

Women Who Suffered Emotionally from Abortion: A Qualitative Synthesis of Their Experiences

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ABSTRACT

Women's adjustment to life after abortion involves numerous factors interacting in complex ways, and qualitative studies are uniquely suited to enhance our understanding of the breadth and depth of individuals' experiences. Respondents to a survey of women who had contacted crisis pregnancy centers for post-abortion care were asked to describe the most significant positive and negative aspects of their abortion histories in an online anonymous survey. Many women (just under 32% of the 987 who participated) expressed no personal benefits of their abortions. A thematic analysis showed that commonly voiced positives included spiritual growth, involvement in pro-life efforts, and reaching out to other women who were considering the procedure or had obtained an abortion. Negatives included deep feelings of loss, existential concerns, and declines in quality of life. More specifically, common negatives included feelings about termination of a life, regret, shame, guilt, depression, anxiety, compromised self-appraisals, and self-destructive behaviors. A summary of these data should serve to inform the development of more sophisticated and individualized pre-and post-abortion counseling protocols.

Women at Risk for Adverse Post-Abortion Psychological Adjustment

The experiences of unplanned pregnancy, reproductive decision-making, and adjustment to the choice to abort have been the focus of an expansive professional literature in medicine, psychology, and related disciplines.¹⁻⁵ Conflict over the methodologies employed and the results related to post-abortion mental health examined in hundreds of studies has permeated academia, professional organizations, and most recently U.S. courts. As of July 2017, 20 states require pre-abortion counseling on a range of possible post-abortion emotional effects, with six states mandating only the sharing of information related to possible negative responses. Much of the debate in various arenas revolves around the extent to which abortion poses mental health risks to the average woman deciding to terminate a pregnancy. However, as illustrated below, there is little conflict over the characteristics and interpersonal experiences of those most vulnerable to suffering adverse post-abortion consequences.

Paul and colleagues⁶ describe several risk factors for negative post-abortion psychological adjustment in the National Abortion Federation textbook for abortion providers: 1) commitment and attachment to the pregnancy; 2) perceived coercion to have the abortion; 3) significant ambivalence about the abortion decision; 4) putting great

effort into keeping the abortion a secret for fear of stigma; 5) pre-existing experience of trauma; 6) past or present sexual, physical, or emotional abuse; 7) unresolved past losses and perception of abortion as a loss; 8) intense guilt and shame before the abortion; 9) an existing emotional disorder or mental illness prior to the abortion; 10) appraisal of abortion as extremely stressful before it occurs; 11) expecting depression, severe grief or guilt, and regret after the abortion; and 12) belief that abortion is the same act as killing a newborn infant.

Likewise, the American Psychological Association acknowledged a number of risk factors for post-abortion psychological distress in their Task Force Report on Mental Health and Abortion released in August 2008.¹ Among the factors cited were terminating a wanted or meaningful pregnancy; feelings of commitment to the pregnancy; ambivalence about the abortion decision; low perceived ability to cope; perceived pressure from others to abort; perceived opposition to the abortion from partners, family, and/or friends; and a lack of perceived social support from others.

The professional post-abortion literature relevant to both the average woman, and those known to be at the highest risk for adverse responses, is primarily derived from group-level, quantitative studies that often fail to capture the breadth of feelings and thoughts at the core of women's individual experiences. Among those who report poor post-abortion psychological adjustment, it is critical to ask about the most pronounced negative elements of the experience, and explore the possibility that those who suffered from the decision are able to identify some positive aspects.

Available data do suggest that many women, high risk or not, report a mixture of positive and negative feelings across the full time span, from the discovery of the pregnancy to many years post-procedure, with the balance of positives vs. negatives changing with time, intervening life experiences, and time to reflect.⁷⁻¹⁰ This inherent complexity and the need for qualitative data were recognized in a commentary by Weitz and colleagues.¹¹

We need to develop a new body of knowledge regarding what emotional support women want and need along with their abortion care. It should capture the lived and embodied experiences of women who have abortions alongside the clinical trials, psychometric scales and statistical analysis of population level databases. To do this, we need to partner with the women themselves and not be afraid to acknowledge the full range of feelings women have about abortion.^{11, p 88}

Significant insight about distinct emotional trajectories has come from qualitative, albeit small-scale, investigations. Goodwin and Ogden⁸ conducted an interpretative phenomenological analysis based on transcripts of 10 interviews with women who had experienced an abortion from 1 to 9 years prior. The authors observed that although a few women reported a linear pattern of change in their emotions, many described more variable patterns including persistent negative emotions across many years, negative reappraisal at some point post-abortion, and positive appraisal at the time of the abortion with no subsequent negative emotions. Moreover, the authors noted that emotional changes following an abortion were largely based on the personal and social context. For example, their results suggested that persistent post-abortion emotional upset was associated with viewing the fetus as a human being, lack of social support, and belief that society is judgmental or fails to understand the psychological impact of abortion on women.

Ambivalence related to continuing versus terminating an unplanned pregnancy may partially explain why even women who experience the most severe negative effects are able to see a silver lining and identify some positive abortion-related outcomes, particularly as time elapses. Ambivalence regarding reproductive decision-making is likely one of the most common risk factors for mental health problems. Research by Husfeldt et al.¹² indicated that 44% of the women surveyed had doubts about their decision when the pregnancy was confirmed, and 30% continued to express doubts when the abortion date arrived. More recently Kjelsvik and Gjengedal¹³ reported that studies show 25–30% of women feel ambivalent and find the abortion decision difficult to make.

Given the sheer number of universally accepted risk factors for adverse post-abortion mental health consequences, the population of women most at risk is not small, and they are deserving of more focused research attention. Very few qualitative studies have been published capturing the range of personal experiences of women who abort, particularly among those who have suffered enough to seek out post-abortion counseling services. Most qualitative studies are small, with the vast majority involving fewer than 50 participants.¹⁴ Moreover, available qualitative studies on abortion experiences suffer from a lack of diversity, typically sampling only single women in their teens and 20s, and very few qualitative studies examine long-term post-abortion experiences.¹⁴

With every unintended pregnancy representing a unique situation defined by the individual's history, personality, belief system, relationships, financial situation, and future plans, qualitative studies offer a unique opportunity to delve deeply into women's feelings about the experience. A woman's choice to abort and adjustment to life afterwards involves numerous factors interacting in complex ways, with qualitative studies potentially lending insight into these interactions.

In the current study, the researchers endeavored to listen to the voices of women using minimal prompting to more

fully understand their experiences. This study is specifically a thematic analysis of responses from a large sample of participants (n=987) in a nationwide survey, wherein the women described the most significant positive and negative aspects of their abortion experiences. No previous studies of this size, using a qualitative methodology based on open-ended responses from women, who have sought post-abortion care from a crisis pregnancy center, have been conducted. Broad questions posed in a safe context were expected to bring deeper understanding of the concerns and pains experienced by women who were not able to enter and leave an abortion facility unscathed. This enhanced understanding of women most likely to suffer ill consequences should add insight into the development of substantive pre-and post-abortion counseling protocols.

Methods

Participants

In 2012 and 2013, women with a history of abortion were invited to participate in an online survey; 987 completed the survey. Data in the current study are part of a larger investigative effort employing both quantitative and qualitative data collection methods to examine reproductive decision-making, counseling provided, and post-abortion adjustment. The majority of the women who completed the survey had contacted a crisis pregnancy center inquiring about post-abortion services, with the primary means for recruitment through the assistance of CareNet directors across the country. Women who completed the abortion survey were from every state except Hawaii. They ranged in age from 20 to 72. The breakdown by participant age categories was 5% between the ages of 20 and 29, 15% between the ages of 30 and 39, 28% between the ages of 40 and 49, 37% between the ages of 50 and 59, and 15% were older than 60. The majority of women self-identified as being white, not of Hispanic origin (85%). About 8% were Hispanic; 4%, black; 3%, of other ethnicities. Reported annual income was \$30,000 or less for 20% of the participants; \$31,000 to \$60,000 for 33%; \$61,000 to \$90,000 for 17%; and at or above \$91,000 for 30%. Of the respondents, 76% were legally married, 7% single and never married, 12% divorced, 2% separated, 1% living with a partner, and 2% widowed. The participants were generally well-educated, as 41% had earned a bachelor's degree or an advanced graduate degree, and only 2% had not completed high school.

The number of abortions obtained by the study participants ranged from 1 to 9, with the majority having experienced only one abortion (69.8%); 19.7% had two abortions; 7.6% had three abortions, and 2.9% had four or more abortions. The majority of the women responding (70%) were age 21 or younger when they obtained their first abortion, and the remainder were 22 years old or older at the time of the procedure.

Procedure

According to the U.S. Department of Health and Human Services, Office of Human Research Protections, a research

project is considered exempt from institutional review board review if only a survey is involved, no children are examined, the survey is anonymous, and disclosure of the data will not put individuals at risk of criminal or civil liability, or be damaging to their financial standing, reputation, or ability to be employed. Although this project met all criteria, the authors submitted the project plan to the Human Subjects Review Board at Bowling Green State University in Ohio to be certain, and they received a letter indicating the study did in fact meet exempt criteria and did not require review.

CareNet directors throughout the U.S. were contacted and asked to invite women who had visited their centers for post-abortion counseling services of some type to participate in an online survey. The survey was made available by the online survey company Survey Monkey. Women were assured of the anonymity of their responses, and they were provided contact information for the researcher and a national abortion recovery help line. Data collection involved more than 400 quantitative and qualitative items, and most participants took about an hour to complete it. Interested women were provided general information and a link to the survey.

Responses to two open-ended questions (*What are the most significant positives if any that have come from your decision to abort? What are the most significant negatives if any that have come from your decision to abort?*) were used as the basis of an inductive thematic analysis, employing the methodology outlined by Braun and Clarke.¹⁵ According to Braun and Clarke, inductive analysis is a data-driven process of coding without trying to fit the derived themes into an existing framework. Key phases in this methodology include: 1) familiarization with the data through reading and re-reading; 2) generating succinct labels or codes from the entire data set; 3) searching for themes by examining the codes and collating data to identify significant broader patterns of meaning; 4) refinement of themes, which often involves splitting, combining, or discarding; and 5) defining and naming themes.

Two researchers separately coded the responses to the two open-ended questions, and at the close of the second phase described above, each researcher identified more than 60 codes pertaining to positive outcomes, and more than 500 codes related to negative outcomes. In the third phase, comparisons were made between the two sets of codes, eliminating all that were not identified by both coders and merging codes with similar content to derive themes. Given the vastly different responses and the sheer number of themes derived, the decision was made to focus on themes described by a minimum of 5% of the women participating, after removing cases wherein no answers were provided.

Results

Among the 987 respondents, 13% reported having visited a psychiatrist, psychologist, or counselor prior to the first pregnancy resulting in an abortion, compared to 67.5% who sought such professional services after their

first abortion. Only 6.6% of respondents reported using prescription drugs for psychological health prior to the first pregnancy that ended in abortion, compared with 51% who reported prescription drug use after the first abortion. These data suggest that the women as a group were generally psychologically healthy before their first abortion.

Concerning potential risk factors for adverse reactions to abortion, 58.3% of the women reported aborting to make others happy, 73.8% disagreed that their decision to abort was entirely free from even subtle pressure from others to abort, 28.4% aborted out of fear of losing their partner if they did not abort, 49.2% reported believing the fetus was a human being at the time of the abortion, 66% said they knew in their hearts that they were making a mistake when they underwent the abortion, 67.5% revealed that the abortion decision was one of the hardest decisions of their lives, and 33.2% felt emotionally connected to the fetus before the abortion.

The themes derived from the inductive thematic analysis are listed below along with an example of each.

“What are the most significant positives, if any, that have come from your decision to abort?”

1. *None*: 243 (31.6%) (Additionally, 218 of 987, 22%, gave no response)

None, there are no positives. My life is no better, it is much worse. I carry the pain of a child lost forever. Although I know I am forgiven and have worked through the guilt and shame, the heart wrenching pain is still there. I would rather have been a single mother of two and have my baby here to love and dote on than the pain of empty arms.

2. *Deepened spiritual life (finding forgiveness, peace, inner healing)*: 135 (17.5%)

The one positive is that it has brought me to my end and brought me to my knees before God. He has drawn me to him through His endless forgiveness, mercy, and grace. I think He could have shown me those same things had I chosen another path, but this is how I came to Him, not as a Christian, because I already was one, but as one who really knows Him now.

3. *Committed to crisis pregnancy work*: 102 (13.3%)

As a CPC [crisis pregnancy center] volunteer, I have been able to persuade most of my abortion minded clients to at least wait until they could see an ultrasound before they made their decisions. All that have done that have chosen life for their children. I would probably not have become a volunteer had it not been for the abortion I had.

4. *Sharing of the abortion experience in writing or orally*: 70 (8.9%)

I have found my calling in life and renewed my dedication to education. I feel as though my story, when I get the courage to tell it, helps people know that I don't judge and I am someone they can trust.

Hopefully someone learns from my folly. I am blessed to have bonded with other women who have had abortions.

5. *Committed to helping women recover from an abortion experience by sharing God's forgiveness and love:* 63 (8.2%)

I understand the pain and can relate to the pain and difficult decision points of other women. That I may share my heart. That Jesus cares about people (about the women/mothers) and that I know/and can share and tell...that babies are in heaven, but that God can use even mistakes we make and turn it all around "beauty from ashes" or mush inside a [caterpillar chrysalis] turns into a butterfly.

6. *Conversion to Christianity, knowing Christ personally:* 58 (7.5%)

I don't have ties to men in my past. I finally went through a post abortion healing Bible study and have accepted Christ as my savior. I have faced my past, felt the emotions and mourned my losses, experienced anger and forgiven others for their participation. I am free in Christ. I can share my story without shame because I have brought the darkness into the light. I used to be a complete anxious mess—I couldn't concentrate I felt like a complete failure in every area and was totally isolated. Now I am free! I went through the Forgiven and Set Free Bible study and now I lead the Surrendering the Secret Bible study.

7. *Active in the pro-life movement:* 49 (6.4%)

I have found forgiveness for my abortion, I have led others to find healing and forgiveness from their abortions, I have written a book...along with a website, I am Executive Director of a Pregnancy Resource Center and saved two pregnancy centers from closing, I have lobbied for the Ultrasound Bill and the Human Life Amendment and given testimony on many occasions. I have also appeared on Faces of Abortion and did several radio interviews.

"What are the most significant negatives, if any, that have come from your decision to abort?"

Question not answered: 199 of 987 = 20.2%

1. *Took a life/loss of a life or lives:* 187 (23.7%)

My child is dead and by my own choice. I spent years of anger, shame, and grief. It damaged my relationship with my husband, my children, and my God. For 30 years I did not speak of it to anyone but my husband. My grief overwhelmed him and left him powerless and ashamed. For years I cried every Sunday in church, experienced dark depressions, thoughts of suicide, and flashes of anger. My relationship with my children was unbalanced. I had to be the perfect mom and they the perfect children or I believed myself to be beneath contempt. Imagine the mess in which I lived. Had it not been for the Biblical counseling I received through a local CPC I would be there still.

2. *Depression:* 114 (14.4%)

I was very depressed for years after the abortion. I believe that the depression contributed to me losing a lucrative pharmaceutical job. I did not work for 2 years after the abortion and I did not have the energy to do much of anything. It took me about 3 years to just get motivated to start living somewhat of a fulfilling life again. During these three years, I started living with my boyfriend, who is now my fiancé. I am not proud of my living situation and believe it is attributed to a lack of self-confidence due to the abortion.

3. *Guilt/remorse:* 110 (14%)

I have tremendous guilt and remorse. It keeps me sad a lot of the time. I can be happy, but something is missing. I hate myself for making that decision and I can't take it back, fix it or make it better.

4. *Self-hatred/anger at self/self-loathing/feelings of worthlessness/unworthy of love:* 98 (12.4%)

The most serious negatives are my being angry at myself that I could abort three babies. The aftermath of abortion is destructive to the soul. Once I had to face the reality of my choices to abort, and not block it out anymore, I concluded that I must not continue to be in denial and keeping it under the rug. My life was interrupted in a way that after 30 years, since my last abortion, I am still hurting, emotionally and mentally as a result of my choices. I will have to live with them for the rest of my life on earth.

5. *Shame:* 86 (10.9%)

A sense of shame and regret have stayed with me ever since my abortion. It is tempered by forgiveness and faith in God's mercy and grace, but it is still there after all these years. I miss my lost children and regret that my living children were robbed of their siblings through abortion. My husband who did not participate in any way with my abortion or any other abortions has suffered anger and grief because of my abortion. He struggles to forgive those who coerced my abortion.

6. *Addiction, alcohol or drug abuse including alcoholism:* 71 (9%)

I died with every abortion. I became very angry, depressed, and ended up becoming a drug addict and an alcoholic.

7. *Regret:* 73 (9.3%)

Every woman knows in her heart that abortion is wrong. Even though I was young & scared, there was a feeling of "working against" myself. Through my twenties I would think about it but pushed it aside. It was only when I married & started my family that I began to really struggle with my abortion decision. When my first son was born I realized what I had done so many years ago. The love I have for my children was/is more powerful than any emotion I've ever experienced. The thought of anyone hurting them has an enormous effect on me as a mother. The knowledge that I ended the life of my child is

difficult to manage emotionally. I have struggled over the years with being extremely hard on myself & emotionally beating up on myself. On the outside I don't think anyone would see that. I look like I have it "together." However, it is a battle that I have to be very intentional about. Regret is a crippling state of mind.

8. *Self-destructive behaviors including promiscuity, self-punishment, and poor choices*: 61 (7.7%)

It changed my personality. I realize in looking back, that I saw myself differently and felt I did not deserve good things. It changed my relationship with my parents, especially my mother, who I was very close to. I became promiscuous and turned away from God. So, I feel like I ruined my life and what God had planned for me.

9. *Low self-esteem*: 60 (7.6%)

Self-esteem, inability to make choices—because of wrong choices—the thought that I did not protect my children.

10. *Anxiety/fear*: 56 (7.1%)

Night times were terrible for nearly a year with getting up in my sleep looking for my daughter then when fully awakened I found I had a son and no daughter and why in the world was I in such a panic looking everywhere for a baby girl. I have a daughter now and she has said many times she thought she was supposed to have an older sister and wept bitterly when I told her she was correct and that it was her father and me who decided to abort.

11. *Suicidal/suicidal thoughts/wanting to die/self-harm/dangerous risks/suicidal attempts*: 49 (6.2%)

Two attempted suicides resulting from the abortion clinic staff dismissing my request for help for post-abortive regret. Prior to the abortion, clinic staff said I could stop by the office anytime for free counseling after the abortion. I showed up a week later for a follow up and to see a counselor for abortion regret but my feelings of regret and depression were dismissed and I was told I would eventually get over it. I did not even see a doctor during the follow up. I was just asked if I had felt sick or feverish after the abortion. Nobody took vital signs and the counselor I was supposed to see did not work Saturdays. When I scheduled the appointment I was told a counselor was on staff all the time to help women. It was a lie.

Discussion

Remarkably few studies have addressed the extent to which freely available abortion services enhance women's emotional well-being. In 2013, Fergusson et al.¹⁶ published a review examining abortion-related beneficial outcomes through reduction in the mental health risks of unwanted or unintended pregnancy. The authors concluded that there is no available evidence that abortion has therapeutic effects. On the flip side, numerous studies have considered women's adverse psychological consequences of abortion. However,

these studies have rarely focused exclusively on women who self-identify as having struggled with their choice to abort. In order to address these shortcomings, women who sought post-abortion services at a crisis pregnancy center were asked what they considered to be the most significant positives and negatives associated with their abortion experiences.

Two simple open-ended questions were posed to just under 1,000 women in an online survey and the responses were far from simple, echoing themes that are not reflective of contemporary feminist rhetoric. Women generally did not speak of empowerment, the ability to control their reproductive destinies, liberation from abusive partners, the need for abortion in order to be competitive in the work place, etc. To the contrary, in response to the inquiry regarding any positives that emerged, many women (nearly 32%) expressed no personal benefits of the experience. Scores of others reported spiritual growth, involvement in pro-life efforts, and reaching out to other women who were considering the procedure or had obtained an abortion. Such positives were not immediately realized in most cases, but rather arose from excruciating psychological distress and suffering over many years, even decades.

When asked about the most significant negatives associated with abortion, many women voiced deep feelings of loss, existential concerns, and reduced quality of life, with heart-wrenching clarity. For many women, the abortion experience became a pivotal point in their lives, impacting their self-image, their personality, and their connectivity to others. Specific commonly experienced negatives included living with having ended a life, regret, shame, guilt, depression, anxiety, negative self-appraisals, and self-destructive behaviors. At the extreme, 49 women voiced a lack of desire to continue living based on the reality of their choice and the heartache that ensued. The vast majority of women did not cite only one or two negative outcomes, but instead described a complex constellation of adverse consequences, often centered on the life lost. Many women wrote about pressure from others and feeling as if they had no choice at the time; yet the majority seemed to assume responsibility for their decision as opposed to blaming others. Coming to terms with the irreversibility of an abortion decision and integrating the choice into one's understanding of self were viewed as necessary by a significant proportion of the respondents in order to continue their lives in a positive direction. For most of these women, peace and relief from a host of negative effects only arrived once they felt they had received divine forgiveness.

The women in the current study, most of whom had made post-abortion contact with a crisis pregnancy center, were self-selected; therefore, the results cannot be generalized to the average woman seeking an abortion in the U.S. These women generally shared significant enough disruption in their emotional and psychological well-being to seek some form of help, and chose a faith-based, pro-life crisis pregnancy center. CareNet's affiliated pregnancy centers currently offer "non-judgmental and confidential care and

counseling to women who have had an abortion” in addition to other resources including information on a variety of faith-based recovery programs. However, this study did not gather data on the precise nature of the services the women received. Based on background data collected, a majority of the women also sought other forms of professional counseling at some point after their abortions.

While participants had generally not been emotionally labile or unstable before their abortion experience, as evidenced by consulting a mental health professional or use of psychiatric medication, a large percentage presented for their abortions with well-documented risk factors. Many of these women likely experienced an abortion that Madeira¹⁷ describes as “consented but unwanted.” She aptly notes that:

This kind of abortion is likely unwelcome because women may perceive it terminates the potential for a new life and for new relationships. It does not matter if women feel they must choose it to best safeguard the futures of themselves, significant others, unborn fetuses, or other interests. Its harm lies in that it irrevocably terminates a potential for life that these women valued. Women in these circumstances experience the most emotional distress from regret, remorse, guilt, shame, mourning, trauma, and other painful and negative emotions....^{17, pp 52-53} Women who agree to a consented but unwanted abortion might choose differently if circumstances were other than what they are—if they had a healthy fetus, more economic resources, greater flexibility with employment or education, or stronger social supports to make parenthood a workable option.^{17, p 52}

Future efforts to implement woman-centered individual counseling should incorporate the well-known risk factors described above. However, doing so will not necessarily guarantee that women will have the personal strength and the social and material resources to follow their desires. As a society that values freedom and choice, we have a moral obligation to provide the social structures necessary to make choosing motherhood as easy as choosing abortion. In the U.S. we have clearly failed in this regard, as Madeira notes:

Abortion has a number of ugly truths. One of them is that many abortions are prompted by social conditions, social scripts, and social pressures that have removed a robust safety net of formal and informal supports that should exist and, in fact, do exist in other, primarily European, countries. Abortions are disproportionately higher among low-income women and women of color. This is a good indicator that at least some women are electing abortion because they feel they cannot materially provide for the child they would bear.^{17, p 51}

Conclusions

Even in an ideal environment wherein women receive adequate counseling, are offered support to continue their pregnancies, and do not present with established risk factors,

it is still possible to be blindsided by an abortion and suffer ill effects due to the inherent complexity of abortion. Future research should examine the psychological trajectories (positive and negative) of women who felt they received sensitive pre-abortion counseling, were supported had they chosen to give birth, and believed the abortion was the right decision to those who felt the pre-abortion counseling was inadequate, supports were lacking, and their decisions were a mistake.

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