t think about it that any more. I don’t think its wrong I just think it’s very wrong for me’ (Catherine).

Similarly, Diana described how she had made herself “open the box”, “think about it every day” and “deal with it” and how she felt that ‘I’m able to sort of forgive myself now . . . and tell myself I’ve punished myself enough over the years and I’ve started wanting kids again . . . I’m able to deal with it now and see myself as a mother”.

Therefore, some women showed a pattern of emotional response which involved negative reappraisal after a period of more neutral emotions. These women also described how this reappraisal had eventually led to a state of resolution which enabled them either to not think about it anymore or re-engage with some feelings which had been repressed for a long period of time.

(iv) *Never being upset.* The final group of women stated that they had not been upset at the time of the abortion and had not been upset about it since this time. Some had experienced positive emotions. They had had their abortions 1.5, 3.5 and 7 years ago. The woman who had had an abortion 3.5 years ago had also had one 14 years ago. Keely described how she had become pregnant when she was 17 and had “just arrived in England to start university, so obviously not the best time”. She also stated how she felt after the abortion:

‘I woke up and I just felt like I was light as a feather, for everything’ (Keely).

Keely also described how she liked to bake cakes and that:

‘I baked a cake that afternoon when I got home from hospital and it rose and it hadn’t risen in ages. I remember that because my mother rang to see how I was and the first thing I said to her was ‘my sponge rose, my sponge actually rose’. Its all related to stress apparently’ (Keely).

For Keely, the abortion was only related to a sense of relief and her description of the cakes illustrates how pleased she was when she felt her life had regained a sense of normality.

These women also discussed how these positive emotions had persisted until the time of the interview. For example, Hannah who had been a student when she became pregnant and had felt “not the time to be having children and it was an accident anyway which is another reason to have one” described how she felt about it 3 years later:

‘I certainly don’t dwell on it and it doesn’t make me feel upset, or depressed or guilty I mean but then I didn’t have those feelings to begin with because to me I could justify doing it’ (Hannah).

They also specifically stated that it was not a very significant event in their lives and that they no longer thought about it. For example Abigail who felt at the time of becoming pregnant “there was no question in mind that I wanted to keep or have the baby” now felt:

‘we don’t really think about it very often . . . , we’re planning on having babies in er, at Christmas time and um we never refer to what if or the previous or anything’ (Abigail).

Finally, they also discussed how the experience had not influenced them negatively and for one woman it had a positive influence. Hannah who said "I can be a little bit pessimistic. I think it's a Northern working class sort of thing" now felt:

'I think any time you go through a rough period, something happens that you don't want to happen and then you have to deal with it, I think I dealt with it well... in some respects you become more creative as a result of that so you have to go through something that wasn't planned, struggle through... it did kind of make me a little bit more creative' (Hannah).

In particular, Hannah felt that because she had coped with this experience well she was now more able to cope with other experiences in her life and able to take a different and more positive perspective from then on.

The women in this group therefore saw the abortion as either a neutral or a positive experience and felt that it had either a minimal or even a beneficial impact upon their lives.

The results therefore illustrate four discrete ways in which the women perceived their emotional responses to change in the period after having had an abortion. Some described a linear pattern of recovery which is in line with a stress and coping analysis of abortion and finds reflection in research on grief and bereavement (Adler et al., 1992; McKibbin et al., 2000; Worden, 1996). In addition, it reflects the stages women go through after miscarriage (Maker & Ogden, 2003). Others, however, reported a non-linear pattern of change involving a pattern of persistent upset, negative reappraisal or never being upset. The four different transitions expressed by these women are distinct from one another and illustrate the variability in both women's immediate reactions and how they believe that these reactions change over time. These four patterns of emotional change seemed to be unrelated to the time since the abortion. However, the analysis highlighted a number of factors that offer insights into this variability.

Explanatory factors

A number of women discussed different aspects of their experiences and beliefs that appear to explain their reactions after their abortion. Some of these links were explicitly made by the women themselves and some were implicit within the data.

(i) *Different views about the foetus.* Many women expressed their views about the foetus and used a wealth of different terms and descriptions for their pregnancies. Examples include 'just a white dot on the echo', 'it', 'baby' and 'child'. The women who expressed views of the foetus as more human (eg. 'baby' and 'child') were those who showed persistent upset or a negative re-appraisal and those who viewed it as less human (e.g. 'a foetus') were those who either were never upset or experienced a linear process of recovery. For example, Georgina reacted to the abortion with persistent upset and described how she had instantly humanised the foetus:

'up until I... had the intervention done... I was referring... it as 'my baby'... I didn't realise how um traumatic it was going to be' (Georgina).

In contrast, Abigail who was never upset frequently used the term ‘foetus’ or ‘it’ and was happy to see the scan before her abortion.

‘an 11 week scan is hardly anything its’ just I mean I actually can’t even see them when they are older than that its just kind of a stupid bluh, . . . its a foetus and you are rejecting it . . . so by that point I was er feeling quite ok again’ (Abigail).

This use of language is particularly illustrated by Diana who experienced a process of negative appraisal. She used the term “foetus” when describing the initial stage of blocking and repressing negative emotions and then “baby” and “child” when she is thinking about the period when she was upset. She described how she felt when she had seen “pictures of aborted foetus’s” when she was younger, and how it had been now “so convenient at that point in time, I just blanked it that part of my memory”. However, now she “force [s] myself to think about what I did. And that could have been my child . . . one of those really disfigured babies, could have been my child . . . no that’s not a nice thing to do to any living thing” (Diana).

For some, their views on the foetus had been influenced by choosing to have a medical abortion which enabled them to see what was happening and possibly to see the foetus. As Catherine described:

‘You need to check if you are actually bleeding, if you’re not then you need to tell them . . . she told me that you won’t be able to see the foetus because there will be lots of clots . . . but there were none . . . just one and I could tell that was the foetus’ (Catherine).

Although she still called the products a foetus, actually seeing it seemed to make her have to consider this foetus as a living being and as a potential child. Two of the three women who experienced this procedure were very upset about seeing the foetus and one experienced negative reappraisal and the other is still going through a process of persistent upset.

The women’s perceptions of how their emotions had changed over time therefore seemed to be embedded within the language used to describe the foetus and the ways in which this language reflected the women’s relationship with the foetus and the pregnancy. These results are comparable to those reported by Conklin and O’Connor (1995) who compared women who have had an abortion to those who had not had an abortion on the basis of psychological well-being and found that women who have had an abortion and who tended to view the foetus more human had lower well-being than women who had not had an abortion. Women who have had an abortion but tended to believe that the foetus was not human were as well adjusted as those who had not had an abortion. However, whereas Conklin and O’Connor (1995) suggested a link between the views of the foetus and the women’s later well-being. The results of the present study suggest an additional link of how women’s reactions change over time.

(ii) *Support received.* The ways in which the women described the support they received from both health professionals and their family and friends, also seemed to relate to their reactions to their abortion, both in terms of their initial emotional responses and their degree of adjustment and recovery at a later stage. For

example, Fiona described how she had received a lot of social support from her friends and family and showed a linear pattern of emotional reaction which ended in a state of adjustment:

'the more people, that you, you know support you and like you have with you, when you go through an experience like that the better' (Fiona).

In contrast, Catherine described how she did not really receive any support from others as she had not told anyone she was pregnant and did not feel to tell anyone that she had an abortion. Catherine showed a negative reappraisal pattern of transition:

'I didn't answer my telephone because I couldn't talk to people' (Catherine).

The women also described the kinds of information and the support they received from health professionals. Some women highlighted the difficulties they had in arranging for the abortion and waiting for it which they had found upsetting. For example, Paula stated that:

'the fact that I had to wait for four weeks . . . it was not good, I would prefer to have done it the day after the day that I found out' (Paula).

Others felt that they were insufficiently prepared for the abortion procedure. This was particularly the case for those who had opted for a medical abortion and were surprised by being able to see the foetus.

However, those who expressed dissatisfaction with the early stages either recovered well or were not upset by the abortion. This suggests that the distress experienced during the wait did not affect how they felt after or that waiting (although upsetting) somehow relates to a better adjustment.

In contrast, however, Catherine described how she had arranged her abortion very quickly and felt that she now regretted her decision. She presented a negative appraisal pattern of change:

'I think if I'd given myself more time to think about it, than 3½ days um, I would be, I have been very convinced that I wouldn't have gone through with it' (Catherine).

Several women also described how they were treated by the health professionals at the clinic. Most reported how the staff had been supportive and caring. Abigail, however, who was never upset about her abortion described how:

'I have problems as a consequences of my experiences of having that abortion . . . but it isn't to do with the actual aborting a baby or any of the, all of that kind of stuff, it was actually about having to deal with what I felt where totally unsympathetic, insensitive and intrusive ways of dealing with me' (Abigail).

The women therefore described the different ways in which they either had or had not felt supported by the people around them. The type and quality of this support seemed to relate to their emotional reactions and can help to explain the variability in the ways in which different women respond. In particular, dissatisfaction with support immediately after the abortion and a feeling of being under-prepared seemed to relate to a more protracted set of negative emotions. The pattern of emotional change appeared to be unrelated to the

dissatisfaction with organisational factors. This provides support for previous research which has also found that supportive staff can help women deal with the experience and that the negative memories are often about treatment by professionals more than the actual procedure (Harden & Ogden, 1999; Major et al., 1990; McNally & Newman, 1999; Simonds, Ellertson, Springer, & Winikoff, 1998). In addition, the results find reflection in studies which have explored the optimal delay between discovering the unwanted pregnancy and being able to organise the abortion. For example, Kumar, Baraitser, Morton and Massil (2004) found that delays cause distress and this should be avoided and Harden and Ogden (1999) argue that the process of having an abortion could be improved by making access easier which finds reflection in the accounts of women who found delay upsetting. In contrast, however, an organisational process which is too fast and efficient may limit important time for reflection and consideration. Further, the results highlight the importance of preparation by health professionals particularly in the context of seeing the foetus. Previous research has described how seeing the foetus can result in a greater emotional distress immediately post-abortion (Simonds et al., 1998; Slade, Heke, Fletcher, & Stewart, 2001). The present study suggests that a sense of preparedness and emotional support post-abortion may also effect how a woman's emotions change over time.

(iii) *Beliefs about society.* Finally, how the women perceived the changes in their emotional states also seemed to be entwined with their beliefs about how the society views abortions. Some women expressed a view that the society thinks abortion as a negative event. For example, Abigail believed that abortion was seen as 'selfish', 'taboo' and something similar to 'bereavement' and similarly Elaine believed that abortion is 'divisive'. However, this negative evaluation was not always associated with a negative response. Abigail and Keely both showed a pattern of 'never upset' and felt that society expected them to feel upset when they did not. Abigail said:

'society is imposing on me, its telling me its big deal when I'm not feeling like it's a big deal' (Abigail).

In contrast, Elaine showed a more negative emotional response and said that:

'in the States having an abortion is a very divisive thing and I don't think that was anyone's decision but mine to make and I know people who have had really bad experiences with abortions' (Elaine).

Therefore, a contrasting pattern of emotional reactions seemed to be embedded with a negative perception of society's views of abortion.

Similarly, a mixed set of emotional responses was also embedded in a belief that the society saw abortion in a positive light. Those who viewed society in this way felt that the society underestimated the impact of abortion. Samantha and Catherine expressed this:

'a lot of people don't realise how, how much it can affect you' (Samantha).

'in Sweden it's considered to be, um abortion is always mentioned in the same context of women's liberation, women's right to vote, blah, blah, in this kind of sense as a positive thing... so I felt as if, odd for feeling bad about it' (Catherine).

Samantha went through a linear recovery and Catherine a negative reappraisal pattern of emotional change.

Therefore social views and emotional reactions seem to have a complicated relationship. It would seem that the women have an emotional reaction in the first place which is unrelated to their beliefs about society. They therefore react in a positive or negative way regardless of whatever they believe the society will think of them. They then seem to look for the social beliefs to support or to legitimise their reactions. This is where the conflict arises. If they feel that the society is judging them they either persist in their positive reaction but resent society or show a pattern of persistent upset as the social values that they perceive to be placed upon their actions confirm the negative feelings they were experiencing. In contrast, if they feel that the society is benign towards abortions and they are upset they feel that their emotional reactions have not been recognised and feel at odds with the world around them. This latter reaction is described by Doka (1989) in the concept of disenfranchised grief which occurs when a loss is not socially recognised thereby exacerbating grief and often precluding the support needed to deal with the grief. It appears that women when looking for confirmatory views of their feelings in the society often find the opposite to what they are looking for. Women who were not upset viewed the society as of thinking they should be and those who were upset thought that the society was telling them they should not be. Boyle (2000) argues that negative constructions of abortion in the society can mediate women's experience. The present study suggests that women's perceptions of social views about abortion may not only influence a woman's experience, but that her experience may in turn change the way she constructs society's views. Further, this interactive process may not only influence their initial emotional response, but may well influence how this emotional response changes over time.

Conclusions

The present study aimed to explore how women reflect upon their abortions in the longer term, to describe how they represent changes in their emotional reactions over time and to consider factors which may help to explain variability in this change. Given the design of the study, these results reflect women's experiences and representations of how their emotions have changed rather than indicating any objective assessment; a longitudinal design would be required for this. However, such representations do provide some insights into the sense making process women go through after having a termination. In particular, the results showed that although some women reported a linear recovery process resulting in a sense of adjustment, others presented a different pattern of change involving either persistent upset, negative reappraisal or described how they had never been upset. Much previous research has described grief and bereavement as a linear process involving stages and tasks which need to be passed through

on the route to resolution (McKibbin et al., 2000). Research exploring emotional reactions to abortions has tended to conceptualise women's responses in a similarly linear way (Adler et al., 1990; Major et al., 2000; Russo & Zierk, 1992). The results from this study suggest that whilst some women perceive their emotions as having changed in this way, others report alternative shifts in their emotional states indicating that emotional responses do not show a universal pattern. These patterns also provide some insights into the kinds of emotional reactions which might be most adaptive. Traditional bereavement theories argue that recovery results from grief work and an ending of the relationship with the dead person (Freud, 1917). More recent views argue the opposite and suggest that distraction, defensive repression, promotion of positive emotions, and a continuing relationship with the dead are more constructive (Bonanno & Kaltman, 1999). In contrast to both these polarised views, Lindstrom (2002) argues that a balance is needed with the negative emotions being accepted and allowed to pass away rather than being cultivated or avoided and bonds to the person that has died being neither cultivated or severed. The results from the present study suggest that an approach similar to that of Lindstrom (2002) may be beneficial in recovering from an abortion. In particular, avoiding thoughts about the abortion seemed to be associated with a negative appraisal, and the dwelling was linked with a persistent upset. In contrast, a linear recovery seemed to involve women accepting their emotions and feelings but focusing on the positive. These results therefore show variability in the ways in which women's emotional reactions change over time and provide some insights into the possible ways of coping. But can this variability in change itself be understood?

Through the links made by the women themselves and those associations implicit within the data the present study provides some insights into the kinds of factors which may contribute to the patterning of emotional reactions over time. Recent work in bereavement has started to consider how the contextual and the psychological factors such as the meaning assigned to the death and the regulation of coping and emotion may influence the grief process (Bonanno & Kaltman, 1999). The present study suggests that emotional changes following an abortion are similarly located within a personal and social context. In particular, the results suggest that never being upset or experiencing a linear recovery ending in adjustment are entwined with conceptualising the foetus as less human and describing it using terms such as 'it', or 'white blob', receiving support from health professionals, families and friends in the period after the abortion and either a belief that the abortions are supported by the society or an ability to defend against a belief that the society is judgemental. In contrast, the persistent upset or negative appraisal were embedded with a more human view of the foetus involving terms such as the 'baby' or 'pregnancy', a lack of social support and a belief that the society is either overly judgemental or negates the impact that an abortion can have on a woman. Research has highlighted variability in women's immediate emotional reactions to having an abortion and has suggested an explanatory role for factors such as social beliefs, demographic variables and cognitions (Harris, 2004; Lyndon et al., 1996). The present study suggests that changes in these emotional

reactions are similarly influenced as they change over time. In particular, the results suggest that a women's personal cognitive set and their perceptions of their social situation may affect whether negative emotions diminish and find resolution, resurface at a later time or simply persist having a prolonged and potentially damaging impact upon a woman's sense of self. Furthermore, in a dynamic and interactive way, the changes in their emotional state may also influence how they process and attend to this personal and social context.

To conclude, women in the present study reported four discrete changes in their emotional reactions in the years following an abortion. This variability both influenced and was influenced by their personal and social context. Understanding and supporting of women post-abortion therefore requires not only an understanding of how distress can be minimised immediately post-abortion, but also how a resolution can best be achieved in the longer term. The present study provides some insights into how such a resolution could be facilitated.

Acknowledgement

This project was completed as part assessment for the MSc in Health Psychology at UCL and KCL under the supervision of the second author.

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