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## Experiences of Women Who Seek Recovery Assistance Following an Elective Abortion: A Grounded Theory Approach

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# **Experiences of Women Who Seek Recovery Assistance Following an Elective Abortion: A Grounded Theory Approach**

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## **Abstract**

This study, using grounded theory method, was conducted to describe the basic social processes experienced by 17 women who recognized the need for recovery and sought recovery assistance following an elective abortion. Nursing research in the area of women's experiences seeking post-abortion recovery assistance is warranted because to date abortion is reported to be the second most common surgery performed in the United States. The study was conducted in the southern and west coast regions of the United States. Utilizing a grounded theory chronological approach, interview data was analyzed in three main stages: Life Before Abortion, Life After Abortion and Life With Recovery.

The basic social processes that explained the experience of these post-abortive women were: searching for love and acceptance, understanding the need for help, seeking help, accepting God's forgiveness, forgiving self/others and life-long recovery. Based on the findings of this study and the literature seven conclusion are presented.

**Keywords:** Post-Abortion Recovery, Grounded Theory, Women's Health Issues

## **Experiences of Women Who Seek Recovery Assistance Following and Elective Abortion: A Grounded Theory Approach**

### **INTRODUCTION**

In 1992, abortion was reported to be the most commonly performed surgery in America, with 1.6 million occurring yearly (Franz et al.). According to 2002 data abortion is now the second leading surgery, 1.3 million, with arteriograms at 2 million (Abortion, 2006; National, 2006). Masse et al. (2000) reported that women who have experienced an elective abortion are found in every race, culture, religion, and age group. Speckard et al. (1992) stated that many women who undergo an elective abortion described some of the following outcomes: (a) nightmares related to the abortion or to searching for a lost child, (b) extreme grief, (c) mistrust of others and lack of significant interpersonal relationships, (d) unexplained physical and emotional illness on or around the anniversary date of the abortion or the potential birth date of aborted baby, and (e) initiation of self-destructive behaviors. Most of these women have suffered in silence for fear of condemnation from others and have been denied comfort because they have not felt safe to admit they made the choice to abort their child (Masse et al., 2000).

### **REVIEW OF LITERATURE**

Research in the area of post-abortion psychosocial outcomes has been controversial. Initial research in this area documented the fact that only a minimal number of women experienced negative outcomes following an abortion (Margolis et al., 1971; Perez-Reyes et al., 1973; Smith, 1973; Bracken et al., 1974; Brewer, 1977; Cvejic et al., 1977; Major et al., 1985; Zabin, et al., 1989; Russo et al., 1992; Russo et al., 1997). However, other studies found that a substantial number of women who abort experienced negative outcomes (Wallerstein, et al., 1972;; Evans et al., 1976; Cavenar et al., 1978a; 1978b; Franco et al., 1989; Barnard, 1990;

Speckard et al., 1992; Congelton et al., 1993; Gissler et al., 1996; Reardon et al., 2000; Reardon, 2001a, 2001b, 2001c). Some of the negative consequences experienced by these women were severe depression (Wallerstein et al., 1972; Franco et al., 1989;), anxiety disorders (Barnard, 1990), drug and alcohol abuse (Reardon et al., 2000), eating disorders (Cavenar et al., 1978a; 1978b), uncontrolled emotional periods, inability to develop long-term interpersonal relationships (Reardon, 2001b; Speckard et al., 1992), and attempted or successful suicide (Gissler et al., 1996).

A question that arose from the literature review was: How many women who have an elective abortion actually experienced negative outcomes? Barnard (1990), utilizing a sample of 80 women, postulated that 1 in 5 women who experienced an abortion were at risk for post-abortion stress syndrome. A more recent study by Major et al. (2000) reported that 1% of their sample ( $N = 442$ ) suffered diagnosable negative outcomes. However, Major et al. reported a 50% attrition rate ( $N = 882$ , initially, with  $N = 442$  two years later). Soderberg et al. (1998) reported that women who refused to participate in post-abortive studies often were the women who suffered negative outcomes. Major et al. (2000) said 16.3% of their sample described themselves as “not satisfied” with their choice of abortion, 19% reported that if they were faced with the decision to abort in the future they would not choose to abort, and 20% reported having clinical depression following their abortion experience. If 1% of women experience difficulties following an elective abortion, as reported by Major et al., the number of women in the United States who potentially deal with negative outcomes of an elective abortion would be approximately 500,000 to date.

The fact that negative outcomes occurred after an elective abortion was further emphasized by the 1989 testimony of U.S. Surgeon General Koop (as cited in Speckard et al.,

1992) before the U.S. House of Representatives. Koop reported that indeed some women do experience severe negative outcomes following an elective abortion, and also reported that current research was not reflective of the true state of this phenomenon.

## **PURPOSE**

The purpose of this grounded theory study was to describe the basic social process experienced by women who seek recovery assistance following an elective abortion. Through the understanding of this basic social process, the researcher developed a beginning substantive mid-range theory that provides guidance for further research for nursing practice in caring for women who seek recovery assistance following an elective abortion.

## **METHOD**

The study was based on the initial grounded theory procedures as described by Glaser and Strauss, (1967) and maintained by Glaser (1978; 1998) and Glaser and Strauss (1999). Data was analyzed utilizing the following steps: 1) immersion of the investigator into the data; 2) coding which consists of the following three types: open, selective, and theoretical; 3) continued theoretical sampling until saturation of data; 4) identification of core categories; 5) determination of a core variable; and 6) identification of basic social processes (Glaser, 1978, 1998).

## **RESEARCH QUESTION**

The research question was: What is the basic social process experienced by women who seek recovery assistance following one or more elective abortions?

## **SIGNIFICANCE OF STUDY**

Nursing research in the area of women's experiences seeking post-abortion recovery

assistance is warranted because abortion is reported to be the second most common surgery performed today (Abortion, 2006; National, 2006). Thus, nurses have the potential of caring for women who may desire to seek recovery assistance following an elective abortion in all clinical settings. In order to better facilitate this process, nurses should understand the experience of women as they recognize the negative outcomes and seek recovery assistance.

## FINDINGS

This study involved a theoretical sample of 17 women who had experienced one or more abortions and sought recovery assistance. Theoretical saturation occurred after the 10th interview. The subsequent interviews provided additional confirmation of the findings. The participants experienced a total of 36 abortions, with almost half of the participants having experienced multiple abortions. Table 1 presents a summary of the participants' demographic data at the time of their abortion (s).

Table 1

### Demographic Data

Variable	At Time of Abortion	At Time of Seeking Recovery
Age (years)*		
15-19	14	
20-25	12	2
26-30	5	2
31-36		4
37-41		2
42-46		5

47-50		2
Marital Status		
Single	16	4
Married	1	11
Engaged		1
Divorced		1

### Demographic Data

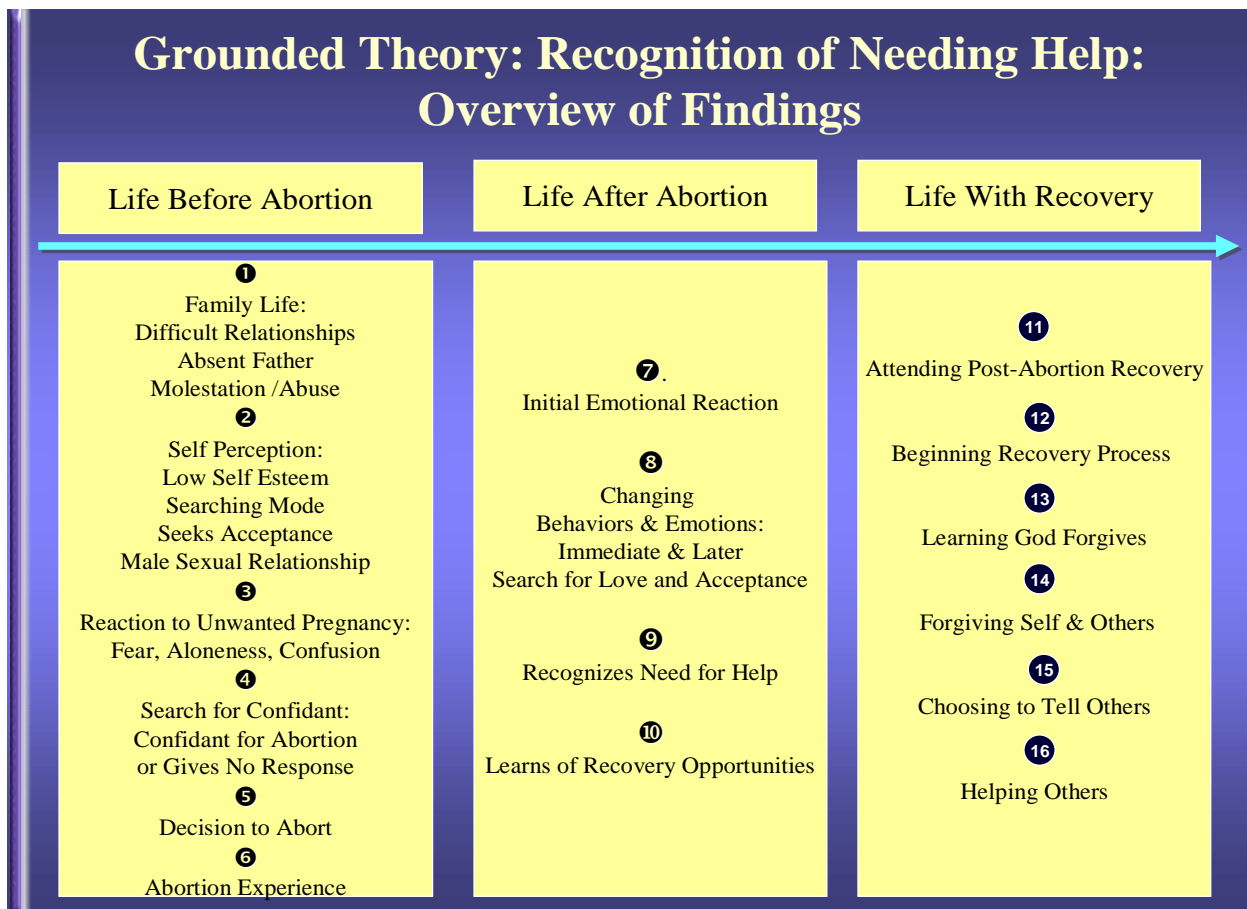
Variable	At Times of Abortion	At Time of Seeking Recovery
Educational level*		
never completed high school	1	1
high school	5	3
high school graduate	7	2
college student	7	2
college graduate	2	5
completed 1-5 years college	3	5
Economic Status*		
\$15-\$20,000	8	3
\$21-\$25,000	1	2
\$26-\$31,000	3	1
\$32-\$36,000	3	0
\$37-\$42,000	1	0

\$43-\$48,000	2	1
\$48-\$54,000	0	3
\$55,000 or greater	0	4

\*Eight participants had multiple abortions  
 n = 17

Concurrent data collection from a theoretical sample and analysis of the data led to a developing grounded theory that revealed that the women’s experiences evolved in three stages: Life Before Abortion, Life After Abortion, and Life with Recovery. Within each of these stages were numerous periods of distinct behaviors, thoughts, relationships, and responses (Figure 1).

*Figure 1*



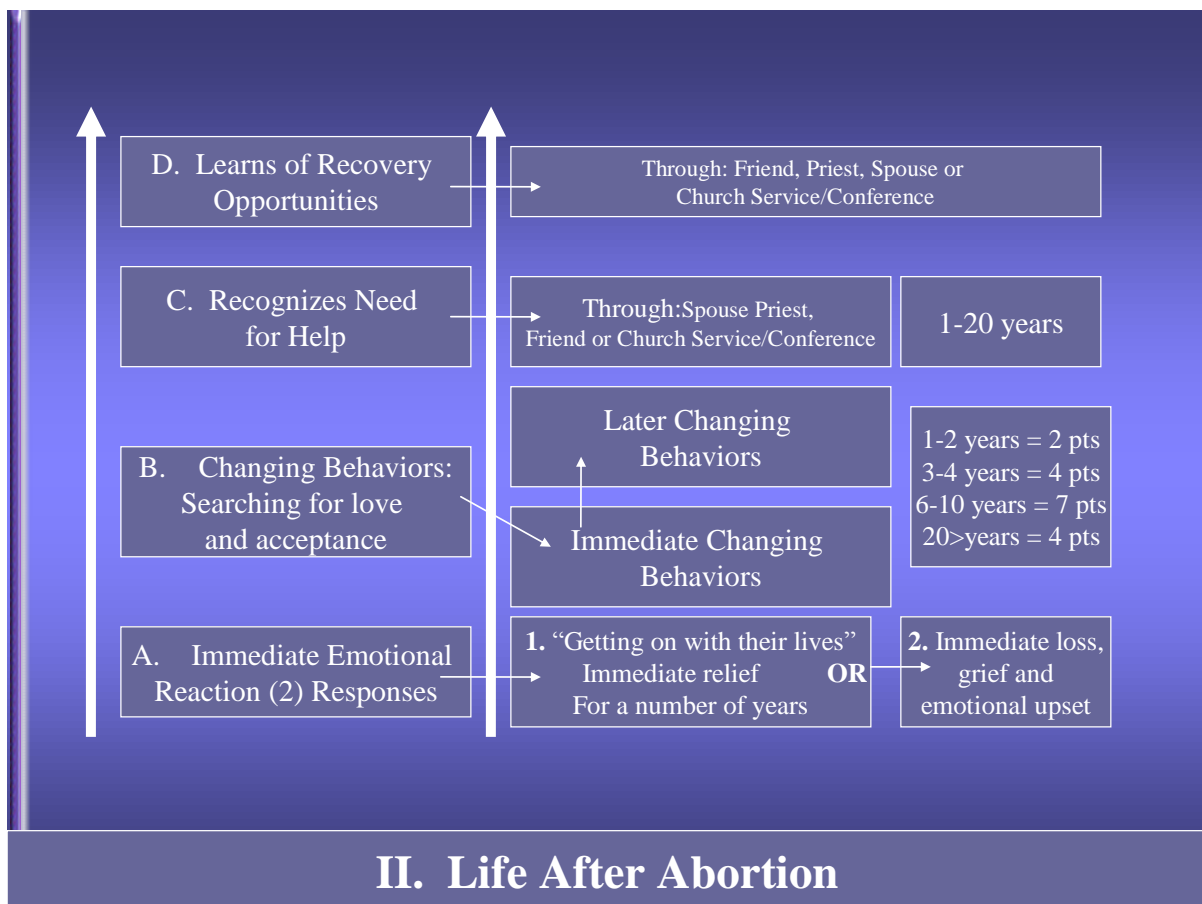


**STAGE ONE: LIFE BEFORE ABORTION OVERVIEW OF  
“LIFE BEFORE ABORTION”**

***FAMILY LIFE***

Figure 2 shows the first stage examined which was that of Life Before Abortion. In describing this period of their lives, 5 participants made no mention of church or religious affiliation during this time period. Ten women identified going to either Protestant or Catholic Churches as children. Two respondents stated they did not attend church during their childhood.

***Figure 2***



However, this time period was also described by most of the sample as involving family relationships consisting of conflict between parents or strained relationships between one or both parents and the participant. Six respondents experienced parental divorce during their teenage years, 3 participants were raised by single moms, and 2 contributors lived with parents who were in constant conflict.

Four members of the sample described loving family environments but of these 1 experienced: being held with a knife to her throat during a break-in to her home, and, at a later age, being raped by an unknown male. A second participant explained how she was molested as a young child by an uncle. Furthermore, one contributor described a difficult move from a small Northern town to a large Southern college town during her senior year.

Of the 17 participants, 7 described some form of molestation or sexual abuse that ranged from one episode to years of abuse. All but one of these participants were violated sexually by a friend or a family member

### ***SELF PERCEPTION***

Following their childhood years, all participants described a period of low self-esteem and a search for acceptance and companionship. Twelve participants described becoming sexually active during their teenage years. Eight of these women described being involved with older men, 2 to 5 years their senior and one participant was involved with a man 20 years older. Five participants became sexually active during their college years, with 1 participant becoming sexually active in her late 20s.

### ***REACTION TO UNWANTED PREGNANCY***

All members of the sample experienced unwanted pregnancies. Ten women experienced

their first undesired pregnancy during their teenage years. Four participants had their first unwanted pregnancy during their early 20s, and 3 respondents had an undesired pregnancy in their late 20s. Once the pregnancy was discovered, all members of the sample described feelings of fear, aloneness, and confusion.

### ***SEARCH FOR CONFIDANT***

Participants explained that once the reality of being pregnant set in they began to seek someone to share the knowledge of their pregnancy. Most described turning to the boyfriend if a relationship remained, while others chose a mother, sister, grandmother, or a friend. The women stated that generally the confidant was supportive of the decision to abort and told them that an abortion was the only option.

### ***DECISION TO ABORT***

The women interviewed described how they learned of an abortion center and how either their confidant or they themselves made an appointment for the abortion. One respondent described this period of decision-making:

They [the confidants] made the appointment for the following Saturday morning. I had to be there at 7:00 and I think it was \$185.00. I didn't have any money. They all pitched in.

They [made] it so easy.... They reassured me that this [was] not a baby...

A second respondent explained her decision to abort in this manner, "It was just a guy that I had met and had an unplanned pregnancy and [I] decided that this [abortion] was the course to take." This same sample member found herself with a second unwanted pregnancy the following year and described her decision to abort the second time with these words, "I [was] still in [graduate] school... It was like, 'Okay, I did it once—I can do it again and that will be

over.”

### ***ABORTION EXPERIENCE***

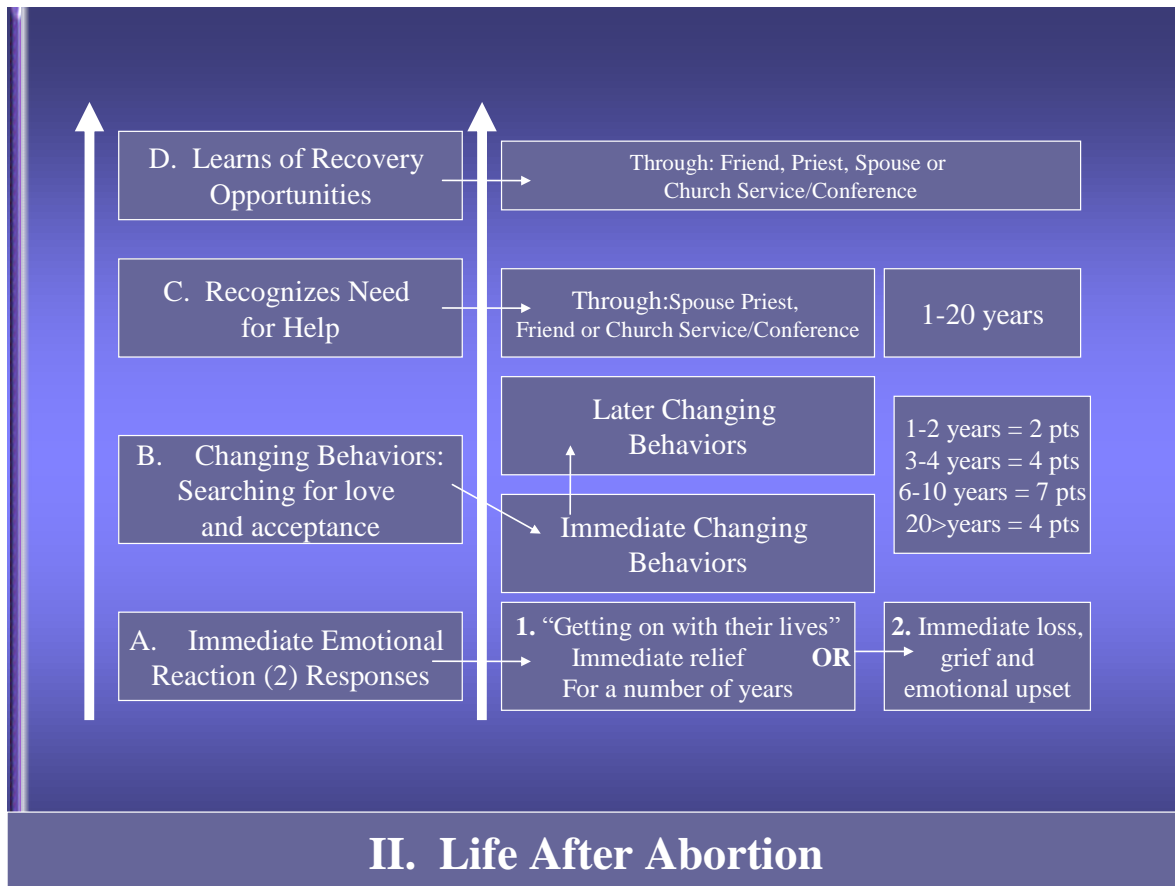
Of the 17 participants, 6 women who had one abortion recalled their abortion experience vividly, while 5 respondents who underwent multiple abortions stated they could remember little to nothing of their abortion experiences. Those remembering this period of time described details such as clothing they wore the day of the abortion, temperature and environmental factors of the clinic, and the perceived attitude of the healthcare personnel.

Of the 17 women interviewed, four respondents reflected on their abortion experience as involving lack of informed consent. They reported that no one explained to them that they might have emotional difficulties years after the procedure or that what they were aborting was a baby.

## **STAGE TWO: LIFE AFTER ABORTION**

### ***INITIAL EMOTIONAL REACTION***

Participants described a variety of immediate responses (Figure 3). These responses ranged from immediate relief and a desire to “get on with their lives” to strong emotional upset. In addition, several participants described being physically ill following the abortion and reported the following problems: fever, cramping, and bleeding.

**Figure 3**

Several participants described experiencing very strong emotional distress following their abortion experience. These emotions ranged from uncontrolled crying to totally denying they had experienced an abortion. One interviewee explained her feelings in the following way: "I am ... miserable. I stunned myself, because after the abortion I still go to class but I am on again off again [*sic*]. I have this feeling of guilt." A second participant described her response in this manner:

Normally, people leave within 20 or 30 minutes after [the] abortion, [but] ... I was there for about 3 hours ... I just kept crying. ... And I cried for about two weeks afterwards and then decided, "Well, there's nothing I can do. So let me call DHR and see if I can't get a foster baby in here".

## CHANGING BEHAVIORS AND EMOTIONS

### *IMMEDIATE CHANGING BEHAVIORS AND EMOTIONS*

For some interviewees, the abortion experience led to a change in daily habits or to cessation of an activity they previously had enjoyed. Such changes are reflected in the following statements. “I failed all my classes,” said one participant. “... I [tried] so hard to concentrate on what the professor was saying and... I just kinda [*sic*] zoned.” A second respondent explained life after her abortion like this:

I didn't call anyone that summer. When school started back again ... I stayed to myself. I stopped going to school functions ... I stopped seeing him [boyfriend].... I ate myself into oblivion. It was like I was trying to fill something. I always had this empty spot.

Moreover, one woman described her 5-year love of ballet and said that, prior to her first abortion, she would practice 4 to 5 days a week for 2 and half hours a day. She described this period by saying, “After the abortion, I quit doing that [ballet] ... I don't know, I started a real destructive ... lifestyle.”

Following the initial response to the abortion, all participants described significant negative changes in personal behaviors. These behaviors were identified as ranging from being self-destructive to being a perfectionist. One contributor stated

I needed to be wonderful at everything. So I turned into this perfectionist person ... I had to make straight A's... I even changed my major... I thought, “I'll change my major to education because that's working with kids and that will help me make up for all the stuff that I've done.”

Change in personal behaviors was further emphasized through these words of one interviewee:

I stopped exercising [because this was how she induced the abortion]. ...I stopped taking baths. "If I take a bath today there has to be bubbles...I can't sit in a tub of clear water...it still brings back memories...I'll see blood."... I tried to bury everything with food ... my mom's Valium ... then ... I got my own prescription. ... I would... drink beer ...I just needed to do something to try to get all of this out of my head.... later I thought, "This is what you deserve. You are going to pay for this the rest of your life."

One interviewee recognized changing behaviors and emotions and attempted to seek professional help. She expressed this episode with these words:

I went home and it took me a long time; I mean, I was crying for weeks and ... very depressed ... Regular counselors ... they do not believe [there is a problem] ... they [said], "Put the emotional part behind [you]."

### ***LONG-TERM CHANGING BEHAVIORS AND EMOTIONS***

Following the immediate response to their abortion experience or experiences, most participants related many negative long-term life choices and emotional changes. Fifteen participants dealt with their negative behaviors for multiple years. Of these women, 6 described experiencing long-term negative changing behaviors for 3 to 4 years, 7 identified coping with these negative behavioral changes for 6 to 10 years, and 4 dealt with long term negative changing behaviors for 20 or more years. Two participants coped with negative behaviors for a year or less.

Some of the difficulties and problems reported by women interviewed involved multiple subsequent sexual relationships, avoidance of pregnant women and babies, increased use of drugs and/or alcohol, dreams, hallucinations, attempted suicide, marriage difficulties, over-protectiveness of subsequent children, and problems forming relationships with their children.

Participants on the demographic profile further documented these long-term behaviors and emotional changes when they responded to the following question: “List signs and symptoms experienced and viewed as problematic following your abortion or abortions.” Respondents described feelings of aloneness, insecurity, low-self esteem, guilt, shame, loss of God, anger, self-hatred, depression, and emptiness. Contributors said they avoided baby showers, had nightmares, flashbacks, crying episodes, eating disorders, panic attacks, suicide thoughts or attempts, and physical illness (i.e., tiredness and symptoms of a cold or the flu). Participants also said they had difficulty interacting with their children and experienced constant fear of being found out.

One participant said:

You feel like you are the only one [who has had an abortion] ... You feel even worse because it is five kids [that she aborted] ... You feel disgusted ... You feel like no one is going to understand ... You feel you are the worst one [person] of all the world.

Another lady explained:

“I hated myself, I hated everybody around me, I did not care who hurt me, I did not care who I hurt; I had so much anger, I just hated myself.”

Furthermore, one lady described the years following her first abortion with these words:

My next boyfriend ... was about 5 years older ... I was just always trying to please ... the guys.... I just wanted them to love me ... I was 17 when I got pregnant again ... [After this] I was wild ... you know, partied every chance I could, just real destructive ... I just felt, ... worthless, and it just didn't matter ... I failed out of [college], I was very ... suicidal. I had met another boyfriend ... he was... about 8 years older ... it was a short relationship ... I got pregnant again.



One participant explained life after her elective abortion in this manner:

It was probably well on after high school before I had any problems with what I had done. I remember not thinking of it as a baby ... then [I] started feeling guilty, not worth much of anything ... I remember when I would see a dead dog on the side of the road ... I would picture a baby there ... I just couldn't handle any kind of bloody situation ... it would always bring back a thought in my mind ... associated with the abortion.

Suicidal thoughts and attempts were identified by two contributors following their abortions.

One woman reflected on this period of her life as follows:

I was just a basket case and I was suicidal. ... My memory isn't good from that whole period ... between the stress... drinking ... and doing whatever drugs I could. I did take an overdose of drugs ... I went to the emergency room ... I don't remember if it was before ... the third abortion [or after].

Two participants discussed the impact that the abortion experience or experiences had on their later marriages. One lady explained that sexual activity seemed dirty to her and that, "Six months after we were married, finally one night he [her husband] could just tell that something is [*sic*] wrong ... he finally made it safe enough. He said, 'You can tell me anything.'" Even though she told her husband about the abortion, the participant stated that sexual intercourse continued to be an area of her marriage needing work. A second participant explained she consumed a lot of alcohol and had "bouts of crying and my husband was like, 'What's wrong with you?', and I'd want to tell him but I'd be scared to tell him ... I would just cry."

Two women described vivid dreams related to their abortions. One reported having recurring nightmares of her first aborted child drowning, and the child was always wearing a red

dress. She stated, “It was weird that she was in a red dress ... it was almost like it was blood.”

A final area of participants’ lives that was identified as being impacted by the abortion experience(s) was that of the women’s relationships with their living children. Two ladies described being very overprotective of their subsequent children and concerned that God would punish them for their abortions by taking their living children.

Furthermore, one interviewee explained that because she felt so much anger at men for her child abuse and abortions, she did not want the son she had. She explained that she had treated him differently from her daughter until she went through the post-abortive recovery program. She described her thoughts with these words: “Every boy [male] in my whole life had disappointed me ... I didn’t want a boy ... I was so disappointed ... I think that is why I treated him so different.”

### ***RECOGNITION OF NEED FOR HELP***

Many of the participants struggled for years before recognizing the need for post-abortive recovery help. Some participants said a friend, priest, spouse, or other significant person telling them about post-abortive recovery programs influenced their recognition of the need for help. Other participants learned of post-abortive recovery programs through their local church or through national Christian literature, church services, or religious conferences.

Most participants had begun to realize that the previously discussed disruptive behaviors, thoughts, and emotions were not normal but did not connect these occurrences to their abortion(s). The connection was made only after someone else pointed out to them that women who have experienced abortion often describe these types of behaviors. Most participants did not immediately seek help because of fear, guilt, and shame. Assistance was sought only because significant others encouraged them and many of the ladies interviewed reported multiple

registrations to attend before actually going to a recovery program. Four respondents agreed to attend recovery programs when they were told they could not assist at a crisis pregnancy center until they had addressed their abortion issues.

One respondent shared her recognition of needing help by saying that a friend asked her outright one night if she had ever had an abortion. This participant stated that it was after 6 months of continued encouragement from her friend to seek help that she finally went to talk to the coordinator of the post-abortive recovery program.

Another contributor said she and her boyfriend initially sought help from counseling services regarding her depression, crying, and grief following her abortion. However, the participant was never satisfied because the counselors “made me feel I was ridiculous ... too emotional.” This participant stated she was looking in the newspaper about a free pregnancy test to confirm her second pregnancy when she learned there was something called post-abortion recovery.

One participant indicated it was her daughter having an abortion that caused her to seek help for her own abortion. She had learned of a post-abortive recovery workshop through a women’s conference.

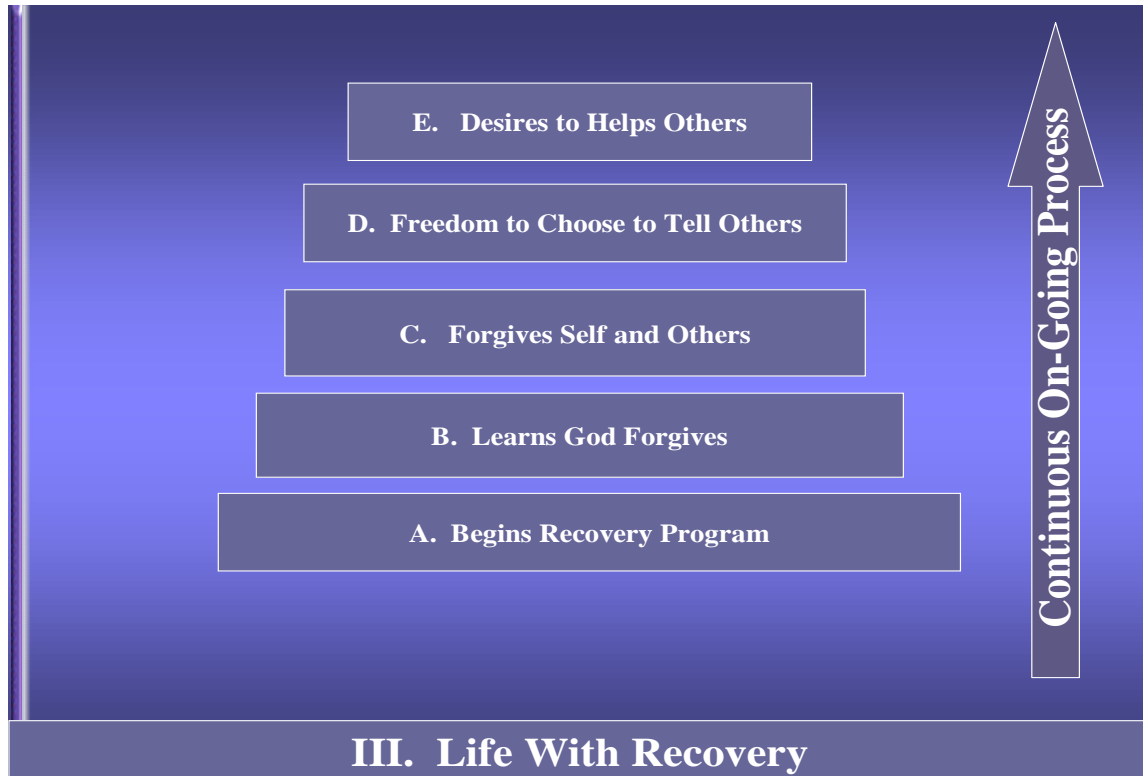
### **STAGE THREE: LIFE WITH RECOVERY**

#### ***POST-ABORTION RECOVERY***

Figure 4 illustrates the sample members’ thoughts regarding their lives with recovery. All participants except 1 reported that their knowledge of post-abortive recovery programs was limited to the program they attended. All reported that their very first contact with anyone from the post-abortive recovery program was positive and that they were made to feel safe and able to

discuss their abortion experience or experiences for the first time. Participants related to the investigator that telling someone about their abortion was the beginning of the on-going, life-long healing process.

**Figure 4.**



These sentiments are reflected in the following statements. One participant shared, “Just being able to get the feelings out ... to understand that ... the stuff I had gone through all my life was ... related to the abortion ... the drug abuse ... [feeling of] worthlessness, and ... [being] detached from my kids.” A second woman stated, “[It was a] safe haven of being free to talk about your feelings and not being judged, [learning that your past feelings are normal for women who have experienced abortion], and just being able to be open ... talk freely ...and just get the truth from the Bible.”

A third interviewee described it in this way, “I just felt comfortable when I came in ... the

environment ... Jesus [was] everywhere and angels ... The people were real sweet ... It was a certain sense you got when you came.” A fifth participant, who had experienced five abortions, stated that she “felt connected ... I felt like I wasn’t the only one ... I felt hope.”

### ***BEGINNING RECOVERY PROCESS***

All participants described the recovery process as consisting of these steps: accepting God’s forgiveness, learning to forgive self, and forgiving others. These steps are three of the four recovery steps emphasized by the recovery programs attended by women in the sample. Participating recovery programs cite the recovery steps in the following order: learning to forgive others, accepting the forgiveness by God, forgiving self, and grieving the lost child. The step not mentioned in depth by all interviewees was grieving the lost child. Ten women described this step while 7 did not mention this area of recovery.

Each respondent agreed that once she had come to understand and implement the three identified steps she gained a new freedom. All but 1 contributor spoke of being free to tell others about her abortion experience if she thought it would help, and also mentioned having a desire to help other women who were either dealing with a past abortion or considering abortion. All sample members stated that the recovery and healing process was an on-going life event. They expressed the opinion that a woman who has had an abortion never really gets over it but said she can learn that, because God forgives her, she must forgive herself. One participant said that it was through her understanding of God’s forgiveness that she became a Christian.

### ***LEARNING GOD FORGIVES***

The sample described the concept of God’s forgiveness as the beginning of their freedom. Nine participants who identified themselves as Christians at the time of their abortion said they

had experienced a break from God after their abortion. Seven who said they were not Christians at the time of their abortion agreed that after becoming a Christian and growing as a Christian they began to understand the depth of God's forgiveness. Seven women, 4 who were Christians at the time of their abortion and 3, who became Christians in the years following their abortion, said they didn't think God could forgive them for an abortion. They believed that God could forgive them for everything else but that abortion was an exception.

### ***FORGIVING SELF AND OTHERS***

The next step in the recovery process was described by the women interviewed as that of learning to forgive themselves. After participants described their understanding of God's forgiveness and forgiveness of self, they shared how they had to forgive others who were involved in their abortion. This step was expressed by one of the ladies by saying, "I am thankful that I went through this program not only for me and my family but because once I fully understood what happened to me in my life I could [release] all the bitterness and resentment against my parents." A second participant shared how she wrote letters of forgiveness to "the people who participated, the men, the people who brought me to the clinics and back ... and to the doctors and nurses at the clinics." Another respondent described her forgiveness of others in this way. "I don't treat [my son] like dirt anymore .... I don't treat him nasty. I use [*sic*] to treat him really nasty. ...I can treat my husband like a man. Like a good man that he is".

### ***CHOOSING TO TELL OTHERS***

All but one woman interviewed said one step of the recovery process was experiencing the freedom to tell others about their abortion, if they so chose. Other respondents shared how and when they chose to tell their children and a few described why they had not told their

children.

### ***HELPING OTHERS***

The desire to help other women and men who are dealing with unwanted pregnancies or past abortion experiences was reflected throughout 16 of the 17 interviews. The participant not yet involved in post-abortive work described how she would like to help others with these words: “I wouldn’t mind doing it [recovery work] ... and maybe when I reach a point where I am not so emotional.” Some of the interviewees were working in these areas at the time of the study, while others had chosen to curtail their volunteer work due to family and career demands but desired to return to work at a later date.

### **RIGOR**

Three methods of validation were implemented to provide validation of the findings of this study. Participant validation involved the participants reading their initial interviews with the researcher’s coding and verifying that the researcher’s interpretation of their experiences was truly accurate and representative of their lives. Fifteen out of 17 participants were involved in the second interview. All second interview participants agreed with the researcher’s interpretation with minimal additions being made to the data.

Two peer debriefers, one was pro-life and the other pro-choice and nurses with a master’s degree, were provided the anonymous coded interviews and asked to read the interviews and validate that the data was reflective of the researcher’s coding and interpretation. Both debriefers, agreed with the researcher’s coding.

Five directors of crisis pregnancy centers were provided the diagram of the emerging theory (Figures 1-4) and asked if this theory resonated with their experiences of dealing with

women who have experienced elective abortions and sought recovery. All directors agreed that the emerging theory was reflective of their understanding of the experiences of women who have had an elective abortion and attended post-abortive recovery. This process of verification was implemented in order to maintain accuracy of data interpretation and to enhance the credibility, fittingness, auditability, and confirmability of the research findings (Lincoln et al., 1985; Sandelowski, 1993). Finally, this study's findings were compared and contrasted to the previously reviewed research findings.

### **RECOMMENDATIONS FOR NURSING RESEARCH**

A broader study is warranted to assist in the further development and refinement of this theory and body of knowledge. Several possible studies could be conducted that replicate this study but have specific limits for sample selection. Other studies might include the following: a study to evaluate health care providers' knowledge of post-abortion stress syndrome and recovery assistance; a comparative study of women who aborted as teen's verses women who aborted as adults; an international study comparing the outcomes of women who from countries where abortion is illegal verses countries where abortion is enforced. Additionally, research could focus on examination of men's outcomes with elective abortions; children whose parents have a history of past elective abortions and parents whose children have undergone elective abortions.



**REFERENCES**

- Abortion in the United States*. (2006). Retrieved February 20, 2006, from <http://www.infoplease.com/ipa/A0904509.html>.
- Barnard, C. A. (1990). The long-term psychosocial effects of abortion (posttraumatic stress disorder). *Dissertation Abstracts International*, 51 (o8B), 4038. (UMI No. AAG9100897).
- Bracken, M. B., Phil, M., Hachamovitch, M., & Grossman, G. (1974). The decision to abort and psychological sequelae. *The Journal of Nervous and Mental Disease*, 158 (2), 154-162.
- Brewer, C. (1977). Incidence of post-abortion psychosis: A prospective study. *British Medical Journal*, 1, 476-477.
- Cavenar, J. O., Maltbie, A. A., & Sullivan, J. L. (1978a). Aftermath of abortion: Anniversary depression and abdominal pain. *Bulletin of the Menninger Clinic*, 42 (5), 433-444.
- Cavenar, J. O., Maltbie, A. A., & Sullivan, J. L. (1978b). Psychiatric sequelae of therapeutic abortions. *North Carolina Medical Journal*, 39 (2), 101-104.
- Congleton, G. K., & Calhoun, L. G. (1993). Post-abortion perceptions: A comparison of self-identified distressed and nondistressed populations. *The International Journal of Social Psychiatry*, 39 (4), 255-265.
- Cvejic, H., Lipper, I., Kinch, R. A., & Benjamin, P. (1977). Follow-up of 50 adolescent girls 2 years after abortion. *Canadian Medical Association Journal*, 116, 44-46.

- Evans, J. R., Selstad, G., & Welcher, W. H. (1976). Teenagers: Fertility control behavior and attitudes before and after abortion, childbearing or negative pregnancy test. *Family Planning Perspectives*, 8 (4), 192-200.
- Franco, K., Campbell, N., Tamburrino, M., Jurs, S., Pentz, J., & Evans, C. (1989). Anniversary reactions and due date response following abortion. *Psychotherapy and Psychosomatics*, 52, 151-154.
- Franz, W., & Reardon, D. (1992). Differential impact of abortion on adolescents and adults. *Adolescence*, 27(105), 161-173.
- Gissler, M., & Hemminki, E. (1996). Suicides after pregnancy in Finland. *British Medical Journal*, 313(7070), 1431-1435.
- Glaser, B. (1978). *Theoretical sensitivity*. Mill Valley: CA, The Sociology Press.
- Glaser, B. (1998). *Doing grounded theory: Issues and discussions*. Mill Valley: CA, The Sociology Press.
- Glaser, B. G., & Straus, A. L. (1967). *The discovery of grounded theory; strategies for qualitative research*. Chicago: IL, Aldine Publishing Co.
- Lincoln, Y., & Guba, E. (1985). *Naturalistic Inquiry*. Newbury Park, CA: Sage.
- Major, B., Cozzarelli, C., Cooper, M. L., Zubek, J., Richards, C., Wilhite, M., & Gramzow, R. H. (2000). Psychological responses of women after first-trimester abortion. *Archives of General Psychiatry*, 57, 777-784.
- Major, B., Mueller, P., & Hildebrandt, K. (1985). Attributions, expectations, and coping with abortion. *Journal of Personality and Social Psychology*, 48 (3), 585-599.
- Margolis, A. J., Davison, L. A., Hanson, M. D., Loos, S. A., & Mikkelsen, C. M. (1971). Therapeutic abortion follow-up study. *American Journal Obstetrics and Gynecology*, 110

(2), 243-249.

Masse, S., & Perry, L. (2000). Post-abortive outreach basic training conference manual.

Englewood, FL: Ramah International.

*National Center for Health Statistics*. (2006). Retrieved February 20, 2006, from

<http://www.cdc.gov/nchs/fastats/insurg.htm>.

Perez-Reyes, M. G., & Falk, R. (1973). Follow-up after therapeutic abortion in early

adolescence. *Archives of General Psychiatry*, 28, 120-126.

Reardon, D. C. (2001a). Limitations on post-abortion research: Why we know so little. Retrived

February 24, 2001, from <http://www.afterabortion.org/limits.html>.

Reardon, D. C. (2001b). Psychological reactions reported after abortion. Retrieved February 24,

2001, from

[http://www.abortionfacts.com/reardon/after\\_abortion\\_psychological\\_rea.asp](http://www.abortionfacts.com/reardon/after_abortion_psychological_rea.asp)

Reardon, D. C. (2001c). The aftereffects of abortion. Retrieved February 24, 2001, from

<http://www.afterabortion.org/complic.html>.

Reardon, D. C., & Ney, P. G. (2000). Abortion and subsequent substance abuse. *American*

*Journal Drug Alcohol Abuse*, 26(1), 61-75.

Russo, N. F., & Dabul, A. J. (1997). The relationship of abortion to well-being: Do race and

religion makes a difference? *Professional Psychology: Research and Practice*, 28 (1), 23-31.

Russo, N. F., & Zierk, K.L. (1992). Abortion, childbearing, and women's well-being.

*Professional Psychology: Research and Practice*, 23 (4), 269-280.

Sandelowski, M. (1993). Rigor or rigor mortis: The problem of rigor in qualitative research

revisited. *Advances in Nursing Science*, 16 (2), 1-8.

- Smith, E. M. (1973). A follow-up study of women who request abortion. *American Journal of Orthopsychiatry* 43 (4), 574-585.
- Soderberg, H., Janzon, L., & Sjoberg, N. (1998) Emotional distress following induced abortion. A study of its incidence and determinants among abortees in Malmo, Sweden. *European Journal of Obstetrics & Gynecology*, 79, 173-178
- Speckard, A. C., & Rue, V. M. (1992). Post abortion syndrome: An emerging public health concern. *Journal of Social Issues*, 48 (3), 95-119.
- Wallerstein, J. S., Kurtz, P., & Bar-Din, M. (1972). Psychosocial sequelae of therapeutic abortion in young unmarried women. *Archives of General Psychiatry*, 27, 828-832.
- Zabin, L. S., Hirsch, M.B., & Emerson, M. R. (1989). When urban adolescents choose abortion: Effects on education, psychological status and subsequent pregnancy. *Family Planning Perspectives*, 21 (6), 248-255.