THE PRE- AND POST-ABORTION PROCESS FOR COUPLES:
A QUALITATIVE RESEARCH PERSPECTIVE

DISSERTATION

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By

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This study utilized a qualitative research methodology to examine the perspectives of six subjects, three married couples, choosing abortion to terminate unwanted pregnancies. The subjects were interviewed a few days after the abortion and six weeks after the abortion for a total of 12 hours. The researcher transcribed the interviews and observer's comments written throughout the interview process. The data were qualitatively analyzed to gain an understanding of (a) the factors which contributed to the unwanted pregnancies; (b) the process by which the couples chose abortion to terminate the unwanted pregnancies; (c) factors which contributed to the decision; (d) factors surrounding the abortion procedure; and (e) factors which predisposed the couples to different kinds of post-abortion reactions. This analysis indicated that inconsistent birth control usage was but one factor in the unwanted pregnancy. The decision to abort the unwanted pregnancy created relationship conflicts because each subject had different ideas and needs in regard to managing the unwanted pregnancy. Although all of the subjects expressed relief
after the abortion procedure was completed, they also expressed feelings such as guilt, sadness, and a sense of loss. All of the couples in the study experienced relationship stress, and discussed relationship issues in the interviews. More concern was verbalized about the relationship than the abortion for the couples in the study. Two of the couples expressed a commitment to making personal changes to improve the marital relationship. For the married couples in this study, the decision to terminate the unwanted pregnancy and abortion mirrored the decision-making and conflict resolution process utilized by the couples in other situations.
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A 1989 Supreme Court ruling on a Missouri court case, William L. Webster vs. Reproductive Health Services, gave states the latitude to seriously limit women's rights to abortion. Although the Supreme Court stopped short of reversing the 1973 landmark Roe vs. Wade decision, other pending cases could give the court the option to further restrict abortion rights (McDaniel, 1989; Salholz, 1989). Abortion remains an emotionally-provocative topic, increasingly utilized by politicians as a campaign issue (Clift, 1990; Martz, 1989). Although strong opinions have been expressed about abortion, definitive conclusions about the psychological consequences of abortion have not been reached.

C. Everett Koop, Surgeon General of the United States, prepared a report on the health effects of abortion after consulting with scientific, medical, psychological, and public health experts. Koop (1989) stated:

I believe that the issue of abortion is so emotionally charged that it is possible that many who might read this letter would not understand it because I have not arrived at conclusions they can accept. But I have concluded in my review of this issue that, at this time, the available scientific evidence about the psychological sequelae of abortion simply cannot support either the preconceived beliefs of those prolife or those prochoice (p. 31).
Koop also testified before a House of Representatives subcommittee that few public health problems associated with abortion had been found. After evaluating nearly 250 studies concerning the psychological impact of abortion, he concluded that methodological flaws made it difficult to ascertain whether or not emotional problems occurred after an abortion (Thompson, 1989).

The results of the American Psychological Association's (APA) review (1987) of 100 United States studies on the psychological effects of abortion paralleled Koop's findings. The APA report (1987) stated that "drawing conclusions from a review of the research on abortion over the past 40 years is a questionable procedure" (p. 5). Further, the APA report suggested a need for more rigorous research to broaden the knowledge base for abortion counseling. The APA report (1987) recommended research on the following variables as most critical in investigating psychological reactions following an abortion: (a) factors predisposing women to unwanted pregnancies, (b) factors contributing to the abortion decision, (c) factors surrounding the abortion procedure, (d) personality difference factors, and (e) post-abortion circumstances.

Researchers have found negative psychological repercussions for a small, but substantial, number of women (Adler, 1975; Bracken, Hachamovitch, & Grossman, 1974; Freeman, 1977, 1978; Handy, 1982; Hittner, 1987; Olson,
1980; Snegroff & Leff, 1982). Although not substantiated by either the APA report or the U.S. Surgeon General's Office findings, pro-life advocates and some psychologists have described "Post-Abortion Syndrome" in similar terms to the Post-Traumatic Stress Disorder experienced by war veterans (Thompson, 1989). Those who believe that post-abortion syndrome exists have estimated that one in four women are seriously psychologically impaired following an abortion (Barrineau, 1989).

Abortion is one of the oldest, and most controversial, of current medical procedures because of moral, theological, and political concerns (Adler, 1979). The legal and social status of abortion has undergone substantial shifts during the last two centuries. While there were no legal statutes in the United States regarding abortion at the beginning of the 19th century, there were restrictive laws in every jurisdiction by the end of the century (Adler, 1979; Sagan & Druyan, 1990). In the 1840's, the increased use of abortion by married, native-born, Protestant women prompted worry about a population imbalance in the United States. Spurred by this concern and by the efforts of physicians to control and professionalize the practice of medicine, laws which seriously restricted or prohibited abortion were passed in the late 1800's and remained relatively unchanged until 1973 (Adler, 1979; Sagan & Druyan, 1990).
Sociological factors such as legal issues, economic trends, and cultural attitudes have been identified as key variables which impact upon the psychological reactions of patients to abortion (Handy, 1982; Adler, 1979). The APA's review of the literature (1987) stated that "abortion in a socially disapproving environment is a different phenomenon than one in an environment which legally sanctions abortion" (p. 17). Post-abortion reactions may be influenced by both the immediate and the larger social context within which they occur.

Gillespie, Vergert, and Kingman (1988) studied the National Opinion Research Center's General Social Survey for the years 1975, 1980, and 1985 to compare the respondents' attitudes toward abortion. While a significant increase in the approval of abortion was found between 1965 and 1975, a nonsignificant increase occurred between 1975 and 1980. A statistically significant decline in the approval of abortion was found between 1980 and 1985. This downward trend in the approval of abortion seems to be continuing. A telephone survey conducted on April 4 and 5, 1989, for Time magazine yielded the following results: When asked "Do you personally believe having an abortion is wrong?", 50% of the respondents said "yes"; 43% said "no"; and 7% said "not sure." When asked "Do you favor or oppose passing laws making it more difficult for women to have abortions?", 47%
said "favor"; 48% said "oppose"; and 5% said "not sure" (Lacayo, 1989).

An anti-abortion group, Operation Rescue, has waged intense anti-abortion demonstrations and made attempts to block entrances to abortion clinics in key cities (Lacayo, 1989; McLoughlin, 1988, October 3). Nationally televised news has shown confrontations with police resulting in hundreds of arrests. More than 300,000 demonstrators marched in Washington in April, 1989, in support of the right of women to choose abortion. Heated debates broadcast on both public and network television have demonstrated the intense feelings provoked by the issue of abortion. A recent U.S. News and World Report cover story called the abortion debate "America's New Civil War" (McLoughlin, 1988, October 3).

 Abortions are now performed at the rate of 1.6 million per year in the United States (McLoughlin, 1988, October 3). Twenty percent of American women over the age of 15 have had at least one abortion (Lacayo, 1989). Although restrictions may be placed on the ease with which women can obtain abortions, the demand for abortions is likely to continue. Thompson and Robinson (1986) concluded that "as long as it is possible for women to become pregnant accidentally regardless of the contraceptive method they use, some women will have repeated, unwanted pregnancies and . . . repeated abortions" (p. 10).
Revised estimates from the 1982 National Survey of Family Growth indicated that the incidence of accidental pregnancy during the first year of contraceptive use is higher than previously reported (Jones & Forrest, 1989). The failure rates for various methods of birth control are estimated to be: six percent for the birth control pill; 14 percent for the condom; 16 percent for diaphragm and for rhythm and 26 percent for spermicides (Jones & Forrest, 1989). Couples must have accurate information on the rates of contraceptive failure in order to make an informed choice since the risk of unintended pregnancy is one of the underlying concerns to be considered (Jones & Forrest, 1989). Jones and Forrest (1989) found several factors which influenced the consistency and correctness with which methods of contraception are used: the type of sexual relationship; attitudes about pregnancy or about the method; the degree of motivation to avoid pregnancy; and the amount of knowledge on how to use the method.

A resolution intended to guide professional counselors confronted by clients seeking assistance with unwanted pregnancies passed in 1989. The Executive Council of the American College Personnel Association passed a resolution supporting the "rights of all women to make decisions about their pregnancies based solely on their beliefs and/or the advice of their physician" ("ACPA Adopts", 1989). The
resolution clearly advocated a pro-choice stance for counseling clients.

Further research which examines the psychological effects of abortion on those who seek it seems warranted. Jeanne Maracek, who has conducted a review of the effects of abortion and childbearing on teenagers, reported that "virtually every psychologist who's looked at the literature would agree that the research is not yet adequate to reach a conclusion on this point" (Thiers, 1989, p. 11). Maracek further stated the belief that abortions have become more emotionally stressful in the last decade due to strong anti-abortion protests and verbal and physical harassment of women seeking abortions (Thiers, 1989).

The literature concerning abortion indicates a growing trend to include the male partners in the decision-making process regarding unwanted pregnancy, from sharing in the initial pregnancy test results to attending the post-abortion follow-up (Chilman, 1985; DeCuir & Stites, 1982; Kennedy, Fitzgibbons, & Corley, 1984; Maracek, 1987; Snegroff & Leff, 1982). Courts cases are expected to continue to challenge women's rights to legally terminate their pregnancies without the male partners' consent (Cohen, 1989; Rosoff, 1989; C. Taft, personal communication, March 10, 1990).

An exploratory study of the individual and relationship issues resulting from an unwanted pregnancy terminated by
abortion provided information to be used in planning effective therapeutic approaches at both the pre- and post-abortion phases. New insights broadened the knowledge base from which counselors and other mental health professionals could design appropriate intervention programs.

This study examined the process by which women and their male partners coped both before and after their abortions and what factors predisposed them to different types of post-abortion reactions. Qualitative research methodology was utilized to discern significant psychological issues, both individual and relational, for each couple at key points in the process of terminating an unwanted pregnancy. Qualitative research was chosen to provide a depth of understanding to the investigation by including the subjective experiences of the subjects of the study (LeCompte & Goetz, 1982). Data garnered from the study provided a foundation for future research and theory development.

Statement of the Problem

Limited research and poor research methodology in reported studies have left significant questions about the psychological sequelae for the women and their male partners choosing to terminate unwanted pregnancies by abortion. This study utilized qualitative research methods to examine the significant individual and relationship variables for couples both before and after an elective abortion.
Synthesis of Related Literature

Pre-abortion Issues

Unwanted pregnancy constitutes an emergency situation in which a difficult decision is made within a limited time frame. When abortion is chosen, medical complications increase as pregnancy progresses, particularly past the twelfth week. Doctors prefer to utilize more costly and/or more emotionally demanding methods for aborting the fetus in the second trimester (Adler, 1979). Therefore, the couple must quickly, but thoroughly, explore the advantages and disadvantages of each choice to be considered. Snegroff and Leff (1982) examined the post-abortion attitudes of women three to four weeks after the abortion. They found that the most positive post-abortion attitudes were expressed by the women who reported being the person most responsible for making the abortion decision. This supports the views of other writers (Chilman, 1985; DeCuir & Stites, 1982; Kennedy, Fitzgibbons, & Corley, 1984; Maracek, 1987) that later psychological pain can be reduced if women, as well as their male partners, have evaluated alternatives and made responsible and well-informed choices for their well-being and future. Both physical and emotional consequences of abortion need to be examined (Kennedy, et al., 1984).

Snegroff and Leff (1982) also asked the women in their study to select the most emotionally difficult time in the abortion process. The respondents chose the following
periods as the most stressful times during this process:
(a) suspecting pregnancy (24%), (b) learning of pregnancy
(21%), (c) deciding to have an abortion (20%), (d) time
between decision and abortion (15%), (e) the abortion itself
(12%), (f) and post-abortion (8%). Most found the time
preceding the abortion to be the most challenging
emotionally.

Hittner (1987) used a three-section questionnaire to
(a) gather demographic data, (b) measure positive and
negative feelings from the week prior to the abortion, and
(c) measure feelings of well-being shortly after the
abortion. She compared the responses of two groups of
women: those who had abortions and those who had not. She
concluded that women receiving an abortion were more likely
to be depressed and lonely before and after the procedure
than women not having abortions. Her pre-abortion group
showed lower feelings of well-being than any distressed
group found in her literature review. One variable
indicative of negative affect was number of children; the
more children the women had, the more likely their feelings
of well-being were affected. No significant relationships
between religion, ethnicity, or number of previous abortions
existed in this study. Hittner (1987) urged counselors to
be sensitive to signs of situational depression both pre-
and post-abortion. She recommended extra sessions for
exploring psychological difficulties which had been
exacerbated by the crisis of an unwanted pregnancy and abortion.

Post-abortion Issues

The American Psychological Association (APA) prepared a research review on the psychological sequelae of abortion to present to the Office of the U.S. Surgeon General (1987). The review found that post-abortion reactions were generally mild and seemed to diminish quickly over time. However, periods of depression, guilt, and regret were common. Negative reactions to abortion were found most likely for the following: teenagers; women with difficult or pressured abortion decisions; single women with less support; married women with strong, committed relationships; women with histories of emotional difficulties; women receiving instillation procedures; women with poor relationships with their own mothers; and women experiencing pain during the procedure (APA, 1987).

Snegroff and Leff (1982) used the Abortion Attitudes Scale (Snegroff, 1978) to measure subjects' favorable or unfavorable attitudes toward abortion as a method of birth control. Seventy percent of the respondents said they were unsure if they would choose abortion if another pregnancy were to occur. Sixty-five percent of the respondents reported that their strongest post-abortion feeling was relief when asked to choose between indifference, guilt, depression and relief. Forty-five percent of the
respondents indicated a need for further counseling after the abortion.

Burnell, Dworksky, and Harrington (1972) conducted post-abortion group therapy in a hospital setting with women over a two year period. Groups were limited to five participants with a psychiatrist and gynecologist leading the sessions. The authors concluded that the group setting was helpful for resolving guilt issues and for educational purposes. Twenty-five percent of the patients who attended the follow-up meeting indicated a need for additional counseling. Positive gains were achieved by bringing women together in a setting where both physical and emotional concerns could be addressed because abortion is "an intense emotional crisis that, like most crises, requires a period of 'working through'" (Burnell, et al., 1972, p. 223).

Thompson and Robinson (1986) examined self concept and locus of control among three groups of women who utilized the services at Planned Parenthood Clinics: those seeking contraception, those seeking a first abortion, and those seeking repeat abortions to terminate pregnancies. They did not find significant differences among the three groups. The authors concluded that repeated abortion poses negative psychological problems to the extent that society views it as wrong. They recommended that counselors help women clarify and accept responsibility for having repeated abortions rather than accepting society's view that this
behavior is wrong. They also contended that women will continue to have unwanted pregnancies despite the method of contraception chosen. Therefore, short-term counseling is recommended to improve the women's self concepts and to reframe the negative aspects of abortion.

Handy (1982) stated in her review of the literature that evidence of psychological disturbance in abortion seekers is inconclusive. However, she found that the provision of post-abortion counseling in a group setting may be beneficial for women to clarify and resolve issues with each other in a supportive atmosphere. Maracek (1987) underscored the importance of follow-up, since serious psychological problems can occur when abortion is pressured, disapproved, or unsupported. Joy (1985) found anger to often be directed toward those from whom women felt pressure to abort. She further noted that depression occurred as a delayed grief reaction for some around the due date, the "anniversary" of the procedure, and/or if women later found they were infertile. Grief therapy proved to be facilitative for depressed women who had turned anger inward. Joy suggested strategies and techniques to help clients work through those feelings and say "goodbye" to the fetus if necessary.

Decuir and Stites (1982) described a decision-making model of counseling designed to challenge and clarify clients' ambivalence about unwanted pregnancies. The model
also included post-abortion counseling, contraceptive counseling, and the involvement of male partners. Their findings from the University of Connecticut Women's Health Clinic showed post-abortion counseling return rates of 90% to discuss physical and emotional experiences with the counselor.

Post-abortion support groups offered by the University of Washington YWCA since 1984 were conducted with six weekly two hour meetings (Lodl, McGettigan, & Bucy, 1984-85). Areas covered in the support groups included: grief issues, relationship concerns, religious conflicts, goal setting, and self-healing activities. The groups were designed to help women grasp their personal power and to resolve feelings about their partners. Although some participants believed their relationship was strengthened by the abortion, many believed it had deepened existing problems or had led to the end of the relationship.

Granberg (1981) conducted survey research with the two major abortion activist organizations, National Right to Life Committee (NRLC) and National Abortion Rights Action League (NARAL). He found that conservative personal moral views on issues such as birth control, divorce, pornography, sex education, and premarital sex were positively linked to opposition to abortion more than demographic or social characteristics, such as gender, education level, or income. Of the 115 members of either organization who reported
having had an abortion, 94% joined NARAL versus 6% who joined NRLC. Of the affiliates of abortion activist organizations who had personally experienced abortions, the vast majority sought to support abortion rights for other women.

Bracken, Hachamovitch, and Grossman (1974) studied the importance of the level of support of significant others as a predictor of abortion reactions. They obtained an abortion response score by summing nine items measuring psychological, social and intrapsychic factors on an instrument given within one hour following the abortion procedure. Results indicated that partner support was significantly more important in predicting a positive abortion reaction among older women. Parental support was a more powerful predictor among younger women. However, the effect of any medication given on patients' responses was not considered. The authors emphasized the necessity of considering the social and interpersonal environment in which the abortion decision was made. They further recommended a thorough pre-abortion decision-making process to minimize later negative psychological reactions.

Adler (1975) studied post-abortion responses by interviewing women before and after the procedure. She found that responses to abortion cannot be categorized as simply positive or negative, but that women who feel depression or guilt may also feel happiness or relief.
Adler identified three factors along which reactions fall: socially-based negative emotions (shame, guilt, and fear of disapproval); positive emotions (happiness and relief); and internally-based negative emotions (regret, anxiety, depression, doubt, and anger). She concluded that women in environments where abortion was viewed as unacceptable were likely to feel socially-based negative emotions because they had violated a norm. If the women had violated a personal value, they were likely to feel a sense of loss and internally-based negative emotions. However, the strongest post-abortion responses were found to be happiness and relief and were determined by neither set of forces mentioned previously.

Freeman (1977, 1978) used questionnaires completed pre-and post-abortion to study women's personality attributes, contraceptive use, and attitudes toward abortion. The analysis of the findings suggested that women who seek abortions were ambivalent about managing contraceptive use and saw themselves as passive. Women reported choosing abortion because it was necessitated by the situation. Contraceptive use increased post-abortion for the women with positive self-images, but did not increase for those with negative self-images who tended to deny feelings. Freeman interpreted the findings as evidence of society's conflicting expectations for women--on the one hand valuing
self-management, but on the other hand expecting compliant and naive sexual behavior.

Olson's (1980) review of the literature concluded that many complex variables account for differences in coping with pregnancy resolution, including intentions, beliefs, attitudes, and various personality characteristics. She reported sociodemographic data for adolescents choosing abortion which showed them as slightly older, better educated, more financially independent, and of higher social class than adolescents carrying pregnancies to term.

**Male Partners' Roles**

A growing trend found in the literature concerning abortion is the inclusion of male partners in the unwanted pregnancy process (Chilman, 1985; DeCuir & Stites, 1982; Freeman, 1977, 1978; Kennedy, et al., 1984; Maracek, 1987; Snegroff & Leff, 1982). This process begins with the reporting of the initial pregnancy test results and continues through the post-abortion follow up. Although unwanted pregnancy is often seen as the concern and responsibility of women, those with a feminist stance often prefer to retain the right to choose their options for abortion despite their male partners' wishes (Chilman, 1985). Current court cases will determine the legality of these actions.

The United States Supreme Court outlawed spousal consent laws in 1986 in the **Planned Parenthood vs. Danforth**
decision (Weiss, 1989). This ruling gave women the option of choosing abortion without their husbands' consent. Recent lawsuits have been filed to challenge prior Supreme Court rulings, and it is likely that cases will continue to challenge the spousal consent law (C. Taft, personal communication, March 1, 1990).

The general counsel for the National Right to Life Committee, James Bopp, believes men's rights begin with conception and hopes courts will judge challenged abortions on a case-by-case basis (Weiss, 1989). The attorney for the National Abortion Rights Action League, Dawn Johnson, believes these actions are further attempts to keep women from ending unwanted pregnancies (Weiss, 1989). Johnson said, "Our position is that there is no 'father' and no 'child'—just a fetus. Any move by the courts to force a woman to have a child amounts to involuntary servitude" (Weiss, 1989, p. 318, 319).

Ryan and Dunn (1983) studied the attitudes of male and female college students concerning the degree to which males should share in the decision-making process regarding the abortion. Respondents considered seven unplanned pregnancy situations with five levels of involvement. The minimum level of male involvement was "male should not be informed, and female should assume complete responsibility for the decision." The maximum level of male involvement was "male should be informed of the pregnancy, and abortion should
take place only with his complete agreement." The willingness to assume a financially and emotionally supportive role was used to measure involvement. The results indicated that males wanted to share in the decision-making process and that males were willing to assume responsibility if given the opportunity. The strongest agreement for shared responsibility (81.8%) occurred when the couple was married. Ryan and Dunn (1983) questioned whether it is ethically appropriate to exclude one partner from the pregnancy counseling process. They also cited the need for more research on the "male's experience with an unplanned pregnancy . . . his perceptions relative to seeking and obtaining pregnancy counseling . . . and subsequent actions and their relationship to his stated attitudes" (p.235).

Snegroff and Leff (1982) found that women in their study received the most emotional support both pre- and post-abortion from their male partners. They advocated including male partners in the counseling process. Maracek (1987) recommended involving the male partners in processing the effect of the abortion on the relationship and in planning future birth control methods. However, she maintained that the decision as to how to handle pregnancies must rest with women.

Freeman's research (1977, 1978) found that women need emotional support after abortions since often their male
partners are the only ones who know the situation. Because males often expressed doubt and confusion about the procedure, women in the study felt alone and isolated. Women who reported substantial emotional distress four months after the abortion perceived a lack of emotional support from their partners. They also expressed more concern about their relationships with the partners than any other aspect of the abortion. Freeman (1977, 1978) stated that male partners need to be included when counseling for resolution of the abortion experience or for contraceptive use.

DeCuir and Stites (1982) described a pregnancy counseling program from the University of Connecticut. Women were encouraged to invite male partners when pregnancy test results were discussed. The decision-making process included the male partners and focused on the needs of each person and the couple. If the male partners were unavailable or unwilling to attend, the counselor explored relationship issues with the women as part of the decision-making process.

In summary, previous research has shown negative psychological sequelae for a small, but substantial, number of women having abortions. Counseling—both pre- and post-abortion—is recommended for both the female and male partners to avoid later negative post-abortion reactions and to establish a future method of birth control. Although
suggestions have been made for greater involvement of the male partner in the pre- and post-abortion counseling process, there is no research on the male partner's role and reactions in the unwanted pregnancy and abortion process.
CHAPTER II

PROCEDURES

This chapter delineates the procedures utilized in this research study. The research questions that were investigated in this study are included in the first section of the chapter. The subjects of the study are described in the second section. The third section includes an explanation of the method of qualitative research and a rationale for its use. The fourth section details the procedures for the collection of the data. The fifth section describes the procedures for data analysis. The methods used to select and train the evaluators are included in the sixth section. The results of the evaluators' analysis are reported in the final section.

Research Questions

Based on the APA's (1987) recommendation for key areas of future research, the following research questions were posed for this study:

1. What were the factors which predisposed the couples in this study to an unwanted pregnancy?

2. How was the decision to have an abortion made?
3. What factors contributed to the decision of the couples to have an abortion?
4. What were the factors surrounding the abortion procedure?
5. What were the post-abortion circumstances for the couple?

Subjects

An Announcement for Volunteer Couples (Appendix A) was placed at several University Health Centers in the North Texas area, as well as numerous abortion clinics and women's health services centers in the area. Initially, the announcement was made available for patients receiving positive pregnancy tests and as a handout included with general information. Potential volunteers were asked to contact the experimenter for an interview to determine willingness to participate in the study. This approach was not effective in generating volunteers, so the researcher adopted an alternative method.

Taylor and Bogdan (1984) suggested recruiting prospective participants by first convincing those in charge of the agencies that serve them of the value of the research. An initial contact with one clinic director, followed by a presentation to the staff, resulted in the researcher spending six days at one abortion clinic. The time spent at the clinic was significant in increasing the researcher's knowledge about abortion and familiarity with
procedures (Lincoln & Cuba, 1985). The researcher also gained an increased awareness of vocabulary for interviewing the subjects of the study (Goetz & LeCompte, 1984). Additionally, the time spent at the clinic allowed the researcher to have more direct contact with support personnel. In turn, those clinic workers in direct contact with patients became more knowledgeable about the study and the qualifications required for participants. Additionally, when a prospective couple expressed interest in participating, the researcher was available to meet with the couple and screen one or both members of the couple for participation. One couple was identified by a referral source at another clinic. Six couples were screened and three married couples choosing to terminate unwanted pregnancies by abortion were chosen to participate in this study (B. Mason, personal communication, June 22, 1989).

To protect anonymity, subjects were identified by the order in which they were interviewed and sex (M for male; F for female), rather than by initials: Subject 1 M, Subject 1 F; Subject 2 M, Subject 2 F; Subject 3 M, Subject 3 F. The couples were selected based upon the perception of the referral source and the investigator of their capacity to disclose, reflect, and examine their life situations. They all met the following criteria:

1. The participants were at least 21 years of age.
2. Each couple terminated the pregnancy during the first trimester.
3. The abortions were completed by a vacuum aspiration procedure.
4. Each couple was in a relationship that exceeded one year in duration.
5. This was the first elective abortion for the couple.

Each individual subject signed an informed consent form (Appendix B) prior to participating in the study.

The subjects were paid $50 per couple at the conclusion of the interviews. This remuneration was intended to compensate the couples for the time they spent in the interview setting and to maximize the likelihood of the couples completing the entire interview process.

Each of the couples was initially apprised of the research by the support personnel at an abortion clinic. A verbal description of the purpose and qualifications for the study was provided, along with a written Announcement for Volunteer Couples prepared by the researcher.

For Couple #1, the researcher met the female partner in the recovery room shortly after the abortion procedure was completed to provide additional information about the study and to assess her ability and willingness to participate. The female partner later consulted with her husband, and they agreed to participate. The researcher contacted them
by telephone to establish a date and time for the initial interview.

For Couple #2, the researcher met the female partner while she was still in the operating room immediately after the abortion procedure. After her recovery process was completed, the researcher interviewed both members of the couple in a counseling room at the abortion clinic to further describe the study and to assess their ability and willingness to participate in the research. The researcher established a tentative date and time for the first interview at that time and later confirmed the date and time by telephone.

For Couple #3, the researcher made the initial contact with the female partner by telephone. She had indicated to a staff member at the abortion clinic that she wanted to participate after an overview of the study had been presented. When contacted by the researcher, she was very cooperative and eager to participate. She had discussed the study with her husband, and he had expressed a willingness to participate as well. The researcher scheduled the initial interview during the phone conversation.

Each individual completed a demographic data sheet at the conclusion of the final interview (Appendix C). The data sheets provided descriptive information in order to clearly delineate characteristics of the subjects of the study.
Subject 1 M and F have both completed four-year college degrees and are both employed. Subject 1 M lists his occupation as a "telecommunications technical instructor." He has an annual income of $31,000. Subject 1 F lists her occupation as a "social worker," with an annual income of $24,000. Couple 1 eloped in July of 1988 after having dated for approximately seven months. Subject 1 M was raised as a Roman Catholic, but does not attend church now on a regular basis. He has five brothers and sisters and is the second youngest child in his family of origin. He wrote two as his "desired number of children in your family." Subject 1 F was raised as a Baptist and has two sisters. She indicated two or three for her "desired number of children in your family."

Subject 2 M has a four year college degree and listed his occupation as a "software engineer." He reported his annual income at $33,400. Subject 2 F completed two years of college and listed her occupation as a "records clerk," with an annual income of $18,000. Couple 2 met on December 28, 1985, and married on May 31, 1986. He reported his religious background as "none"; she reported Church of Christ. Both listed zero as their "desired number of children in the family." Subject 2 M has six brothers and sisters, while Subject 2 F is an only child.

Subject 3 M and F have both earned college degrees. Subject 3 M is employed as a teacher, with an annual income
of $23,000. Although Subject 3 F also has a teaching certificate, she does not work outside the home. She is the primary caregiver for their two children, ages three and seven months. She also provides daycare in her home for one other child. Couple 3 met on February 14, 1984, and were married exactly one year later. Subject 3 M and Subject 3 F both have two siblings. Subject 3 M did not report a religious background; Subject 3 F reported that she was raised as a Catholic. Subject 3 M listed his "desired number of children" as two; she listed two or three.

It was assumed that the experience of an unwanted pregnancy and abortion was stressful for both the female and male partners involved. The researcher screened at least one member of the couple prior to their selection in the study. Subjects were apprised of the purpose of the study and assured that only the researcher would listen to the taped interviews. The subjects' names were not mentioned in the transcripts of the interviews in order to insure confidentiality.

Qualitative Research

A qualitative research method was utilized to gather significant data about key variables for couples during the pre- and post-abortion process. Qualitative research was chosen to provide a depth of understanding to the investigation by including the subjective experiences of the
researcher and the subjects of study (LeCompte & Goetz, 1982).

Qualitative methodology is rooted in a phenomenological perspective that considers human behavior as the product of individuals' subjective manner of seeing the world (Bogdan & Biklen, 1982; Goetz & LeCompte, 1984). The qualitative researcher attempts to capture this subjective meaning (Taylor & Bogdan, 1984). Miles and Huberman (1984) pointed out that "qualitative data are more likely to lead . . . to new theoretical integrations; they help researchers go beyond initial preconceptions and frameworks" (p. 15).

Taylor and Bogdan (1984) described six key elements of qualitative research:

1. The researcher uses a flexible research design to develop new insights and understanding from patterns in the data inductively.

2. The researcher uses a holistic approach to study individuals in the context of past and present situations.

3. The researcher uses a naturalistic and unobtrusive approach to minimize the effects on the people under study.

4. The researcher uses a phenomenological approach to empathize with and to understand the frame of reference of the people studied.

5. The researcher suspends beliefs and perspectives in order to view the whole picture as a matter of inquiry.
6. The researcher emphasizes validity by observing people and listening to their words in order to obtain first-hand knowledge of their world.

Triangulation is considered to be an essential element in the collection of qualitative data. Triangulation is the use of multiple sources of data and data collection methods to gain a more thorough understanding of the individuals under study (Lincoln & Guba, 1985; Patton, 1980; Taylor & Bogdan, 1984). Varied data may capture different meanings. The researcher seeks to understand any inconsistent findings. The triangulated patterns of data that are consistent and understandable lend credibility to the research findings and interpretations (Lincoln & Guba, 1985; Patton, 1980). Merriam (1988) suggested the use of triangulation as a method for improving the reliability and internal validity of the research. One method of doing this is to gather data from more than one interview to validate the findings (Lincoln & Guba, 1985). Using accounts from a variety of sources also minimizes researcher bias (Lincoln & Guba, 1985). Qualitative researchers acknowledge their own biases by including subjective observations in detailed observer's comments. This, too, limits the effect that researcher bias has on the data (Bogdan & Biklen, 1982).

In this study, the researcher maintained detailed accounts of all contacts with participants and extensive observer's comments. The researcher audiotaped all
interviews and transcribed them verbatim. The researcher documented all of the steps taken to complete the study. Multiple methods of data collection and analysis strengthen the research when findings can be confirmed by two or more sources (Merriam, 1988). Data analysis utilized all sources of data gathered for the study.

Because this study employed a qualitative research approach, generalizability of the findings depends upon comparability of cases. Naturalistic generalization depends upon "the approximation through the words and illustrations of data reporting, of the natural experience acquired in ordinary personal involvement" (Stake, 1978, p. 5). Because qualitative studies do not use probabilistic sampling, the conclusions of these studies cannot be generalized in the same way as quantitative studies. "Assuring comparability and translatability provides the foundation on which comparisons are made" (Goetz & LeCompte, 1984, p. 9).

In order to maximize comparability, the researcher clearly delineated the characteristics of the subjects and the constructs generated. To assure translatability, the researcher identified research methods, analytic categories, and characteristics of the phenomena and groups explicitly so that comparisons could be used meaningfully across groups and disciplines (Goetz & LeCompte, 1984).
Data Collection

For the purposes of this study, three couples were interviewed on two separate occasions by the researcher. Couple 1 completed four hours of interviews; Couple 2 completed three and one-half hours of interviews; and Couple 3 completed four and one-half hours of interviews. The first interview was divided into two approximately one-hour sections, and included a brief break. The first section related to the pre-abortion phase and the process by which the couple chose abortion to terminate an unwanted pregnancy. The second section related to the actual abortion process and the couple's immediate reactions once the abortion procedure was completed. This initial interview took place four days after the abortion for Couple #1 and Couple #2, and the day following the abortion for Couple #3.

The second interview related to the post-abortion phase and the short-term consequences of the unwanted pregnancy and abortion on the couple. This interview took place six weeks following the abortion. This interview was approximately one hour in length.

All couples chose for the interviews to be conducted in their own homes. Other options available to the couples included a private home, an abortion clinic, or a counseling clinic on a university campus. Couples had their preference of settings to maximize the possibility of a relaxed and
comfortable interview situation so that they could feel free to talk with the researcher about important topics (Taylor & Bogdan, 1984).

All interviews were audiotaped for the purpose of maintaining data for transcription and coding (see Appendix D). Lincoln and Guba (1985) noted that the use of a tape recorder furnishes "an unimpeachable data source; assuring completeness, providing the opportunity to review as often as necessary to assure that full understanding has been achieved" (p. 271). Further, Lincoln and Guba (1985) suggest that significant nonverbal cues can be thoroughly studied and analyzed by reviewing tape recorded interviews.

The interviews were conducted utilizing a general interview guide (Appendix E) generated from the research questions and the review of the literature. The researcher developed additional questions as the interviews progressed. The researcher conducted the interviews in a natural, unobtrusive, and nontargeting manner (Bogdan & Biklen, 1982, McCracken, 1988). The interviews were structured as conversations between trusting parties, in order to insure that the subjects felt comfortable sharing what was significant for them. Although the general interview guide provided a framework, the interviewer had ample latitude to pursue a variety of topics and allowed the subjects to shape the content of the interview so that their stories could be told personally (Bogdan & Biklen, 1982). The interview
guide provided a focus for questions or issues to be addressed during the limited time available. However, the wording and the sequencing of questions remained flexible so that individual perspectives and experiences could emerge (Patton, 1987).

Extensive observer's comments provided a portion of the raw data for this research study. Comments about what the researcher saw, heard, thought, and experienced were written both during and soon after each interview was completed. Taylor and Bogdan (1984) recommended including "descriptions of people, events, and conversations as well as the observer's actions, feelings, and hunches or working hypotheses" (p. 53). Observer's comments provided objective descriptions as well as subjective interpretations of the people and events under investigation. The observer's comments included the following elements (Taylor & Bogdan, 1984): a) a thorough description of the research setting and what happened there, b) a non-evaluative description of the people under study, c) non-verbal communications that facilitated understanding of interreactions, d) researcher statements and behaviors, and e) unclear or misunderstood remarks. Observer's comments were transcribed and maintained separately to distinguish subjective and objective data.
Data Analysis

Patton (1980) stated that data analysis is organized by both initial research questions generated during the planning phase of the research and by insights which emerge during the data collection phase. Qualitative research requires an on-going analysis of the data as the researcher discerns developing themes, evaluates transcripts, and refines and focuses research questions (Miles & Huberman, 1984). Miles and Huberman (1984) stated that ongoing analysis during data collection "lets the fieldworker cycle back and forth between thinking about the existing data and generating strategies for collecting new--often better quality--data; it can be a healthy corrective for built-in blind spots; and it makes analysis an ongoing, lively enterprise" (p. 49).

A contact summary sheet (Appendix F) was completed after the transcripts and observer's comments from each interview had been completed. The researcher used the summary sheets to summarize the information gathered during the interviews and to begin the analysis process. Miles and Huberman (1984) suggested questions which were used in the contact summary sheet:

1. What people, events, or situations were involved?

2. What were the main themes or issues in the contact?
3. Which research questions did the contact bear most centrally on?
4. What new hypotheses, speculations, or guesses about the field situations were suggested by the contact?
5. Where should the fieldworker place most energy during the next contact, and what sorts of information should be sought? (p. 50)

The researcher completed and thoroughly reviewed all transcripts, observer's comments, and contact summary sheets from the first interviews prior to the second interview.

The coding of qualitative data facilitates the search for themes, categories, and patterns within or across settings (Patton, 1980). The coding steps described by Bogdan and Biklen (1982) and Taylor and Bogdan (1984) to aid the researcher in refining interpretations of the data were utilized:

1. The data were reviewed by the researcher for themes, topics, patterns, and interpretations to determine coding categories.
2. The data were numbered in chronological order according to when they were collected to facilitate locating the data.
3. Letters were assigned to the various coding categories.
4. Coding category designations were assigned to all pieces of data from observer's comments and transcripts.

5. Four copies of the original, observer's comments and transcripts were made so that one complete copy of the data could be stored for safekeeping and others could be used for analysis, cutting and pasting, and note writing.

6. Photocopied units of data were cut so that they could be sorted into coding categories using manilla folders. Each folder represented one coding category.

7. Each manilla folder contained the data assigned to a specific code and was accessible for analysis.

8. The analysis was refined by comparing items of data relating to each theme.

Coding categories emerged from the transcriptions of the raw data. The researcher initially used first-level codes as a method of summarizing segments of data (Miles & Huberman, 1984). The researcher further refined the coding by identifying pattern codes. Miles and Huberman (1984) said pattern codes "act to pull a lot of material together into more meaningful and parsimonious units of analysis (p. 68). The coding categories are described below and are included in Appendix G:

**PHYSICAL REACTIONS** - statements concerning physical concerns and reactions to the unwanted pregnancy.

**Awareness of pregnancy** - statements concerning the process by which there was an awareness of the
possibility of pregnancy and a confirmation of the pregnancy; includes physical symptoms and time frame.

**Experiencing the abortion** - statements concerning the physical process experienced during the abortion, immediately following the abortion, and at the post-abortion follow-up exam.

**Birth control usage** - statements concerning the use or lack of use of birth control methods and related physical concerns.

**Medical concerns** - statements concerning medical care outside the unwanted pregnancy and abortion process.

**RELATIONSHIP INFLUENCES** - statements concerning the marital relationship before and after the abortion.

**Changes in relationship** - statements concerning real or anticipated changes in the relationship.

**Other pregnancies** - statements concerning beliefs and attitudes about having children in the future, parenting skills or handling another unwanted pregnancy.

**Support for partner** - statements concerning the emotional support for and from the partner.

**Sexual activity** - statements concerning behaviors and attitudes about sexual activity in the relationship.
Conflict - statements about conflict in the relationship and how disagreements are handled in the relationship.

Attraction - statements concerning the initial or ongoing attraction to each other or perceived attraction of other to them.

EXTERNAL INFLUENCES - statements concerning the effect others and external situations have on the decisions and processing of the abortion.

Family of origin - statements concerning the impact of the family of origin whether directly related to the abortion or not, as well as the decision to share or not share about the unwanted pregnancy with them.

Other people - statements concerning the effect of other people, as well as the decision to share or not to share about the unwanted pregnancy with others outside the family of origin.

Abortion movement - statements concerning the impact of and observations about the pro-choice or anti-abortion movement, or politics.

Counseling - statements concerning involvement or attitudes about counseling, other than that received at the abortion clinic.

Facility - statements concerning the impact of the staff and the procedures at the abortion facility.
External stressors - statements concerning the effect of external stress and other responsibilities on the couple, such as work, other children, illness, etc.

HOW DECISION WAS MADE - statements concerning the process by which factors were considered that influenced the decision to terminate the pregnancy by abortion.

Other alternatives considered - statements concerning the alternatives to abortion considered as a way of handling the unwanted pregnancy.

Knowledge about abortion - statements concerning prior knowledge about the abortion procedure.

Facility - statements concerning the decision of when and where the abortion was performed.

EMOTIONAL REACTIONS - statements concerning needs, emotional reactions, and ways of handling the unwanted pregnancy situation during the pre- and post-abortion process.

Pregnancy - statements concerning emotional reactions to the pregnancy.

Abortion - statements concerning emotional reactions to the abortion procedure, either anticipating, during, or following the abortion.
Religious issues - statements concerning ideas about God, spirituality, belief systems, or religious practices.

**SELF-PERCEPTION/SELF CONCEPT** - statements indicating how the person views himself or herself.

Patton (1987) stated, "Detailed description and in-depth quotations are the essential qualities of qualitative reports" (p. 163). Wolcott (1975) indicated that qualitative research reports should include a great deal of primary data. The researcher must organize the material, make sense out of it, and provide ample primary data so that the readers have a basis for drawing some of their own conclusions concerning the analysis (Wolcott, 1975). Extensive primary data is included in the results section which represents the coding categories utilized to analyze the data and to answer the research questions.

Selection and Training of Evaluators

Goetz and LeCompte (1984) defined internal reliability as the "degree to which other researchers, given a set of previously generated constructs, would match them with data in the same way as did the original researcher" (p. 210). To strengthen the internal reliability of this study, 45 passages from the transcribed interviews were analyzed and coded by two evaluators to confirm the accuracy of coding categories identified by the researcher. Passages were chosen to proportionally represent the coding categories,
sections of the transcript, couples, and sex (C. Gonzalez, personal communication, February 13, 1990).

One evaluator has a Ph.D. in Counselor Education and a background in qualitative research methodology. The second evaluator was a doctoral student in the Department of Counselor Education; she is a Licensed Professional Counselor who has worked extensively with women and families.

In the first part of the training, the researcher provided the evaluators with a written description of each of the coding categories. The list provided operational definitions for first-level and pattern codes. The instructions from the Evaluator Analysis sheets were read, and the researcher reviewed the coding categories orally, allowing for questions and clarification. The researcher explained the procedure for selecting the first-level codes and pattern codes. The two evaluators were asked to select a first-level and pattern coding category which best represented each passage. The evaluators then coded each of the 45 passages at their own pace, using the written description of the codes provided. The evaluators listed a second choice if they had difficulty choosing between two options. When the evaluators completed their answers, the researcher compared the answers using a scoring key. The percentage of agreement with the researcher on both major and minor coding categories was calculated.
Results of Evaluators' Analysis

The researcher calculated the reliability using the formula from Miles and Huberman (1984):

\[
\text{reliability} = \frac{\text{number of agreements}}{\text{total number of agreements} \quad \text{plus disagreements}}
\]

For evaluator one, the reliability was 89% for first-level and pattern coding; for evaluator two the reliability was 93%. The high level of agreement between the evaluators and the researcher indicated the precision and clarity of the coding categories. The definitions seemed to be reliably usable.
CHAPTER III

RESULTS AND DISCUSSION

Results

During 12 hours of interviews with three married couples, the process by which those couples managed an unwanted pregnancy and abortion were examined by answering five research questions.

Research Question 1. What were the factors which predisposed the couples in this study to an unwanted pregnancy?

The interviews revealed information about multiple factors which contributed to the unwanted pregnancy: inconsistent birth control usage; health concerns related to birth control pill usage; lack of resolution about a mutually acceptable and reliable method of birth control and who was responsible for it; lack of accurate information and knowledge about birth control methods; and viewing abortion as an alternative if birth control failure occurred. The following coding categories related to Research Question 1:

Physical Reactions - birth control usage and medical concerns; Relationship Influences - other pregnancies and conflict; External Influences - abortion movement; Emotional Reactions - pregnancy, and Self-Perception/Self-Concept.
All of the couples had practiced birth control, but had been inconsistent in birth control usage. All of the couples believed they had taken the risk of unprotected intercourse that resulted in pregnancy. Subjects 1 F, 2 F, and 3 F also expressed health concerns related to birth control usage. Subject 1 F explained how she got pregnant and her reason for discontinuing the birth control pill:

I had gone off the pill in mid-August because I have high cholesterol, and you know, one of the warnings says, you know, if you have high cholesterol or high blood pressure you shouldn't, you know, take the pill. So I decided, well, I'll get off it, and um, lower my cholesterol (laughs) before I consider going back on it. So, we hadn't been real protective in the meantime.

Subject 2 F had been taking the pill for three and a half years and had stopped because of complications and side effects. She reported that her doctor was worried that she might accidentally get pregnant while on the pill because she "was bleeding and having cramps in the middle of my pill." She also experienced headaches and weight gain as side effects. Subject 2 F mentioned five times during the first interview how "tired" or how "sick" she was of taking the birth control pill. She had considered having an intrauterine device (IUD) inserted, but stated that the doctors she contacted refused to insert one until she had a child. Subject 2 F said that the couple's effort to use spermacides and condoms "didn't work too well," and she became pregnant within two months after she stopped taking the birth control pill. When asked if she felt as though
they were taking a chance, Couple 2 F said, "Yeah, yeah."

She explained why she decided to quit using the birth control pill:

I wasn't real sure about going off of the pill, but I was just so tired of it, and I had been to the doctor, and they couldn't find out why I was doing this, and (smiles). . . . I'd be willing to say [I'd taken] every birth control pill on the market, but maybe not everyone. Probably 99% of them. And I had all kinds of problems on all of them. And I was tired of getting pelvic exams all the time (smiles) . . . It was like every time I'd go they'd go tell me to, to get a pelvic exam. Well, we'll do an exam to make sure there's not some cysts, or something wrong with you (sighs), sick of it. So. Just trying to find, just trying to find a birth control pill or a method of birth control has been hard.

Subject 3 F became pregnant despite the fact that she was totally breastfeeding their four-month old child. It is very rare for a woman who is totally breastfeeding a child to conceive. She had also not had a period since the baby was born. She explained:

Even though I know that that's not birth control, intellectually, but I hadn't had a period. And, you know, you get caught up in the moment . . . and I was planning on getting back on the pill when I was through nursing. . . . We had bought condoms. And after that night, we had been using condoms.

Subject 3 M shared his view on how the pregnancy occurred:

We knew it was possible, but we really, with breastfeeding, so certainly if she had had a period by then we would have certainly been more careful, at that point, but hadn't had one yet.

Subject 3 F explained her medical concerns about the pill and why she chose not to resume the birth control pill
until after nursing had been discontinued:

I don't want to take the pill until I'm not nursing, no matter what they say. Because 10 years from now they'll say all these other things about, (changes voice) baby girls who nurse while mothers were on such and such hormones will, you know, will have such and such problem, you know. And I just don't want to deal with that.

Couples 1, 2, and 3 all had difficulty finding a mutually acceptable and reliable method of birth control. Subject 1 F reported that she and her husband had struggled with using condoms. She stated:

We had, um, we had bought condoms for . . . [Subject 1 M], but he just absolutely hates them. So, we weren't real consistent in using them, so (smacks lips). So, we got pregnant, unfortunately (laughs).

Subject 1 M verified that he preferred that his wife handle the responsibility for birth control. The following dialogue illustrated the difficulty Couple 1 encountered with choosing a method of birth control:

I: What would you like to see happen as far as preventing pregnancy? (to male partner)

M: Something as foolproof as possible. And something that doesn't take a whole lot of planning on my part because I am not real good at that. I am very lax with it.

I: So even though it's important to you that she not get pregnant, it's still not something that you're real comfortable with or you like

M: Right.

I: taking the responsibility for, or whatever?

M: Uh huh. Uh, I don't like condoms, but if there was anything else like (clears throat) if there was some kind of male pill you could take, then that would be fine

F: Then he would.
M: with me. I would. I mean, that wouldn't be any problem.

F: And you know what?

M: But,

F: Go ahead.

M: I don't like to ruin the spontaneity.

F: Yea. And also, I wish there was such a thing as a temporary vasectomy. You know, supposedly they can reverse them but not with foolproof, you know, necessary guaranteed effectiveness. I don't know. But I thought, gaw, that would be great if he could just have a brief, staple or snip and then when we changed our minds (claps hands), then go right ahead, you know. But, I don't think that's really an option. I don't know. I mentioned it to him and he said well, you know, when they try to reverse those they don't always work (laughs). And so I said, well never mind (laughs again).

The following exchange illustrates how frustrating the birth control factor was for Couple 2:

I: You've really been through a lot then, in terms of just all these different pills

F: Just trying to find, just trying to find a birth control pill or a method of birth control has been

I: Been through the works.

F: I've tried to find doctors that would put in IUD's. Nobody would put in an IUD. But, now I know of two, that, the two that do it in Dallas. So.

I: You have another alternative now?

F: Yea. (Smiles) Definitely, as soon as we can afford it, we're going to save and get an IUD.

Couple 3 also struggled with the issue of responsibility for birth control. The following exchange
illustrated the conflict:

I: So, who's responsible for that birth control factor?

F: I, I, I feel like we really are both. I mean, he knows that he is. I'm just saying that I still feel like I have to be more of the one. Like, let's get, you know, the condom, or let's do it.

M: She has to go get it (laughs).

F: Well see, he, he has this great method of birth control that he believes in and I don't.

M: What great method (laughs)?

F: Nobody believes in it! It's how a lot of people get pregnant! Withdrawal. You know. I hope you burn these tapes! (laughs)

M: I never said it was great (laughs).

F: Well, yea! But you act like that's enough! In my mind, we should use a condom, foam, diaphragm, and withdrawal (laughs) . . . But, I do feel more of, I do feel more of the burden of the birth control. I feel like, I had to have the abortion (laughs), I feel, I'm the one who gets pregnant. I don't

M: That's the way it should be (laughs).

F: Why!? That's, why do you think that it should be that way?

M: That's the way it is.

F: No, what's, ooh, ooh

M: (laughs)

F: I want a copy of this. I'll play it back when you have grown daughters that are teenagers or whatever, see if you change your tune any. You don't really believe that, do you? Or do you? You do?

M: (laughs) No, not since we're married, I don't.

Couple 1 seemed to have limited knowledge about the various birth control options and their effectiveness in
preventing pregnancy. Subject 1 F changed her mind several times during the course of the interviews about her preferred method of birth control. Her indecisiveness reflected both a lack of knowledge about birth control methods and their effectiveness, and her own personal and marital conflicts about birth control responsibility. When she was at the clinic, she indicated that she planned on relying on condoms, the birth control method attempted when the unwanted pregnancy occurred. During Section 1 of the first interview, she stated that she would use the diaphragm, but did not yet have information about the reliability. She said her only concern about resuming their sexual relationship was obtaining a diaphragm to use after the two week post-abortion follow-up appointment at the clinic:

I'll be able to schedule a fitting for a diaphragm real soon after that. I wouldn't imagine it would take me too long to get an appointment, so, he may have to wear condoms for a couple of weeks, poor thing (laughs). Or we'll just, you know, I don't know, we'll definitely have to be real careful whatever we do. So, that's all we'll have to do, is get birth control going and underway, really. So (softly).

Toward the end of Section 2 of the interviews, she asked the researcher directly what the effectiveness of the diaphragm was. Upon hearing about 80%, she responded:

Well (strong voice)! I may get my cholesterol rechecked then, to be honest with you and go back on the pill. Because 80% ain't good enough for me (laughs). You know, if we were, if it was a couple of years down the road 80% would be okay, but we're not (laughs) so.
When asked what he was thinking as he heard her talk, Subject 1 M responded, "Well, I'm not. I'm, just listening." Subject 1 F commented:

I guess what you're wondering, what I'm actually going to do right? In the end? I guess the issue is, I'd rather, not solve the cholesterol like I'd want to than get pregnant.

This interchange reflected her tendency to make decisions on her own about birth control. However, Subject 1 F emphasized that going back on the pill was "not a big thrill" for her.

The following exchange illustrates Couple 2's confusion and misinformation about the various options of birth control:

I: Have you ever considered anything more permanent, like a vasectomy or having your tubes tied, or anything like that?

F: (Sighs). Yea. Uh, we've thought about it. Um. Both parts. But, but we've never really just gone ahead and decided to, to do it.

M: She said the doctors wouldn't do a vasectomy unless you're over a certain age or you'd been pregnant or

F: Uh, well, sometimes on females they don't like to do hysterectomies unless you've already had a baby. They're real, there are a lot of them real leery about doing hysterectomies unless you've already had at, at least one child.

I: Sounds like

F: Seems like I've heard that before that a lot of doctors are real leery about doing that. Because they are afraid they're going to wind up changing their mind and want to have a baby.

I: Uh huh.
F: So, I don't know. (Pause) But, it looks, it looks like we'll go ahead and just go with an IUD for awhile.

This statement seemed to indicate miscommunication between the two of them and/or a lack of knowledge about methods of birth control.

All subjects reported a pro-choice stand on abortion. Each couple viewed abortion as an alternative if an unwanted pregnancy occurred. Subject 1 M had been through a previous abortion with a prior girlfriend when he was 19. At the time he thought "It was the only alternative, except for maybe adoption." His acceptance of abortion could have been a factor in his laxity about birth control. Although he considered the alternative of having the child with Subject 1 F, he believed abortion was the best choice in both unwanted pregnancy situations.

Couple 2 had a verbal agreement before they married that they would not have children. Subject 2 M recognized that abortion would likely be chosen if conception occurred:

I always worried about her getting pregnant, because I didn't want her to have to go through this . . . I knew this was what she would do. I've always had it in the back of my mind that if she got pregnant, that we'd have to go through this. So, it's not, it wasn't a surprise.

Subject 3 F had two previous abortions, one when she was 14 and another when she was 22. Although she met her husband prior to her last abortion, this was the first abortion for the two of them as a couple. They saw abortion as a choice, although not a desirable one. However,
weighing all the factors, they were willing to follow through with the decision to terminate the pregnancy.

A unique reaction to Subject 1 F was a feeling of relief that she was able to get pregnant. She described her reaction:

So actually, when I got back the plus, I was excited (laughs). For that one reason, because it took away the fear I had about not being able to have children. . . . I thought, oh, good, at least, when we're ready, you know, I imagine I won't, it won't be anything I'll have to go to a fertility (laughs) doctor or anything like that. So, I was kinda pleased to know I'm okay in that way.

The fact that she had concern about fertility issues could have influenced her risk-taking behavior and impacted the chance that an unwanted pregnancy occurred.

In summary, Research Question 1 provided information about factors which contributed to an unwanted pregnancy for each couple. The subjects in the study failed to identify a reliable and mutually acceptable method of birth control. The female subjects all had health concerns related to the use of the birth control pill that resulted in their not taking the pill. The birth control methods that were used were used inconsistently. The subjects did consider abortion to be an alternative if an unwanted pregnancy resulted. All of the subjects considered themselves to be pro-choice.
Research Question 2. How was the decision to have an abortion made?

Factors related to the decision to have an abortion were: acknowledging that conception took place, thus necessitating the need for a decision; the actual couple decision-making process; deciding when and where to have the abortion; deciding who to involve in the decision-making and the effect of others on the process; the effects of publicity surrounding abortion on the process; and stress influencing the decision-making process. The following coding categories relate to Research Question 2: Physical reactions - awareness of pregnancy; How the Decision Was Made; Emotional Reactions - pregnancy; Relationship Influences - partner support; External Influences - family of origin, other people, abortion movement, external stress, and counseling; and Self-Perception/Self-Concept.

The first step in choosing abortion to terminate the unwanted pregnancy was accepting the reality that conception had occurred. Each female subject experienced physical reactions to the pregnancy. These symptoms helped provide evidence that a pregnancy had resulted and prompted the couples to explore their alternatives and seek medical attention.

Subject 1 F "thought it was a real likelihood that maybe I was pregnant" when her period was a few days late. She experienced morning sickness and breast tenderness. She
used an over-the-counter home pregnancy test to verify her pregnancy when her period was a week to a week and a half late. Subject 1 F shared what happened when she received the positive result, "He was on the phone at the time, and I walked in there and showed him the plus (laughs), and that was that."

Subject 2 F struggled with receiving a positive confirmation of pregnancy until the day of the abortion. After feeling sick in an aerobics class, she had a pregnancy test which was negative. She described her reaction to the negative result:

That bugged me, after I got the negative, I felt a little better, but then I was like, I still didn't understand why I was getting sick and being so tired, and my breasts were so sore. I couldn't understand. So then I thought, well, I better go back and take another one. I just couldn't think of anything else. At this time, I was late. By that time I was late with my next period.

She later had a pregnancy test that was said to be positive, but "iffy". Approximately one month from her initial suspicion of pregnancy, she had a clearly positive result on the day of the abortion. Subject 2 M noticed that she was sleeping more than usual and "it seemed like a little more irritable than usual."

Subject 3 F became fearful of pregnancy after she and her husband had unprotected intercourse. She stated:

I hadn't started, um, menstruating, since I gave birth in June . . . I hadn't even ovulated. . . . I had had cramps all one day. And I thought, oh, I'm going to start my period. . . . We made love that night. And right when we were through, I said, what if I was
ovulating and not, you know, menstrual cramps. And I said I was! I was ovulating and I'm pregnant . . . ever since that point it was in the back of my mind.

Subject 3 F became more suspicious of pregnancy due to symptoms of morning sickness, excessive fatigue, and irritability. She confirmed the pregnancy by taking a pregnancy test at a clinic.

Couples 1, 2, and 3 had to seriously evaluate options once it became evident that a pregnancy had resulted.

Subject 1 F described Couple 1's thoughts about abortion after the positive pregnancy test:

I went into him, and, and of course, that was his first thought, too. That, that was our best alternative right now. So, um, (clears throat). The night, well, we've been married since last July. So it's been, you know, a year and several months. And uh, we had planned to wait several years and, you know, feel more settled and spend more time together as a couple before starting a family. And also, you know, we had just bought this house, which is a, a big financial step and all. And we had always planned for, uh, for me to quit work and be at home when we started a family. But there's no way we could (laughs) do it at this point.

Subject 1 F shared moments of uncertainty and guilty feelings about terminating the pregnancy. She said:

I was, I would say I was a lot more emotional before, the, the abortion than usual. I guess that's hormones or whatever, and so I'd, (makes whiny noises) you know, I'd kinda whine back and forth, but I knew that I would, that I wanted, you know, to have the abortion. I guess I just felt guilty, you know, because I thought in society's eyes, we could do it, you know. We do have a place to live, we could have fed a child and clothed it, you know as far as basic physical needs we could have done it. So, I thought, I felt a little guilty, I think. Because, I work with poor people (laughs), so I certainly know that we could have done it financially. But, emotionally it just was not the right set up for us.
Subject 1 M explained his perception of how they arrived at their decision:

We were having a lot of the same feelings and the same ideas on how things should be done. And, basically our discussions came out almost one sided. We both agreed. So there was no problem with, uh, one person not agreeing with the other person about how, our course of action (As he talks, springs are squeaking on mattress as he moves around).

However, when Subject 1 F later asked "Did you wonder if I would change my mind up until the last minute?," Subject 1 M answered, "Yea, I did." Even on the day of the abortion, Subject 1 M indicated that he was fearful she would decide against abortion. He perceived her as less certain than he was about the decision to terminate the pregnancy.

The self perception/self concept of Couple 2 seemed to influence how their decision to terminate the pregnancy was made. Subject 2 F saw herself as very dogmatic, and Subject 2 M represented himself as easily swayed. He expressed that she practically forced him to do things the way she wanted. Subject 2 M talked about the way he sees his wife in both interviews and how her behavior affects him. In the first interview he said, "That's just the way she's real, I guess the word is dogmatic, she's real dogmatic about everything."

Couple 3 had very different styles which conflicted in their making the decision. Subject 3 F really likes to explore and vacillate in making decisions, while Subject 3 M likes more decisiveness and commitment when confronted with
a choice. She described herself as more "wishy washy," while he said he was more "analytical."

Couple 3 had a heightened sense of awareness of how their styles are different. Subject 3 F describes their method of processing:

I'm the kind of person that even though I make a decision, I'll have times when I question that decision. And I'll go back and forth, and I might just be verbalizing a doubt or a wonder, even though I, inside I feel like it's made and it's okay, I still want to play around with all these little ideas out here. And um, ... [Subject 3 M] gets frustrated with that. He, he's more someone who makes a decision, he's done it, it was the right decision, and go on, and don't worry about it.

Subject 3 M commented, "She calls me analytical, and she means it as an insult, but I take it as a compliment (laughs)." He further explained the problem:

Well, it's not fair for her to want me to get emotionally involved in things like she does, just like it's not fair for me to expect her to get all analytical about things (smiles). We don't see things the same way. Sometimes that comes out pretty negatively, um, I guess we get wrapped up in our own point of view.

After a pause, he added "I want you to see it my way, and that'll be the end of it (laughs)." His attitude of wanting her to change and be responsible was expressed in other ways throughout the interviews. When Subject 3 F stated that others had told her to just go to marriage counseling by herself, he added, "That's what I say (laughs)." At a later point when they were discussing differences, he commented, "So just change and everything
will be okay." Subject 3 F responded, "(laughs) Yea, that's his, that's his answer for all our problems."

Subject 3 F could also see the value in their different styles of processing their options and decision-making:

Even though I, like I said, I had moments where I felt very emotionally neglected or whatever, that I, I really am glad that he was stable like that because I don't know what. If we both had been this wishy washy, (breathes out) I guess we would have had the baby if we both had of been like that, because we both would have been just like, too crazy to do anything (laughs). I don't know, you know. We just, yea, I needed that. He was also not pushy about it at all. He wasn't like, I want not to have this baby. He was very, I think that's what, he, he made himself clear, but he, but he still, you know, you could tell that he wasn't set in concrete. Like if he felt like I really wanted to have this baby, I feel like he would have, he would have gone that way.

Couple 3 struggled with the decision from Thursday to Tuesday after the pregnancy was confirmed. Subject 3 M had strong feelings about terminating the pregnancy which he communicated, but he left the choice up to his wife. He said "I made it known, you know, that I think it best that we not have a baby at this time." He continued, "It's her decision ultimately, so I didn't, couldn't make a wrong decision (laughs) since it was her decision. But it was obvious which way I wanted her to go." Subject 3 M explained his way of viewing the decision. He said, "It was just pretty clear cut to me . . . I don't feel we're ready for another one right now." He turned the final decision over to his wife and said he "was going to support her anyway, either way she went, I would have gone along with
it." Subject 3 M did not see the unwanted pregnancy as "any type of crisis kinda thing," but thought it was "too bad we had the make that decision."

The couples provided support for one another during the time between the confirmation of pregnancy and the abortion in various ways. Subject 1 F was the only female participant who asked her husband to call for information from the clinic and to schedule the abortion procedure. When the researcher questioned him about his feelings while calling, she interrupted and asked "Did it feel kind of unnatural since you were the man calling?" He said "uh huh" and the researcher commented that men do sometimes make the phone contact with the clinic. Subject 1 F responded:

"Really? Really? Oh, okay. I'm not the only one that makes her husband or boyfriend call (laughs). How funny. I thought that was nice that he agreed. I guess he figured that it was the least he could do."

Subject 1 M reported feeling "embarrassed" while calling.

After Subject 1 F completed a home pregnancy test, she immediately shared the results with her husband. She reported that they talked about it "real freely" and that he was supportive of her emotional vacillation. She commented:

When I was feeling all emotional and weird, you know, he wasn't the bossy type to say, (changes voice tone) well, now you remember what we talked about (laughs). . . . So he wasn't, you know, pushy at all, you know, when I was getting emotional about it or whatever. I think he was real calm. . . . He understood that I was, you know, feeling weird things physically and emotionally, being, um, unpredictable. But, I, he was real supportive still. So, and we talked about it all the time. . . . how I was feeling
that day and just kinda walking through our reasoning and why we had made the decision and everything, so.

Subject 1 M viewed his ability to be supportive differently. He noticed his wife's moodiness and responded that he did not believe he "handled it very well" and "didn't have time to worry about it that much" because of work pressures and other responsibilities. He commented that he "was a little concerned how she felt, and whether she was going to hate me for the rest of my life, or what."

When asked about any guilt feelings, Subject 1 M responded:

Well, the only reason I would feel guilty was if she had actually done this for my benefit and not her own. So I was constantly checking with her, did you change your mind? Do you want to do something else? I, as a matter of fact, I even said once, if you do change your mind, I think with a lot of struggle we could, perhaps, actually go through and have the child. But then, she, she knows how I feel and I knew how she felt, and we still, even though we questioned it, kept to our original, original decision. So the only reason I would have felt guilty was if she had changed her mind.

Subject 1 F's verbal and non-verbal patterns reflected patterns of cooperativeness and pleasing. She complimented her husband and others often during the interviews. She used the word "nice" 34 times in Interview I; 8 times in Part I and 26 times in Part 2. In Interview I, she described the following as "nice": her husband, 10 times; a clinic staff member or the something related to the facility, 18 times; her meal after the abortion, 4 times; and herself, 1 time. She patted her husband's arm and leg frequently throughout the interviews. An early observer's comment was, "She seems really interested in saying the
right things." Subject 1 F seemed to try to go along with what her husband and others wanted. She told the researcher that her rationale for participating in the interviews was "to help you out." Subject 1 F laughed persistently during the interviews. In section 1, she laughed 96 times; in section 2, she laughed 85 times. In contrast, Subject 1 M laughed 8 total times.

However, Subject 1 F seemed to blame her husband for the fact that she had to have an abortion, making eight references to the fact that he disliked condoms, and repeated references to his lack of emotional readiness to be a parent. Although, she verbalized that she agreed with the decision, she made frequent references to the hurt and pain she experienced. She reported being angry with her husband and crying on several occasions when he was not "King Sensitivity" to her needs.

Subject 2 M was unable to state ways he had been supportive during the unwanted pregnancy process. Subject 2 F asked for his support:

"I just asked him to be nice and not argue with me (laughs) . . . after I found out that last positive that they said was kinda iffy, I said try to be real nice to me until then (smiles), please. Because I was just real emotional over everything.

Subject 2 F described how her husband managed with his conflicting feelings:

He handled it all real well. He did real well. I was afraid later on he might have some resentment toward me for having an abortion, but I don't think he has, that I know of."
Subject 3 F felt they "failed" in providing support for each other during the most difficult time in the unwanted pregnancy process. She indicated feeling very alone emotionally and "very isolated." She was frustrated by his different perception of the pregnancy:

Like he didn't think it was (hits hand on table) that big (laughs) of a damn deal and I did (hits hand again and laughs). I felt like it was a tremendous deal, and I wanted him to really understand how much of a, what a dilemma I was having with this. . . . I wanted him to get down in there with me and explore all those possibilities.

She summarized how this crisis was reflective of deeper relationship problems:

In the end, of course, there's a lot of support and love there, you know. But I had to finally come out and say (slaps hand on table and laughs), I need you, terribly, and you've just got to be strong now, and be the strong one, and just, understand that when I'm snapping off and doing this that I'm crying out for help from you . . . we just push the wrong buttons and don't know how to get each other to respond.

Subject 3 M described the difficulty in being a supportive partner:

I could tell she was having a hard time with it. But, there wasn't much I could say, I didn't think, other than to, you know, comfort her, and just mainly give her my support. That's about all I could do. It wasn't enough to, you know, solve everything. The worst part was at the very beginning, finding out, and realizing, the mistake we'd made. And, we knew better, but we, it was just stupid. You know, we, she had cramps, and we just said, oh you must be getting ready to start your period, as opposed to, you must be ovulating (laughs).

Each couple had to make a choice about a facility to perform the abortion, but they chose the clinics in very different ways. Couples 1 and 2 had abortions performed at
the same facility. Couple 1 chose the facility because of name recognition. The facility had been cited in the news, and Subject 1 F knew that the clinic had provided a free abortion for an indigent client of a colleague. Subject 1 M called to obtain information and schedule the abortion. Subject 2 F originally selected another clinic because it was close to her work. She initially chose to stay away from the clinic with name recognition because of "all the rioting and all the picketing" that had occurred there. However, on the day her abortion was to be performed, she was informed after a brief pelvic exam that she was three months pregnant. Because a second trimester abortion would involve a more complicated procedure, she was told that her abortion would have to be delayed until after the Thanksgiving holidays. She disputed the accuracy of the exam and sought a second opinion at the clinic with name recognition. A sonogram there revealed that she was only 7.3 weeks pregnant, and she had the procedure performed that day at the second clinic.

Subject 3 F had an unwanted pregnancy in another relationship six years ago. She chose the clinic she used for the abortion procedure at that time. She had positive feelings from that previous encounter, and she found it easily accessible from her home. She explained her reasoning:

It was one of those things where practical matters came into play. I'm leaving Saturday. I had to get it done
quickly. They're here in town. Go talk to them. I, I've always liked the women in there. They're always real supportive.

Each couple chose to handle the involvement of family and friends in the decision-making process differently. Couple 1 chose complete secrecy and intends to keep the information and decision about the unwanted pregnancy and abortion strictly between the two of them.

Subject 1 F stated her position regarding telling others about the abortion:

My best friend kinda has a big mouth. She doesn't even live in this state. Certain secrets you kinda wish you didn't know, you know, because it's, it's either hard not to bring them up later when people may not want (laughs) to talk about it or it's hard not to just kinda, uh, I'll tell you, but don't you tell anybody (smiles), ... it's kinda stressful to even know it.

A similar pattern was shown when they eloped. They made a choice to keep friends and family from sharing in that experience as well. When asked why she chose to elope, she responded:

Politics. You know, I didn't want to go through, the who's going to be what scenario. Because I knew somebody would be mad or hurt, or this that, you know. People that think they're your best friend that really aren't in your book, you know. So do you do things to keep somebody from being upset or do you do what you want to do? And so I decided I just didn't want to go through, you know, I guess the politics of the whole thing, you know.

This statement indicated possible trust issues with her friends and seemed to reflect her lack of support outside her marital relationship.
Subject 1 F did not want anyone in her family to know about the pregnancy and abortion, even her mother who she knew to be pro-choice. She was concerned about her mother's acceptance of the decision:

I didn't want to burden her with that information because I think, I know she'd have mixed feelings about it. I know she would still love me, and us, but um, (pause) I think she would wonder why we had made that choice since we have jobs, you know, we had the financial means in others' eyes to do it. I think she would maybe question if we had done the right thing. . . . I just didn't want her to know (laughs). Period. I never even considered telling anybody in my family at all.

Subject 1 M also chose not to tell any friends or family members. Both said that they would not ever tell anyone, even a trusted friend in a similar situation who came to them for advice or support. Subject 1 M said:

Oh, I'd probably use the friend scenario -- oh, I had a friend who had to and, these were her particular circumstances. I wouldn't mention that, that we had had one. I wouldn't mention it at all.

Subject 1 F described an uneasy feeling with friends when the topic of pregnancy was discussed:

It seems like every time (laughs) we get together with friends, the subject of children and pregnancy comes up. And it was so funny, we would look at each other, and kinda, you know, nudge each other under the table or whatever (laughs) because it was so funny. (changes voice) And when are you all going to have kids? They would be so cute, and just, you know, well it's really the hot topic or something. . . . Makes us feel funny, like we're keeping some big secret, you know, if they only knew, so, that's kinda funny, though. But we're not going to get on the bandwagon just because all our friends are (laughs) at that point, so.

Subject 2 F decided not to tell her family, although she did discuss the unwanted pregnancy with two close female
friends. One of those friends had a previous abortion and provided support for her decision. The friend reassured her that the only negative aspect of the abortion she had experienced was in terms of physical pain.

Subject 2 F wished that she could have had the support from her family "but then again I didn't want them to know, because I knew that they wouldn't support me." She felt strongly about her mother's reaction:

Well, I wouldn't ever tell anybody in my real immediate family. (Pauses) I don't even think I'd tell anybody in my family. My mom would die (smiles) . . . she knows that I don't want to have kids. She wants me to have kids, real bad. She wants, she wants a grandchild, because I am the only child (smiles), so she wants a grandchild real bad and it's hard for her to, to realize that her only child doesn't want to have kids and she's never going to be a grandmother, so (smiles).

Subject 2 M did not want family or friends to know that he and his wife had chosen abortion. He, too, stated that he would not share his experience with a trusted friend who came to him for advice in a similar situation. He explained his hesitancy:

I think I would have a real hard time, because, I don't know, most, most everybody, that, that I know, that are friends with me knows that, that, that I want, I would like to have some kids, and, and they know that . . . [Subject 2 F] doesn't want kids. So, I, it would be hard for me. . . . Um, I don't know, um, I don't know, I just, maybe I would be afraid of what they would think.

Subject 3 F chose to tell many friends and family members about the unwanted pregnancy and abortion. She
expressed her need for talking about this issue:

If I have a crisis, it's like, I have a lot of intimate friends, and I've got, it's just therapeutic for me to tell people, for me to bounce it off of them. I need that, a whole lot. And I don't think I could have gone through this without that.

She also told her two sisters and her mother about her situation. She found them all to be "very supportive" of her. She described her mother's reaction:

And my mother was like, well, you know, it's a different world now. And I didn't have these choices that I had to make. And, and I really don't agree with abortion, but I do believe that you will do the right thing. And, you know, she was really good.

Immediately after Subject 3 F received a positive pregnancy test, she shared the results with someone she did not know well and regretted her choice:

I had just come from getting the test to her house, to preschool, and I was overwhelmed. And I said, oh, I'm pregnant. And she was like (raises pitch and volume of voice), oh, wonderful, and it's great, and I'm happy for you. And I was like, that's not quite how I'm feeling, you know. I'm, I just can't imagine having three children. And I was crying and I was really, oh (drawn out). And she was like (clapping hands together as she talks) oh, you can handle it, and it's okay, and it'll be fine, and you'll be, but (laughs) I haven't spoken to her. I mean I'll see her, but I haven't, we haven't discussed that. We left it as though, that's just not a topic obviously we can discuss. But that, that was a mistake of, of saying too much. I'm usually more careful, at least know. I usually tell people that I know will have, will support me (laughs).

Subject 3 M did not involve his family members. He said, "I decided to leave them out of it." However, he did discuss the decision with others:

Not her family, some mutual friends, mainly through her friends. But they came over, and we talked a little bit. . . . Well, I wouldn't really say it helped. It
was, uh, just sort of the topic of the day (laughs).
We sat here talking about it.

Couple 3 believed they would feel comfortable sharing their experience with others, including their own daughters at a point when it would be helpful or appropriate.

Couples 1, 2, and 3 all reported that the recent publicity and controversy surrounding abortion had an impact on the decision-making process, but not enough to dissuade them from terminating the pregnancy. Subject 1 F was disturbed by a news show which she watched several nights before the abortion. Her anxiety increased as she watched a sedated and emotional woman react negatively to her own abortion. She said:

So that made me nervous (laughs). To see that, I looked at him and said, it's not (laughs) going to be like that is it? He assured me that he didn't think, you know, that it would be that way at this particular clinic that we were going to.

Subject 2 F initially chose to avoid a clinic where she feared picketers and protesters might harass her. Although very pro-choice, she did not want to be physically or verbally assaulted. However, she ultimately received her abortion from that particular clinic. Subject 2 F reacted strongly when questioned about the recent publicity and controversy surrounding abortion. She explained:

It makes me mad what they're trying to force on us. It makes me wonder, what if they had, you know, what if they had accomplished what they really wanted to do, where would I be right now? I would have to have a kid. How would that affect my life? It's not right for them to impose on me what they want. And it makes me mad. It made me stop and thing. It made me really
think. What would I do right now if it were against the law to get an abortion? Dangerous or not, I would find a way. I would not have a kid. I wouldn't do it (pause). And that's not right for them to jeopardize other women's lives just because of what they believe. . . . It just makes me furious to think that they're sitting here doing the same thing -- jeopardizing lives -- the same thing that they are, that they're so against . . . the killing of life.

Subject 3 F received her pregnancy test results from an anti-abortion facility and was dishonest when she realized she might be harassed if she disclosed her intention to have an abortion:

I had been to a rally, and I had heard these things were popping up. But I said, oh what the heck. I can go there. I can handle any situation. I just want to find out if I'm pregnant. And I went. And uh, sure enough, it was real subtle, but sure enough, I looked around while she was in the other room and noticed some things. So, I need to tell her that everything was okay. When she told me that I was pregnant, I said, well, we'll handle it . . . and I left. And so they didn't bother me, because I, they even asked me very directly if I planned on having an abortion. And I said no, even though I knew in my mind that that was a great possibility. But I knew they would harass me, you know and I, I didn't need to hear it. And I feel sorry for people who are not, who are unsuspecting. Because they don't have any glaring signs up or anything. It's very, I, I found some literature back in the corner when she was in the other room that had photos and all this, and then the light went off. I better not tell these people that this is a problem for me.

Subject 3 F went on to explain how much the recent publicity about abortion had affected her:

I really didn't understand how much an impact it had, but it did. . . . images of those posters, you know, of the baby, the, you know, six month old fetus, you know, which is what it always is. . . . And I think that was also from having babies, knowing the potential, and those, and hearing it constantly. And it also made me angry, very angry at the same time, uh, seeing them on TV telling me all about it, you know. And calling me a
murderer and all this stuff. That, I got really, I found myself really angry, more angry than normal. I've always been angry about that. But really, angry like, how dare you know what I'm feeling, you jerk! You know, how could you begin to have an, an idea about what kind of decision this is. You know, what do you know, and why aren't you out helping those, those kids we see everyday at schools that have nothing!? Why aren't you out there helping them instead of telling me I'm a murderer?

The decision to have an abortion was perhaps made easier because all six subjects considered themselves to be "pro-choice." Subject 1 F said she has "always been pro-choice." She explained further:

I had always felt that it needed to be an available and a safe option because, uh, you know, especially with the current, you know, attention on the subject. I think there's always going to be girls and women who feel that that is there absolutely only alternative. So I think it needs to be provided, you know, legally and safely, and everything. I'm afraid that if it's, you know, made too restrictive, we're going to have some real problems (clears throat) with illegal ones, and you know, and the health issues that go along with that, and stress of unwanted pregnancies and things like that.

Subject 1 M gave his viewpoint on abortion:

I'm very pro-choice. Uh, ... [Subject 1 F] works with abused children, and so we've both seen what can happen when unwanted children come and are not cared for properly.

Subject 1 M also had a previous girlfriend who had an abortion when he was 19.

Subject 2 F talked about her pro-choice stance:

It's always been something that's been real important to me, as far as, as keeping it legal. And it's always been that I've felt very strongly about, ever before, before I ever even thought I might have been pregnant.
Subject 2 M was hesitant about the abortion. He said "I'm not sure, for me, I don't know, I may be pro-choice, but I don't know if I'm pro-abortion, if that makes any sense." He then stated, "I know if I was female I don't think I would ever get an abortion." He tried to project a "neutral" stance so that Subject 2 F could make her choice.

Subject 3 M considered himself pro-choice, but not pro-abortion:

I don't think abortion is immoral or a sin or anything like that. And so I didn't have anything like that to deal with... It was, you know, not desirable. I don't believe in the term pro-abortion. I don't believe anybody is pro-abortion.

Subject 3 F had two previous abortions, one when she was 14 and another when she was 22. Although she met her husband prior to her last abortion, this was the first abortion for the two of them as a couple. She talked about the importance of the choice for her:

I'm glad. I was kinda worried how I'd feel afterwards, that I'd feel, but I feel a sense of relief, and a sense of Thank God that I had this choice. Because if I would have been forced into this, I would be a very bitter, resentful woman.

If abortion had been illegal, Subject 3 F said, "I don't think I could have done it, I don't know."

The decision-making process was impacted by other variables. Each couple had other stressful situations in their lives at the time the pregnancy was verified. Couple 1 had an out-of-town guest visiting for the week when the pregnancy was confirmed. This made discussion of options
more challenging since they did not want to include anyone else in their decision-making process. Couple 1 also closed on a home, completed a move, and Subject 1 M did "double duty at work" during the two and a half week period from when the pregnancy was confirmed to when the abortion was performed. Couple 1 delayed the procedure for about two and a half weeks after the pregnancy was confirmed because of the move to a new home and other stresses. They continued to talk about the unwanted pregnancy and possible abortion several times each day. Subject 1 F thought the wait might have been to their advantage:

   It's probably good that we, almost, that we had to wait, because I got out those ambivalent feelings and the guilt feelings, and we were really able to spend a lot more time talking about it since we kinda had to wait.

   Subject 2 F struggled for weeks to get a clearly positive pregnancy test. She also had other stress in her life. She explained:

   It was like a really bad day because I found out I was pregnant and I found out my company was closing all in one day. . . . It was all literally within a period of about two hours."

Although she stated that she did not want to continue the pregnancy, she speculated about the challenge she would face if she decided to do so. She said:

   You think somebody is going to hire you if you're pregnant? I know that's discrimination, but nobody is going to want to hire a pregnant lady, (laughs) and then let them off for . . . maternity leave."
Subject 2 F remembered not sleeping well the days preceding the abortion. She would wake up and find herself "thinking, not thinking too much about the abortion, thinking about my job and a lot of other stuff."

Subject 2 F described the most certainty about terminating the pregnancy, but it was approximately one month from when she began to suspect pregnancy to when the abortion was completed. Confusion over conflicting pregnancy test results maintained her denial that she was pregnant, despite the fact that she experienced many physical symptoms of pregnancy: excessive fatigue, morning sickness, weight gain, increased appetite, frequent urination, and irritability.

Couple 3 had a unique position in that they already had two children, a female three years old and a female five months old. Subject 3 F explained:

Having children makes a weird difference I think in having an abortion. Like I said, you feel pregnant, and you know the results of this pregnancy, I mean, you know what the potential is, and it was bizarre!

Subject 3 F also struggled with the hormonal influences of both nursing and being pregnant:

I'm a firm believer in hormones making me crazy, having to do with children. And also, I think there was something going on, just because of, I have a lot of maternal, I mean things happening right now. I'm nursing a baby, I mean you really do. You're holding this baby. I think that was really influencing me. This, this imaging of this, uh, baby thing that I was really getting into.
Couple 3 expressed the most conflict over the decision, but also utilized the shortest time frame for deciding on the abortion and completing the procedure. After a positive pregnancy test result on Thursday, the couple initiated the abortion procedure the following Tuesday. However, since she had children, she was sensitive to the symptoms of pregnancy. She also had a short time to make the decision because of a scheduled plane trip to visit family for the Christmas holidays.

None of the couples saw a professional counselor during the pre-abortion stage and had not at the six-week follow up interview. Subject 1 F stated that they did not consider counseling as an alternative:

We had talked well about it, and openly and freely, you know, whatever either of us wanted to. So, so we felt that we were, that we had it all out on the table real well. So, so we didn't even consider that.

However, Subject 1 F described the difficult time that she experienced emotionally during the two and a half week period from the time the pregnancy was confirmed to the actual abortion procedure. She explained:

You know, it's like the anticipation of anything you are sort of dreading for whatever reason ... The anticipation is always worse than the (laughs) real thing, you know, because you are kinda dreading it, and trying to imagine what it's going to be like, and just, you know, rolling it over in your head too many (laughs) times, or at least I probably did...It was like we have this big secret and something big is coming up, but we have to wait. The waiting was difficult for me, you know. I just wanted, I knew I was doing it, I had made the decision, so I wanted to do it right now.
She may have been able to better explore and manage her feelings with assistance from a professional counselor.

Couple 2 discussed their rationale for not seeking counseling during the unwanted pregnancy and abortion process:

F: I really don't have any problem with it now. I mean, it's pretty much all over with. There's hardly any pain left. There's a little, every now and then, but, that's about it. The rest of it doesn't really bother me. How about you?

M: Uh, uh, I think once I talked with the counselor at the clinic, it didn't bother me anymore. ... I don't see how it would help. I don't know.

F: We kinda had a bad experience with a marriage counselor once, that we went to a long time ago. And it seemed that she did more harm than good, so we're a little bit leery of counselors and going to different counselors.

M: Yea.

F: Real choosy about them, that's for sure. We'll be a lot more careful about who we go to, I think.

M: It seemed like every time we'd come out of the counseling

F: Oh, God.

M: session we'd get in a fight.

F: Horrible fights! It caused so many problems between us. It, it drew us farther apart than anything I think has ever drawn us apart, just going to that marriage counselor. So, I don't know that, I'm not real big on counseling, you know.

Only Subject 3 F thought counseling might be helpful in the decision-making process. She obtained the name of a counselor who dealt with abortion issues. She described why
she wanted help and how she managed without counseling:

What was hard for me was that I was cluttered with so many thoughts and emotions. I didn't know what I was thinking. I didn't know how to make a decision. I was just, uh. And they were saying that she was real good at helping you bring out and clarify what you are feeling. So I thought about it briefly, but there's a reality here. Kids, schedules, cars, husband, the time, birthday party, the people coming in, that, you know, I had all these things that just, I couldn't get out. I felt like I couldn't, I know that you can do what you want to do, I, I believe that, but I just didn't feel driven enough to go do it. And I've considered doing it afterwards. I was really looking forward to this (laughs), because just talking about it really helps. But um, there again, I, I really use my friends. I really talk and talk and talk and most of them are really receptive, and really like that, and shared experiences with me, and that really helped. Um, yea, I, I really, I'm a believer in counseling. I just, the practical issues of babysitters and all that, just bogs us down.

In summary, Research Question 2 focused on how the decision to have an abortion was made. The female subjects experienced physical symptoms which prompted them to share their suspicions with their spouses and begin the pregnancy confirmation process. The couples used a decision-making process similar to that used in other marital conflict situations in determining whether to maintain or terminate the pregnancy. The couples found it difficult to make a marital decision on an issue on which they had differing needs and perspectives. Although influenced by others, the female subjects ultimately believed they made the choice to terminate the pregnancy.

The subjects considered how family and friends would react to the unwanted pregnancy and abortion whether they
involved them in the decision-making process or not. The females were more likely to involve others for support than the males. The subjects were sensitive to the controversy surrounding abortion and were concerned about being harassed at the abortion clinic.

Research Question 3. What factors contributed to the decision of the couples to have an abortion?

The following were dominant factors for the couples in choosing to terminate the pregnancies: fear about the relationship; lack of emotional readiness to be a parent; unresolved family of origin issues; religious beliefs; the influence of the abortion movement; the influence of significant others; viewing abortion as the most acceptable method of handling the unwanted pregnancy; and financial issues. The coding categories which related to Research Question 3 were: Relationship Influences - changes in relationship; Emotional Reactions - pregnancy; External Influences - external stressors; and Self Concept/Self Perception.

All of the couples began exploring the options for handling an unwanted pregnancy before conclusive test results were obtained. Numerous factors went into each couple's decision to abort the pregnancy. All of the couples cited fear of the negative impact that a child would have on the marriage as one reason for this decision.
Subject 1 F described her perception of how maintaining the pregnancy would have influenced the marriage:

I think the stress would have been more difficult on him, um, emotionally, just, you know, not being ready. And thinking oh gosh, you know, financially feeling the stress that, you know, I, I've got to do right for this child and uh, but mostly just not, not being ready to be a parent. I think it would have been real stressful. And I think, I wonder, you know, I, I wouldn't want us to look back at this period and say, gosh, I wish we hadn't or we shouldn't have. You know, or we weren't ready. And, I think it would have been very negative, really. I don't know that he would of, I don't think he would have viewed me negatively, but I think, I think we would have both thought, gosh, we missed out on some things that we would have liked to do, as a couple.

When Couple 1 was asked if maintaining the pregnancy and having the baby could have jeopardized their marriage, Subject 1 F responded, "Down the line, maybe (very matter of fact). And I hate to say that." Subject 1 M seemed to react with surprise to her statement and responded, "I don't think it would have jeopardized it. It would have made it a lot more difficult."

Subject 2 F described how a child would negatively affect her marital relationship:

I think we would fight constantly. I know we would! We would fight 24 hours a day (expressed very strongly). We would never agree on what should be done or how anything should be done.

Subject 2 M believed that a child would add a positive dimension to the marriage, while acknowledging that children create stress:

If we did have kids, I think she would grow and I would grow as a person because I feel the parents learn from the kids more than the kids learn from the parents.
(this statement is expressed clearly, as compared to many of his statements in which he mumbles and is hard to understand). . . . There would be problems like that, but I think all parents have that problem.

Subject 3 F had concerns about the negative impact another child would have had on her and her family with two small children:

My three-year old is an incredible, wonderful child. Blossoming and everything, and very needy. You know, she likes to be stimulated and to do things. And I like to do those things with her. But, you know, she's over here and needing me, and then there's a baby [that she babysits during the day] that's getting into everything at that age, and then there's this (looks at her baby) needing the physical holding, nursing, whatever. Their needs are different, but they're all needy. And I see myself, and then I see myself at the end of the day, by the time that he comes home, and it's like, you know (laughs), I'm a bitch, to be quite honest. And it's just important, to me, their, their childhood is too short. And maybe one day, I will be able to have a third child, if we choose to, where there's some space. When my oldest one is maybe in school and I have, I just need more, uh, you know, one on one. I just don't need to be overwhelmed.

Subject 3 M agreed that another child at this point would put an increased stress on his wife and their family situation:

Not only would another baby have affected her. It would have affected the whole family. The kids, well I was going to say the kids immediately, but me just as immediately. I wouldn't be around as much, but.

All of the couples expressed apprehension about their ability to provide emotionally for a child. This perceived lack of emotional readiness for undertaking the responsibility of parenthood made the decision to have an abortion easier.
Both members of Couple 1 questioned the degree of readiness in their marital relationship for parenting a child. Subject 1 F made one reference to her apprehension about parenting after being around her three-month old niece over the Christmas holidays. She said, "It made me feel relieved actually. Because I thought, wow, I don't have to go home and do this."

Subject 1 F disclosed more about herself by sharing how she would talk with a friend making a decision about an unwanted pregnancy:

I'd wanta impress on them, you know, just how their lives will be totally changed if they decide to go through with it. And try to get them to decide if they really, if they are willing to accept that challenge and to do it right, you know. If they, if they seem to, (three second pause) be caught up in other things to the extent that they would really resent the responsibility and not do a good job as a parent, then I would really, you know, urge them to, you know, either do it right or don't do it, really, to the, and hopefully that would help them (laughs) decide if they were really up for, for doing it right, and showing some enthusiasm for it.

At other times, though, she indicated that she was prepared for parenting and focused her statements on her husband's lack of emotional readiness to handle the responsibility of parenthood. She commented:

I think as far as parenting emotionally, I could have handled it, but I'm not sure . . . [Subject 1 M] felt comfortable with that at all, at this point. Um, he had a rough childhood, shall we say, and I think it'll take him a little more time in our relationship to feel ready to take on the responsibility of somebody else's life. And raising them, an, um, all the commitment and sacrifices that go on with that. So, I think, I think we definitely wanted to both want a child instead of one us feeling kind of scared about being able to do it
right. So, it really wasn't a good time emotionally, um, so.

Subject 1 M verified his lack of enthusiasm for parenting when he said, "I want to be able to say oh, boy, we're having a child, not oh, no, we're having a child." He said that he considered children to be a "curse rather than a blessing." Subject 1 M then explained how family of origin issues related to his current feelings. Couple 1 had an exchange in which she shared personal information about him even despite his protests. He began the dialogue:

M: So, I was (moves around on bed and it squeaks), I've always been, well, I've always had the idea if I'm going to be a parent, I'm going to be a good one. I don't want to be a parent just because I have to be. I want to be a parent because I want to be.

F: Uh huh.

M: I think it has a lot to do with my own childhood. Uh, my father (bed squeaking) was Catholic, and then I am five of six children.

F: He's fifth. Yea.

M: So, I don't believe that I had proper nurturing, the nurturing that I think I should have had, because both parents were busy, and there wasn't enough time for me, and I was a burden on them, because they had so many children. And

F: And?

M: Uh, no (indicates he doesn't want to talk about what she has in mind).

F: His mother was real harsh, I mean really. She's not a warm, a very warm person at all. So I think she was real verbally, uh, hostile with the kids, and real critical, which I think has had a real effect on his, you know, issues of confidence, and self-image and everything, because of a lot of criticism growing up. And uh, she was physically harsh, too, especially compared to my experience at home. So,
Subject 2 F made her decision to have an abortion because of her feelings about children. She stated, "I hate kids. I can't stand to be around kids." She thought this might have stemmed from her home environment as a child:

I didn't even want to play with dolls when I was little! You know how little girls want to play with baby dolls and stuff and pretend? I didn't even want dolls! I wanted race cars and stuff, I didn't want dolls (laughs). . . . See I was never around any kids when I was little! I was always around my mom, and my grandad and my grandmother, great. There was hardly any kids around in the neighborhood, it was mostly older people. And, that may have something to do with why I don't want kids. You know, maybe if I grew up with little babies, or something, maybe I would. Because it seems like most people that were raised in large families, want, want kids. At least two or three. And I just don't (breathes out). I just don't (softly).

Subject 2 F had unresolved family of origin issues which may have influenced her attitudes about parenting.

She shared the family secret that she had recently learned:

Yea, I was like six months old, and, well, my mom got divorced and (laughs) this is a long story. (sighs) My dad lives in Honduras now, but at, when I was about a year or two old, they told me my dad was killed in a car wreck. So, for 21 years I didn't know I had a dad. And, and I was just always under the belief that he was dead, and I accidentally found out, not too long ago. My mom somehow, you know, she has the feeling that, she says she intended to tell me, you know, but, to correct it. It was my grandmother that had started it. You know, she said, oh, she'll be better off if she never sees her father, or if she doesn't know that he's alive. So they told me that when I was little and then I never asked any questions about it, because I just thought he was dead, you know. I never asked any questions, because I didn't, didn't feel that it affected me any. Because my grandad was like my father then. My grandad simply took the place of my father, so he's just like a father to me. . . . That [the secret] caused problems on our family. That caused a lot of problems. (laughing). . . . It was just like, (laughs), you know, for 21 years you are told
something, and then all of the sudden it's different. It's been about a year, maybe a year and a half, something like that... It's a whole another family (whispers). I mean I have so many step brothers and sisters and cousins that, I've just, and I, I keep forgetting that (laughs), you know I've got all this family over there! It's just, and I have a grandmother, I have another grandmother. That's really weird for me to think of!

She described how she believed her mother would react to finding out about the abortion:

My mom would hit the ceiling! She would be so mad! So. She's just better off not knowing because it's over and done with. And if it happens again, I hate to tell her, I'll do the same thing. I'll do the same thing. And she can be just as mad all over again, because that's not going to change.

Subject 2 F talked about the issues she and her husband have faced as a couple and the anger she experienced at her mother over the deception:

We've, we've had a lot, we've gone through a lot! We've been married four years in May, and I tell you, in that, in that four years, I think more has happened to us in our marriage than most people have happen in a lifetime. That period wasn't too terribly difficult between he and I, but more between my family and I. Because my mom and I were just at each other's throats for like, uh, two weeks I wouldn't speak to her, for two weeks (smiles). So, I was pretty mad about that, but.

Her lack of resolution about the deception may have contributed to her decision to have an abortion. The following exchange communicated her awareness of her important role to her mother:

F: She wants me to have kids, real bad. She wants, she wants a grandchild, because I am the only child (smiles), so she wants a grandchild real bad and it's hard for her to, to realize that her only child doesn't want to have kids and she's never going to be a grandmother, so (smiles).
I: So, she's still kinda keeping that hope alive?

F: Yea, she would have a fit if she knew that I'd had an abortion. She would have a fit.

Subject 2 M did not try to influence Subject 2 F's decision:

I know that we couldn't afford it. And that was up to her. I, I left it all up to her because she had, she's the one that had to go through it, and so I just remained neutral and let her decide what she wanted to do.

Subject 2 M explained his dilemma with the pregnancy:

Um, I didn't really wanna talk about it because I wasn't sure whether I wanted an abortion, and I didn't wanna give her anymore problems to worry about. I'm not sure, for me, I don't know, I may be pro choice, but I don't know if I'm pro-abortion, if that makes any sense. . . . I know if I was female I don't think I would ever get an abortion. . . . I just, to me, personally, I don't think it's right. But that's just how I feel.

Subject 2 M acknowledged that he did not feel as strongly about not having children as his wife. Couple 2 had an exchange which resulted from this statement.

F: He kinda wants kids, now (smiles).

I: Now, meaning?

F: That he's kinda changed his mind since we got married.

M: No.

F: (Louder) Well, you told me, you know you told me before we got married that you didn't wanna have kids or that it didn't matter to you. So.

M: Well.

F: We had that agreement.
M: It's more like that I'm kinda neutral. But I enjoy being around kids and she doesn't. And that's the difference.

I: Uh huh.

F: So. Well it seems like more lately he's wanted kids, than before.

Subject 2 F expressed her concern about his feelings when she resolved to have an abortion. She said she "kinda wondered if he wouldn't kinda resent me for getting it."
But when she asked for his opinion, she reported that "He never would really say anything. He'd say well, it's your body, so."

Couple 3 agreed that they were not in a position to add a third child to the family. Subject 3 F recognized that she and her husband had unresolved marital issues:

We have a lot of, a lot of things, a lot of stress in our marriage. We have a lot of things that we need to work out personally in our relationship.

Subject 3 F was torn about which direction to take when she learned that she was pregnant. She was concerned that their first feeling about the pregnancy was negative, when with the other two children "there was never a doubt. We were pregnant! It's wonderful! You know we wanted those babies. There was never even a moment of any kind of doubt."

Couple 3 shared some personal reasons for not wanting another child at the time:

F: I feel like I'm still pregnant. I haven't even menstruated yet. I mean, I haven't even had a chance, you know (laughs). Oh, and it was just like, if I have to go through, you know, a lot of my decisions I felt were very selfish. I've been working out and stuff. I
mean, I feel like, I really have gotten to a place where I need some things for me, you know. And I felt kinda selfish about that, but I feel like if I have to go through another pregnancy, and I don't want, I'd be so wiped out physically (laughs). Just, that's all I could think of, was how

M: When you haven't recovered from this one first.

F: Yea. I really haven't. You know, my bodies not replenished, you know. And I'm nursing. I'm tired from that. But anyway, I did go through a day, one of my moments of, I'm just being totally selfish. These things don't matter. The issue is, you're pregnant, and this incredible life. It's a gift, and you need to not be selfish, and you need to realize that, hey, you've been given this gift and you should be a strong, good woman and handle (laughs) it, you know. And, then, I'd talk with someone whose opinion was, that's all a great myth. That there are no women who are cut out to have a million kids and be (changes voice to high pitch) wonderful, and never snap, and be the perfect wife (laughs), and have a career, and do it all, you know. Uh, I do feel that pressure. I feel like I need to be like, I felt that pressure from people. You know, like I should be able to handle three children. What, what's wrong with me? Why can't I? You know, why can't I do it (smacks lips, sighs, and laughs)? There's a good reason (looking at her daughter nursing.)

Subject 3 F explained the factors which influenced her in making the decision to have the abortion:

I think I'd feel more guilt if I was a mean, grumpy, neurotic (laughs) mother who couldn't hold her marriage together or couldn't, and couldn't nurture her children, you know. And that was where I thought the guilt would come in. But I still, every day I would go up and down, this, (gestures in the air) You know, forget all the fact that we financially can't afford it. We, um, we have so many things going on in our relationship, and things that it's just not practical. Forget all the practical things, and (changes voice) I want a little baby again. You know. And I mean, I will always feel that way. I think any mother has a place for a newborn that's just, sends you, just the hormones flying and especially when you have a new one. I felt pregnant. I woke up in the morning, and I felt pregnant. It, and even though I really kinda said, no, I'm going to have an abortion, I still felt pregnant.
And it, it was a real conflict for me. And you know, I, you know, it it actually got, it was easier the days that I had the abortion for some reason. By that point, I resolved.

Subject 3 F summarized her decision by stating "we just had to take a, a step we would rather have not taken to, to try to keep our life with some quality in it."

Each couple chose abortion as the best choice among the alternatives. Couple 1 stated that adoption was not a consideration for them. Initially, Subject 2 F said that she did not consider any alternatives to the abortion. After the tape recorder had been turned off at the conclusion of part two of the interviews, however, she explained her ideas about adoption. She said she thought of something that may be important and repeated the comment with the recorder turned on:

One reason that I also thought that I would take, choose abortion, as to giving up the baby for adoption, is that it's awfully hard to get your figure back after you have a baby. It's hard to lose the weight and get back in shape, and it seems like it would just be a big waste (smiles) to have to go through nine months of pregnancy, going around fat, and then just give up the baby. I mean, just for nothing. And you have to go through all that trying to get your figure back and losing weight, and you don't really have anything to show for it (laughs). You don't want a baby, you didn't want the baby. You had to just give it up. It seems kinda pointless (smiles).

Subject 2 M had a more positive attitude about adoption, and he considered himself to be pro-choice, but not pro-abortion. Therefore, when he was asked what advice he would give to a friend making a choice about handling an
unwanted pregnancy, he said that he would "encourage adoption."

Subject 3 F briefly considered adoption as an option since several of their friends were trying to get pregnant without success. She had some guilty feelings and thought "here we are not even considering having this child, and letting someone adopt it." She recognized that if she carried the child she would want to keep it, however. She said, "If we go through the pregnancy, we're having the baby. And that, that's the way it is. And maybe that's selfish, but I'm just being honest." Subject 3 M agreed with her. He said, "There's no way. . . . It was for me, if we have the baby, it's, it's our baby."

Subject 3 F believed that she did not view abortion as a method of birth control, but she did see it as a choice. She was disturbed by the fact that she had three abortions:

That is the one problem that I have, is, goddammit, how could I have three abortions in my life! That's just horrible!, you know. Three! and I, you know, I've always believed that it's a right and an option, but it's not a method of birth control. But see, it's really not a method of birth control because I've had a miscarriage and two children too. I mean, it's like I'm just Miss Fertile Myrtle. I could have six kids, you know. So I don't feel like (smacks lips), but you know they're really spaced out. I mean, 14, and 22, and now 28. So it's not like I'm just doing it (snaps fingers) over and over and over again. But, I do feel so strongly (laughs), it's like, not again, not again. That's it. I've had three, I've dealt with them, but this is not an option anymore.
Subject 3 F commented on the conflict in making the decision:

It's not a, you know, it doesn't cure all in a lot of ways. I mean, it's not one of those decisions you can make and everything will be okay. It's not that. There will always be a sadness. Yea, it's a real marked place in our life. Real significant. And I hope that I learn, I hope that there's something, I always feel like things like that that happen to me are, do happen for a reason and that somehow, I should get something out of this.

Subject 1 F explained financial concerns that influenced their decision to terminate the pregnancy. They had just purchased a home which needed remodeling, and wanted to be in a position for Subject 1 F to quit work and stay home with a child. Subject 1 M said that he was willing to consider the option of having the baby, but he focused his concern on financial pressures:

Well, I was never quite that inflexible. I was, uh, listening to her to change her mind. And if she did change her mind, and really wanted to have a baby, real bad, perhaps I'm a little bit flexible. But, we remained real close to our original decision that now was just not the time, especially with the new house, and an unsure financial future. It's going to be rough in the next few months and for the next year or two.

Subject 2 M also mentioned that financial concerns were a factor when he said, "we couldn't afford it." Couple 3 had practical concerns about having one automobile that seated four people. However, Subject 3 F pointed out that "with both of our children things have come to us" and believed that they would have managed. Finances were not a major consideration for Couple 3.
Subject 1 F later admitted feeling "embarrassed" about getting pregnant. She said, "Here I am a grown woman, and we screwed up. We were being irresponsible (laughs). Really, and um, I'm not going to say we learned our lesson, but we did (laughs)." Her feeling of embarrassment may have contributed to her not wanting others to know. Abortion was the most viable alternative for maintaining the secret of the unwanted pregnancy.

Subject 3 F alluded to a religious concern that made her question having an abortion:

Maybe this, you know, what is your belief in God? I mean you, was this given to you, or is this a gift that you could handle it, and maybe there's things that could happen that would be wonderful if you had this child. And, you know, I did, I went through all that, and my overriding emotion obviously, I did what was, was overriding.

The other subjects' did not mention religious beliefs that influenced their thinking.

Subject 3 F was also influenced by the recent negative publicity about abortion. As she struggled with the decision, she could visualize pictures of the aborted fetuses that she had seen in anti-abortion literature. Although this made the decision more difficult, she was still able to follow through with the abortion.

In summary, the factors influencing the couples to terminate the unwanted pregnancy by abortion was the focus of Research Question 3. One factor was the belief that the birth of a child would negatively impact the marital
relationship. A lack of emotional and financial readiness for having a child was also a factor in the decision. Unresolved family of origin issues seemed to play a role in the willingness of the subjects to take on the responsibility of parenthood. Although the abortion controversy impacted the subjects in the study, they still viewed abortion as an acceptable option for ending the unwanted pregnancy.

Research Question 4. What were the factors surrounding the abortion procedure?

The following factors impacted the abortion procedure: the tolerance of pain by the female partner; the facility and the support personnel; the cost of the abortion; the emotional reactions of both members of the couple; external stress; and the support of the male partner. The following coding categories related to Research Question 4: Physical Reactions - experiencing the abortion; Relationship Influences - support for partner; External Influences - other people, abortion movement, and facility; Emotional Reactions - experiencing the abortion; and Self-Perception/Self-Concept.

The researcher observed the initial physical and emotional reactions of Subject 1 F and Subject 2 M and F when she met them shortly after the abortion was completed. The researcher spoke with Subject 3 F on the phone the afternoon the abortion was performed and with Subject 3 M
later in the evening. Although the focus was on their participation in the study rather than their reactions to the abortion, the researcher began to make observer's comments. Observations, patterns, and hunches began with the first contact with subjects.

The researcher joined Subject 1 F and a staff nurse in the recovery room for a final medical check and information session. She used a heating pad, but said she felt fine. She smiled often and was very positive with the nurse and the researcher. She expressed confidence that her husband would participate in the study. When asked why she wanted to participate in the study, Subject 1 F said "to help you out."

The researcher first met Subject 2 F while she was still in the surgical room, then later joined her and Subject 2 M upstairs in a counseling room. Subject 2 F appeared to be in pain, as she moaned, held her pelvic area, and asked "Is it supposed to hurt this much?" She expressed anger and frustration about her three hour wait at another clinic before being turned away. When Subject 2 M was asked what he thought about participating in the study, Subject 2 F spoke for him and said, "He doesn't talk too much." Yet, both of them commented on their experience at the other clinic and contributed to providing directions to their home for the interview.
The first contact with Subject 3 F was by telephone. She was extremely talkative and viewed the interviews as an opportunity to gain greater resolution on the abortion. Subject 3 M was also contacted initially by telephone. He expressed an interest and willingness to cooperate.

One factor associated with negative reactions to abortion was the experience of pain during the procedure (APA, 1987). Subject 1 F and Subject 2 F both experienced a great deal of pain and discomfort during the procedure. Both had expressed fear about how it would be physically, but reported more pain than anticipated. Subject 1 F said "for me it was terrible. . . . It was worse for me maybe than for other people." A similar comparison to others was expressed when she commented on her inability to lie still and relax during the procedure, "I was probably more, moving around a lot more, than most of their folks do. That's an assumption, of course, but (laughs)." However, she estimated that she only felt "real bad" for about 20 hours after the procedure. Subject 1 F used the words hurt or pain 23 times during the first interview. Subject 2 F used the words hurt or pain 33 times during the interviews. She made separate 14 statements about how much it hurt, the pain, or not feeling well. In contrast, Subject 3 F used the word "uncomfortable" to describe her abortion experience. She said, "I won't say painful, I had natural childbirth (laughs), so it'll take a lot to make me say
painful." Yet, she requested a minimal dose of Demerol because she was nursing her five-month old child.

Subject 1 F and Subject 2 F found the support and assistance of the clinic staff very helpful during moments of distress. They both described trouble with relaxation and deep breathing. A staff member at the clinic held Subject 1 F's hand during the procedure:

She was holding my hand because I was being such a basket case, you know, and she, she had to keep reminding me to slow down my breathing. . . . and would talk real direct at me and firm because I was being kinda hysterical.

Subject 2 F reported that she "started breathing real fast" and felt herself tensing up in her stomach and pelvic area. A staff member assisted her in regulating her breathing, "I was like, I was just real, I don't know, confused, I guess. She said deep breath in, breath in. I was breathing out. I don't know why I was so backwards about it." Subject 2 was glad a clinic worker stayed with her until the procedure was completed. She said, "It made me feel a lot better knowing that the, the counselor was going to be there. . . . somebody that you had already been talking to about it." After the abortion was completed, the clinic worker told the researcher that Subject 2 F had a very hard time during the procedure.

Subject 3 F also felt supported by the staff members at the clinic during the procedure. During the first part of the procedure on Tuesday, they held her baby for her. A
nurse held her hand and talked with her while the abortion procedure was completed on Wednesday. "I don't even remember now what we talked about," she said as she emphasized how "warm and comfortable" she felt being there. She described the support at the facility:

I found them incredibly supportive this time. More so than the immature little stupid girl getting pregnant. . . . I think they felt much more like they weren't influencing me. That I was a mother and I was making a very informed decision. I felt like they had a lot more respect for me this time, and that um, they were just really there for me.

Couples 1, 2, and 3 all reported that the facility was a significant influence. Subject 1 F received information on the procedure, her pregnancy, and birth control at the clinic. Subject 1 M was glad that other males were in the waiting room at the clinic, but he likened the group to an audience at an X-rated movie: "Everybody is embarrassed to be there, so everybody is just kinda real quiet, and not talking to anybody else, trying, you know, not to be seen." He expressed discomfort sitting there, but said he was not sure he would have wanted to talk with someone: "It might be equally uncomfortable talking with somebody as well."

Because he wondered if Subject 1 F might change her mind about having the abortion, his level of stress rose as he waited for her:

It was, it was I think different for me because, I don't know, she probably had periods, I'm assuming this, that she was very nervous and then her nerves were calmed down, and she talked to different people. I really had no one to talk to for four hours. I just sat in the room, with a lot of other people who weren't
talking to each (laughs) other. And that in itself is a strange experience. So, I really wasn't talking to anybody, and I was just, you know, the nerves probably got more and more tense with no, uh, easing at all.

Subject 2 M, on the other hand, welcomed the opportunity to talk with a staff member with his wife. He said:

Um, the night before I was, I was kinda concerned because I wasn't sure if it was the right thing to do and, and I wondered if, if I was going to feel guilty, or, or, you know, and I didn't know that much about it yet. And um, once we got to, um, the, the clinic, and went into counseling, and, and uh, the counselor explained exactly how far along it was developed, and uh, I felt a lot better about it. Before I wasn't sure whether I was going to feel guilty, or, or what.

During the time Subject 2 M was in the waiting room, he did not talk with anyone else. He enjoyed watching movies on television. He felt relieved that he was not allowed to accompany his wife while the surgery was performed. Although she requested that he be with her, clinic rules prohibited his being in the room.

Subject 3 M dropped his wife off at the clinic, but had the responsibility of the other two children on the day that the abortion procedure was completed. Subject 3 F had an insight about this during the interview:

We both love our children so much, and they're such an incredible part of our life. But, it really is a difference. Like, if we wouldn't have had kids, he would have been able to be there with me. And uh, I didn't even think about that really then, because there was no option. It was like, of course, he's with the kids. . . . Even the whole time I was there, I didn't think, oh, I wish. . . [Subject 3 M] was here. . . . but now, and you bringing that up, I started thinking, you know, going back to our own marital problems, a lot of things are probably um, um, underneath, I probably
feel a lack of intimacy . . . because we're spread so thin because we give so much to our children.

The information and discussion available at the clinic was of importance to Subject 1 F, Subject 2 F, Subject 2 M, and Subject 3 F. The time for reading and meeting with the clinic staff members helped alleviate doubts and fears about the procedure.

Subject 1 F was unsure what to expect and knew little about fetal development or the abortion procedure. When the gestational sac was difficult to locate and a staff member questioned whether she was sure she was pregnant, her initial reaction was "Maybe this is psychosomatic and I'm not! Wouldn't that be great!" She was still in a position of wanting more information and asked to view the sonogram picture and look at illustrations in a book which revealed more detail about the progression of her pregnancy. She was surprised "to have felt all the changes I had felt physically for just this itty bitty thing," which she found was .3 of an inch long. She expressed relief that her pregnancy was in the initial stages when the termination took place. She was reassured by a clinic worker that she would be unlikely to encounter future difficulties with conception because she aborted her pregnancy early.

I asked her, um, you know, what the studies show as far as, you know, the ability to conceive later. And uh, she said, of course I believe her (laughs), she said that uh, you know, there have been four major ones done and they have not shown any correlation between inability to conceive later and uh having, uh actually, I think she said repeated abortions. Like those that
have had, you know, several. So that made me feel good. So, I assumed it wouldn't be a problem later. And, and plus, we were so early along. I was glad in that. I don't know if having a real late one has a bigger effect on your system. I would imagine it would. So, so I felt since we were getting it right, right up front that it would probably not be a health problem for us later.

Subject 1 M chose to remain in the waiting room to view movies while Subject 1 F spoke with the clinic staff member. He commented that he understood counseling was "mostly for people's sake mainly who didn't know anything about it, and were wondering, and had any questions." He continued, "I didn't have any questions. I wasn't really curious about it. As far as I figured, I knew everything there was." He seemed to be distancing himself from the abortion procedure.

Subject 2 F and M reduced their anxiety by viewing the film that was available at the clinic and understanding more about fetal development. The filmed showed what was emptied from the container after an abortion. Couple 2 went together to speak with the staff member and to see the film. Subject 2 F described what she saw on the film and her reaction to it:

It was just a little container. . . . It just had like some, almost like blood like from a menstrual period, but a little bit thicker looking. And a little bit redder. But, it clearly wasn't a baby. It just looked like tissue and blood. I don't see how anybody could say that that actually is a life right there. I don't see how anybody could say that that's murder.
She continued to share her beliefs and emotional reactions to her abortion:

To me, I don't think it's actually a life until it can halfway kinda stand on it's own, have some type of system to survive by itself. Just a bowlful of mush, I don't think that that's a life. Um, to me, it doesn't bother me mentally to think, I didn't ever once think that I was committing murder or anything, by getting an abortion at all.

Subject 3 F wanted to know what her physician had taken from her body during the abortion procedure:

I asked, I did something real strange after I had the abortion. I asked the doctor if I could see it. It was real important, for some reason. And she let me see what she actually put in the bag.

She had the idea because of a story her doctor had told her and was glad she did:

There was a right to lifer that came in one time there, and said um, I'm, I'm, I'm a right to lifer, but this is a special situation. And they said they are all special situations. And after she had the abortion, they asked her, would you like to see what I took from your uterus. She said, okay, and they showed it to her and she was just aghast, you know, the nothingness and the smallness of the tissue, you know. But um, anyway, that was on my mind as an option, and so I did. And I really, it was good.

The procedure was different in length, intensity, and cost for each of the three couples. For Couple 1, the procedure lasted approximately four hours from start to finish. The cost of the abortion procedure was $250.

Couple 1 used money from savings to pay for the abortion.

For Couple 2, who went to two separate abortion clinics before the procedure was completed, the process lasted from 8:00 a.m. until 2:30 p.m. The procedure cost $250, but
would have been $400 at the other clinic. Because they believed her to be in her second trimester, they would have utilized a more lengthy and costly procedure. Couple 2 reported that they literally did not have the money for the more expensive procedure. They used Christmas savings to pay for the abortion.

For Couple 3, the procedure began on one day with a physical examination, discussion of procedures, time for reading literature, signing of consent forms, and the insertion of the laminaria, which begins the slow dilation of the cervix. The abortion procedure was performed the following day. She believed the two-day procedure helped:

The first day really does help in getting you comfortable there. And you see the place because you're on the same table having the, the laminaria inserted that you have the abortion. So it just kinda gives you a chance to kinda get in there . . . see the machine, you see the stuff, you see the same nurse . . . you just don't go in and you're real impersonal.

Couple 3 borrowed $300 to pay for the abortion.

Relief was the primary emotional reaction expressed by the couples after the procedure was completed. Subject 1 F shared her feeling, "Oh, it was such a relief, just like a big weight lifted off your shoulders. It's done, I can go back to my life now and not worry about it. So, I was, I felt great!" Subject 1 M felt the relief after the abortion as well. He said, "It's like a big weight. It's a lot of stress taken off me."
Subject 1 M was surprised by his wife's positive emotional state after the procedure was completed:

I was expecting a lot worse. I was expecting, perhaps, a few tear streaks, and a little sadness, but she was in very good spirits. . . . It was kind of strange. I thought she was being moody again.

However, in Section 3 he said:

I mean directly after it, like when we were getting in the car to leave the clinic, uh, there was no question. I mean, she was happy that she had made that decision and went through it. So, I didn't have to worry about that from that point on. . . . It surprised me because I didn't know what to expect and I was preparing myself for the worst, tons of tears and, or, and guilt, or stuff like that.

Subject 1 F seemed ecstatic with her husband's reaction immediately after the abortion:

He was so nice, you know when I came out, he's such a nice guy. He said, um, I can't remember exactly what he asked, but he, he just asked with this very concerned tone of voice, (lowers voice), are you okay, or or how are you feeling, or something. Just very nice, so I could tell that he had kinda been laboring emotionally while I was down there wondering if it was, you know, wondering if it went well and everything. And I thought that was so nice (slaps him on leg). I could tell that he was really concerned, you know, that it had gone okay for me. So uh, that's a sweet guy (pats him). So, it was great!

However, Subject 1 F's good feelings about her husband were overshadowed by a later conflict:

I will say I got mad at him that night. I was, I was ultra, I wanted him to do everything and be "King Sensitivity" toward me, right. And he fell asleep before I did, and I was mad at him. But I got over it, of course. But every little thing, you know, I, I wanted him to be just exactly what I wanted, you know (smiles). So, I'd say I was more, what's the word, more picky, or demanding, of course, than usual, that night especially.
She clarified more about the incident later in the interview:

So . . . [Subject 1 M] drinks the bottle (of champagne) (laughs) and passes out. And I was like, well, have fun then, I'll just sit here (laughs), you know. So, uh, so I was kinda mad that, that he fell asleep, but I got over it. I was definitely hypersensitive, though, I would say, when we got home. So.

She seemed to want a reaction from him, but stated that she was not sure if he noticed her anger, "I don't know if he knew I was mad, but he was asleep, so (laughs)." Subject 1 M made the following comments when asked by the researcher, "Did you pick up on any of this?"

Um, yea (strongly), but I had to go to sleep. That was all there was to it. I, it was, I don't know. I guess the day was a bit more emotionally taxing on me than what I would have admitted. So, I was, when it was time for me to go to sleep, I went to sleep. You know, there was nothing that was going to stop me (laughs). Because I'd, I don't know, I guess I'd just had a rough day, also.

This episode carried over to the next morning when Subject 1 M awoke and saw Subject 1 F crying. During the interview she said that she wondered if he noticed her crying, and he said he did. Feelings were not being expressed openly about expectations or needs the day following the abortion. This contradicts another perception Subject 1 F shared. When asked how they were feeling about the two of them as a couple, Subject 1 F responded "marital bliss."
Subject 2 F reported focusing on other problems after the abortion was completed:

F: Then trying to worry about what I was going to do about my job (sighs). So, I had a lot of really confusing problems with my job at the same time. So.

I: That just complicated everything even more.

F: Yea, but it was like, I have one thing out of the way, now. At least, I could deal with

I: You could check it off the list?

F: Yea! (laughs) Yea, with one thing out of the way, I can deal with the next problem now. Whereas, before, it was like, gosh, I need to get out and look for a job. I'm pregnant. I don't feel like it (smiles).

When asked "What were your feelings when you first saw . . . [Subject 2 F] and it was over," Subject 2 M responded after a four second pause, "I'm not sure (laughs). I don't know what my feelings were." He continued, "Well, I have a hard time knowing my feelings, so I don't really know. . . . I recognize anger (laughs), and happy and sad, but the others."

Subject 3 F described her emotional reaction after the abortion was over:

It was like a weight lifted. It was, and I was real tired, you know, and that always helps. And I came home, and felt pretty good, and went and stayed in bed all day. But, and I felt real loving to my children, felt real emotional towards them (smacks lips). And I really, I really felt like it was the right decision. I feel like if it was the wrong decision, I would have known at that moment. I feel like something would have hit me, you know (laughs), God, no, and I didn't. I just felt like, okay, let's get on with it. Let's, you know, let's make this a quality life, since we're so concerned with quality. Let's, let's really do something about it and make it the best we can (smacks
lips), and give these kids what we can. That was overriding, the overriding thing.

She continued:

I feel more at peace since I've had it. And I was a little concerned, you know, since I'd had so much wishy-washiness. That even though I knew I was doing the right thing, and afterwards I felt a sense of relief, I was wondering, well, and I did have, before we went to sleep last night I did have a few moments where I thought, again I thought, (softens voice) well, did it, it feels like the right thing, but I hope it was the right thing. You know, I still have that fear, which maybe I'll, I'll, I mean, I will always have a sadness, which I cannot kid myself. I can't, you know, I was trying, part of the thing that was a problem was that I was trying to go in to this feeling like, I was trying to get to a place where I could feel like, Okay, I'm going to have this abortion, that's it! I'm not going to think about it, not going to worry about it, not going to feel sad about it, and it will be over. And then I realized, you know, that's, that's a joke! I will, because, and mainly because I'm a mother. That's, to me, that's why, is the potential, another (changes voice to proud) little beautiful, beautiful baby. That stuff. And um, there will always, there will be a sadness. And I think there's a place, there's a place for that sadness. I think it's okay. I, uh, you know, I think there's a place for that sadness and if I try to deny it, that's when I'll, I'll get in trouble.

In summary, Research Question 4 dealt with the factors surrounding the actual abortion procedure. The female subjects described either physical or emotional pain surrounding the abortion procedure. The participants reported a feeling of relief and happiness after the procedure and a sense of a weight being lifted. However, negative feelings such as sadness and guilt were also present.

The abortion facility was an important variable for the participants. The subjects all evaluated the clinics where
the abortions were performed favorably. The clinic personnel helped to diminish the subjects' anxiety. The information that the subjects received from the staff members was considered to be factual and accurate.

The female partner wanted the physical and emotional support of their spouse before and after the abortion. Although the males were involved at varying levels while at the clinic, the couples did spend time together throughout the day.

The cost of the abortion created a strain on the tight budgets of the couples. The unwanted pregnancy and abortion was more difficult because of other stresses the couples were managing.

Research Question 5. What are the post-abortion circumstances for the couple?

The third section of the interviews focused on issues and circumstances following the abortion and different aspects of the couple relationship: birth control usage; sexual activity and attitude about future pregnancies; perception of relationship; physical health and post-abortion follow-up; and external stress. The coding categories related to Research Question 5 were: Physical Reactions - birth control; Relationship Influences - support for partner, attraction, and conflict; External Influences - external stressors; Emotional Reactions - abortion; and Self-Concept/Self-Perception.
Couple 1 was still struggling with the issue of contraceptive usage six weeks after the abortion. Subject 1 F committed to using birth control pills, but had not scheduled a doctor's appointment. Although she changed her mind during the course of the interviews and seemed to be settled on taking the pill, she had not followed up with a visit to the doctor or started the pill at the six week follow-up interview. At that point, Couple 1 was still relying on condoms as a birth control devise, although they had failed to utilize this method effectively previously. She said:

"We'll have to (changes voice to faster and higher pitch) go with the condoms for another month (pats him and laughs). So, but that's okay. We can tough it out, I'm sure."

She described how she continued to assume responsibility for the birth control:

I buy them (laughs big). I had to go buy some while we were on vacation because we had run out. And uh, which is kinda funny. I think that he prefers that I buy them, I think (looks at him)... I usually, you know, remind him... hey, do you have one handy over there? or whatever. So. Yea. But he knows I will (laughs big). He'd probably rather not think about it, I think."

Subject 1 M agreed with her comments.

Subject 2 F had begun taking birth control pills again at the six-week follow-up interview. She had identified a doctor who would insert an IUD and planned to do so when they saved the money. Subject 2 M asked "I wonder if, since you've had an abortion, could you get your tubes tied?"
Subject 2 F asserted that doctors did not like to perform the procedure unless the woman had a child or other serious "female problems". When Subject 2 M asked "Other than psychological?" she sighed and said, "That's not a problem." Tension seemed to escalate between the two of them during this exchange.

Couple 3 jokingly said they would have no sex for a year, but they had been using condoms since the abortion. Subject 3 F was interested in finding out more about a cervical cap, which she had just learned about the day of the final interview. They reported being very cautious about birth control since the abortion.

Subject 1 F was adamant about not having a repeat abortion. When asked how she thought her marital relationship would be different after the abortion, she replied:

I had told him (laughs) several times, I'm not doing this again, period, (laughs), so. We're not doing it again, right, we'd better have a foolproof method of birth control, because, you know, I'm not doing this again (laughs). So uh, and uh, he, I mean he understands that I, I said it too many times probably (laughs), just to make kinda make sure he doesn't forget (laughs). So uh, we've discussed, you know, what would be our best alternative in that way, you know. . . . He, he kinda likes me handling that sort of. He hates condoms, absolutely hates them.

Subject 2 F was eager to resume the couple's sexual relationship after the abortion. However, she too was adamant about not wanting to have a repeat abortion and
expressed concern about birth control protection:

I'll be glad when my two weeks is up. But I'm going to be very careful. Very careful. Spermacides, rubbers, sponges, you name it, all of it. (laughs) Everything. I am never, ever going to get off of the pill, or I'm going to make sure I have some form of very reliable birth control at all times. Never going to have to go through that again, ever! With my luck I'd probably get pregnant on the pill (laughs).

However, when asked directly what she would want to do if another pregnancy occurred, she said:

Oh, God. I guess I'd go (voice returns to normal) through it again (laughs). Oh, I sure wouldn't want to. If it were any time soon, yea, definitely, I'd just get another one. I sure wouldn't want to. If it were later on down the road, I don't know. Who knows? Everybody says I'll change my mind about having kids. Maybe. I don't know (smiles).

Subject 3 F shared thoughts on future birth control methods:

We had talked, you know, and he had said, too, you know, that when we make the decision or if we want to have a third child, duh-duh-duh-duh-duh, that he would have a vasectomy afterwards. But until that point, you know, I'd nurse for at least a year or longer, for at least a year. But anyway, I'd like to get on the pill then, but that's still a year off. And the birth control factor is going to be a real drag, problem. Because we have just been pregnant for so long or not caring if we got pregnant, that we didn't have to worry about it. And now, that's going to be really different.

The couples all took a moment to focus on the relationship since the abortion was behind them. Subject 1 M described how he viewed their relationship:

I mean that was about the biggest problem we've had to face as a couple. And that was, pretty major, so I don't think that anything else we have to face as a couple is going to be, any problem at all.
Subject 2 M described personality differences that created marital conflict during the unwanted pregnancy and abortion process and afterwards:

We just work, we still have problems working to where we work out trying to understand each other and, and uh, that's one thing we, not that, that's not negative because we are working things out, but, but uh, we have, I have, my job, they wanted me to go out to California, and she's, we worked it out, but at first, she's not very good at handling and I'm not very good at handling her not handling it well (laughs). So. One thing I think, in the long run it'll help our relationship, and help her to handle things better because she's not very good at being, she's, I don't know, I think sometimes she's not very independent away from me when it comes to our relationship.

Subject 2 F explained how their personality differences create conflict:

Some people, like he likes to be alone a lot. He likes to be alone and just sit and read or something. I'm not like that. I want to be around people. All the time. All the time. I always want to be doing something around people.

Subject 2 M described his wanting "more freedom" with her trust:

That's, that's our main problem. I feel like she doesn't trust me. And I feel like it's un, unfounded. Well, it, it has helped with her being, uh, um, kind of, what is it, immobile? And me having to do things for her. I've had a little more freedom, so, it, it's been a lot less stressful on me, than normal. It's been a lot less stressful on me, even with all this stuff happening that isn't normal, because usually, I feel like she, she's, she's real . . . dominating, almost forces me to do what she wants things, how things she wants to be done. If there's two ways to do it, she thinks the only way to do it is the way she sees it.
Couple 2 discussed how their relationship has changed since the abortion and her accident:

M: But it's been, it's been, less stressful even after she's been able to get around because she, uh, I guess this is maybe carryover from her being, from me having to wait on her, she's not as domineering as she was before.

F: Yea. Because, right afterwards, as soon as I was kinda able to get up and walk around without any crutches or anything, the first thing, I don't remember what it was, I asked you to do something the way I wanted it done, and you go, okay, just because you are off of your crutches, that doesn't mean you can start telling (laughs) me what to do. I was like, okay, do it your way. I, I've gotten a lot better about just saying, okay, just do it, do it however you want. Go ahead (smiles). I don't care.

Couple 2 had a dialogue which described the benefit of Subject 2 F's style on the day of the abortion:

M: Yea, it's, oh, it's hard for me to understand how she handles things, because she handles things so much differently than I do (smiles).

F: One thing that, the way I handle things differently is that I never believe anybody. I, I'm always questioning people.

M: Yea, you know

F: I never take them at their word for it. So I'm glad I got a second opinion.

M: Yea, I was glad she said, because if, if it would have been me, you know, if I was in her place,

F: He would have said well,

M: I would have just assumed that they were

F: they were correct.

M: You know, and I wouldn't have gotten a second.
Subject 3 F described her concern for her marriage and asked for feedback from Subject 3 M at the conclusion of the interviews:

F: I feel like we have a lot of great qualities that instead of, helping each other to develop that, we keep each other from doing it. But, like I said, overall I feel like we have, you know, above average closeness and togetherness, and we are committed, and we are together, you know (laughs)! I feel like that, and, but I, but no reason not to change and grow, for sure, not you know, definitely in need of that.

M: [The baby] . . . says yes!

F: What do you say?

M: (laughs) I say yes, too!

They seemed to reach a point where they were in agreement about working on their marriage.

To understand more about the dynamics of the relationship of the couples, the subjects were asked what they found initially attractive about their partner. Subject 1 M mentioned physical attraction and the fact that they had "so much in common." He did not elaborate on what they shared in common, but stated that he "wouldn't even consider marrying someone that I had nothing in common with. I think that's a mistake." Subject 1 F was attracted by physical characteristics and by "his values, and just his nature. He was real easy going, and I liked that." They were married seven months from the time of their first date.

Subject 2 M was unable to state any characteristic or quality that initially attracted him to his wife. She reported, "At the time he told me it was because I was easy
to talk to. That's what he liked about me." Her initial impression of him was that he was very quiet, but she "liked everything about him." She said, "he was real funny, in a different sort of way." They dated for six months before they were married. At the time, she was 18 years old, and he was 29 years old. At another point, Subject 2 M said, "we're both real stubborn." He added that since he was on his "own for so long" and "as dogmatic as she is about things, we're about even."

Subject 3 F described why she was attracted to her husband:

He was just real sensitive, and he was totally in love with me (laughs)! I loved it! It was the first man that I felt just, just would follow me to the end of the earth. I really felt like that! And, and I loved it, I needed it. It was great!

Subject 3 M described what attracted him to his wife initially:

I guess, she just was so alive, pretty, pretty broad reason, I don't know. I enjoyed being around her a lot, I don't know. Real alive. I guess that made me feel more alive.

They married one year to the day after they met.

All of the couples had very different ideas about future pregnancies in their marriages. Subject 1 F maintained her hope that they would be ready in two or three years to start a family. Near the end of the interviews she stated:

As far as kids, you know, our plan at this point (laughs) is, you know, several years down the road, really. You know, work on the house for the next two
or three years, and you know, enjoy some travel, and you know, freedom to just be a couple and enjoy each other is the plan at this point.

Even after her husband stated that he really did not want children, she said:

Yea, I think it'll, it'll be easier to consider, you know, after the house is in, you know, the kind of shape that we are happy with, and uh, and financially we feel that we can, you know, live off of his salary, and you know, make it. Then, then we would be at a point to, you know, explore the readiness.

Subject 1 M expressed increased doubt about having children as the interviews progressed. He responded to a question at the conclusion of the interviews about how he would move from where he is now to the point of wanting children:

I really don't know. I have no idea. Attitudes change after time and maturity, but, but I still don't, I'm still at that stage where I don't really want children, right now. The thought of having children for me, right now, is it's a curse rather than a blessing. So, until that, until it changes over, until I can get excited about it, I don't want any.

Indecision about children continued to be a point of contention for Couple 1.

Couple 2 struggled throughout the interviews with the question of having children. In Section 3, Subject 2 F made a statement which revealed her determination to not have a child:

I'd pay $10,000 for an abortion if I had to (with feeling). If um, if I have to do it myself and risk my life, I'll do it. If they make it illegal, I'll find a way. I'll find a way somehow.
Although they had a verbal agreement before their marriage four years ago not to have children, this issue intensified during the unwanted pregnancy and abortion process and was expressed in the interviews as an area of conflict. At the conclusion of the interviews with Couple 2, each person completed a demographic data sheet. One of the questions was "Number of desired children in your family." Subject 2 M wrote "0." Subject 2 F commented on that and remarked that he did want children, but he did not change his answer.

Subject 3 F shared her need regarding other children:

And maybe one day, I will be able to have a third child, if we choose to, where there's some space. When my oldest one is maybe in school and I have, I just need more, uh, you know, one on one. I just don't need to be overwhelmed.

Subject 3 F described how their sexual activity would be affected by the unwanted pregnancy and abortion:

It's almost hard, it's always really hard to, for me, right now, to, to imagine enjoying sex, after that (laughs). You know what I mean, it's just kinda become, changed everything. It's kinda, no, no such luck as having carefree, um, sex. And I don't want to have sex and think about this experience. And I think time will take care of that. To me time is a great healer. If I just put some distance there, I guess it will be okay.

Subject 1 F was the only subject who attended the post-abortion follow-up exam. She stated that she felt relieved after having the physical exam. Subject 2 F did not attend the exam because of her limited mobility while using crutches with a broken kneecap. Subject 3 F stated that the Christmas holidays, the wreck, and her daughter's illness
had prohibited her from attending, but she still planned to do so.

Between the abortion and the six-week follow-up interview, Couple 3 had their younger daughter tested for possible leukemia. An issue related to other pregnancies was revealed by Subject 3 F in Section 1:

There's an issue that we, we have both brought up, and it's negative, but it's one of those things. What if we lost a child? You can never replace a child, and we wouldn't try to replace a child, but we're not willing to do something so permanent because we do know that we would like, you know, if something did happen to one of our children, that we really would want to have another baby. And, that's, that's another, back to the abortion issue, that I've talked with him about too, that I was concerned, uh, you know, this is my third abortion, and I don't want to do anything that might jeopardize the possibility of me getting pregnant if I choose to. That's when I would regret this decision. I would regret this decision if in some future point I had serious medical repercussions (claps hands).

Although indications were that their daughter did not have leukemia and would recover, questions remained about the seriousness of her illness at the conclusion of the interviews.

Subject 3 F described her altered perception of an abortion decision:

It, it didn't change my ideas about abortion, abortion, but personally I realized, I felt much more how hard and traumatic it is for women to do and it makes me even more angry to see people who have this attitude, like women just bop in and (changes voice) have one, and bop off, and it's no big deal, you know. I felt every bit of it a lot more, because of my age and having children, and being married, and just different things like that, I really felt, I felt much more um, the, I don't know, I just felt it more, everything about it. I felt like, I, I was making a real, a big decision, you know. I felt like it was real big deal!
And that it shouldn't be taken lightly, not that I ever thought it was something that was real light, but I personally really felt it. I felt it first hand, like this is a serious thing, and uh, you know, it should be, a lot of thought should go into it, because it has the potential to psychologically really do some strange things, I think, to people, you know, to certain people. It could, it could very well, really I think it could destroy a marriage, I think it could destroy somebody's life if they, you know, weren't real careful about how they made the decision. And uh, it certainly didn't change my mind that I'm really glad there's a choice, you know. That's a, that was a big thing when I was in there. I remember like feeling like, thank God, that this is a choice that I can make (whispers)! Because the, like I said, it could destroy someone's life to have the abortion, but it could just as easily (smiles), probably more easily (laughs) destroy a lot of things having an unwanted child.

Subject 1 F described her emotional reaction to the abortion at the six-week interval:

I was surprised, pleasantly surprised, with, um, how smoothly and easily things have gone afterwards emotionally. You know, I wasn't sure if, you know, if the mood swings would, would, you know, cut off pretty quickly afterwards or, uh, or if I would have any wonderings or regrets or anything. And I, and I really haven't. It's gone really smoothly afterwards, you know, except for that just that first day when I felt bad. So, that's been good (soft voice).

All the couples answered questions about how conflicts and disagreements are typically managed in the relationship to determine if they used the same style to handle the abortion decision. Couple 1 described how conflicts are handled in the marriage:

I: When you do have disagreements in your relationship, how are they usually handled?

F: Compromise, really. You know, we each get a chance to say what we think. You know, not one of us is, you know, overly loud and pushy, or anything, I wouldn't say. So, he'll say, this is what I think, and I'll say, this is what we think, what I think, and we'll
decide well, we have these few options, and we'll just kinda come to a, a conclusion together.

M: It's more like a debate (smiles).

F: Yea, well, like we're

M: We each have our own side and then

F: Yea.

M: And then, we'll express our side, and hear the other person's side, and then usually a compromise works out of that.

F: Uh huh.

I: So you get everything out on the table and

F: Yea. And then go from there. Sometimes it's an issue that's more important to one than the other. So, if it's something that's important to him, and not so to me, then I'll say okay, go on and go right ahead. You know, that kind of thing. We usually just weigh the options, and then come to a mutual decision.

Subject 2 F responded to how they handled disagreements:

I: Um, so when you all disagree about something or the way something should be done traditionally, you'd be more likely to just say, okay, maybe give in and do it her way? (to husband)

F: He used to do that all the time.

Couple 3 discussed how they believed differences were resolved:

I: So when you do have these disagreements about, you know, doing things like this, how do they get resolved?

F: They don't! (laughs)

M: Yea they do!

F: They come up again, and again, and again! We have the same argument quite frequently don't we?

M: Yea, getting used to it I guess.
Subject 2 F described feeling overwhelmed with the stress she experienced over the last several months:

I feel great now! (laughs) Boy, there for awhile it was bad! I didn't think, I just kept thinking, how much more can I take (laughs). How much more can a person go through in two months? We've been through some pretty major things in two months. I just kept thinking, God, what else can happen? what else can go wrong? And why is all this happening to me? Why me, God! I know bad things are going to happen in people's lives, but maybe one of those things per year, per family, or something. (laughs) We get them all within two months, you know! . . . After the abortion I thought, okay, this is my bad thing to happen to me. Now it's all over with and everything is going to get better. Then my knee, and I thought okay (laughs). And then the flu, and I thought okay (laughs). And then we wrecked our car, and I thought okay (laughs). And then the stuff got stolen off of our boat, and I'm like okay, enough! (laughs) So far nothing else has happened in about a week now, so. (laughs and says to husband) Don't look at your watch. Right now, I, I feel great, because I like my new job a lot. I like it a lot. I'm going to start putting a lot of efforts towards it, so. I think there's a lot of potential there.

In summary, Research Question 5 focused on the post-abortion circumstances for the couples in this study. Birth control remained an area of contention. None of the couples were satisfied with the method of birth control they utilized, which could put them at risk for another unwanted pregnancy. The couples had resumed sexual activity, but reported being more cautious. Two of the three couples would choose abortion if another unwanted pregnancy occurred. Only one subject had returned for the post-abortion follow-up exam.

The couples discussed current and past perceptions of their relationship. The couples focused on what was
initially attractive about their partners, and described how disagreements were managed in the relationship. The conflict-resolution styles typically used by the couples were consistently used to handle the unwanted pregnancy and abortion decision. The couples described other stresses that had occurred in the six weeks since the abortion procedure was completed.

**Summary of Findings**

Abortion was necessitated because unreliable and inconsistently used birth control methods resulted in an unwanted pregnancy. Individual and relationship issues resulted in ambivalence about responsibility for birth control and feelings about parenthood. Abortion was a viable alternative for terminating the unwanted pregnancy because the subjects considered themselves to be pro-choice.

Once a pregnancy was suspected, the couples began exploring their options. The decision-making process was similar to that utilized in other conflict situations in the marriage. Whether or not the family of origin or friends were involved in the decision-making process, their perceived attitudes about abortion impacted the thoughts and feelings of the individuals.

The major factor in the decision to terminate the unwanted pregnancy was fear about the negative impact a child would have on the marriage. A lack of emotional
readiness for parenting and financial concerns also seemed to play a role in the decision. Unresolved family of origin issues seemed to be a factor in the reluctance of the couples to take on the responsibility of children. The fact of unwanted pregnancy may open family of origin issues which may provoke individuals to examine their own nurturing.

Although the abortion controversy influenced the subjects of the study, the publicity tended to strengthen their convictions about abortion being a viable alternative and choice. Abortion was considered to be necessitated by the circumstances.

Both physical and emotional pain were described surrounding the abortion procedure. Relief was the primary feeling experienced after the procedure was completed. However, other feelings such as sadness and guilt were also experienced. The clinic personnel were a positive influence on the participants, providing both physical and emotional support on the day of the abortion. The females wanted both physical and emotional support from their partners during the pre- and post-abortion process, and they relied more on the male partner than any other person to meet their needs.

Birth control remained an unresolved issue at the six-week follow-up interview. A lack of clarification about who was responsible for practicing birth control seemed to exist. The couples were more cautious about sexual activity.
Other stressful events had occurred since the abortion that had created additional strain on the subjects' relationships. The abortion was not reported to be a source of concern. However, it was unclear if unresolved issues from the unwanted pregnancy and abortion had precipitated additional personal and relationship problems.

Related Findings

The overall communication was disproportionately divided between male and female. The prevalence of the female partner was evident to the researcher from conducting and transcribing the interviews. The disproportionate communication may have reflected the female partner taking on more of the responsibility for the unwanted pregnancy and abortion. The female subjects in this study were more verbal and were also more interested in participating in the study. Although the males may have viewed the unwanted pregnancy and abortion as less of a couple issue, they also had less information to share since they did not participate in all aspects of the abortion process. This may reflect, too, the tendency in our culture for females to be more willing to talk about feelings and personal experiences.

To verify the extent to which each partner was involved in the interviews, the lines of dialogue were counted. Each line of the transcript which had dialogue was counted as "one line" no matter what the length. This decision rule was applied to the transcripts in their entirety.
The most verbal male was Subject 3 M with 868 lines of dialogue (25%) to 2,474 for Subject 3 F (75%). A total of 3,345 lines of dialogue comprised the four and one-half hours of interviews completed with this couple. Subject 2 M had 476 lines dialogue (25%) to 1,438 (75%) for Subject 2 F. Three and one-half hours of interviews resulted in a total of 1,914 lines of communication. Subject 1 F had the highest percentage of dialogue with 83% (1,445 lines) to Subject 1 M's 17% (293 lines). Couple 1 completed four hours of interviews.

Discussion

The findings of this study indicate that unwanted pregnancy and abortion impacts not only the self-concept of the individuals who are involved, but also the relationship of the couple. The couples relied on decision-making styles used to resolve marital conflicts in choosing abortion to terminate the unwanted pregnancy. The male partners did have influence in the decision-making process, but the females believed they made the final choice to have the abortion. Because individuals frequently do not seek counseling during the pre- and post-abortion process, recommendations for outreach are provided. Areas for further research on the abortion process for couples are specified.
Self-Concept of Individuals

According to the information obtained in the interviews, the process of the unwanted pregnancy and abortion left all of the subjects with an altered sense of self. Physical, emotional, financial and relationship pressures which resulted from the unwanted pregnancy and abortion added stress to their lives. All of the subjects in the study examined personal issues that impacted the marital relationship.

Subject 1 M further clarified his lack of desire to have children until he feels ready to willingly take on the responsibility of parenthood. He discussed family of origin issues in the interviews which impacted his feelings of low self esteem and resistance to parenthood. He believed that he received insufficient nurturing from his parents because they had more children than they could handle. When asked how he would get to a point of readiness for children, he was uncertain. Although he did not perceive counseling to be an option he would pursue, he might have benefitted from exploring how unresolved family of origin issues affect his current attitudes and behavior.

Subject 1 M reported experiencing only positive feelings about the abortion. He said his concern that his wife would "hate him for the rest of his life" was alleviated by her positive affect immediately after the abortion. However, he did drink a bottle of champagne and
pass out the night of the abortion because of the "stress of the day." This may signify a deeper underlying problem. Although he seemed to minimize the effect of the unwanted pregnancy and abortion, he considered the process to be the biggest stress they had faced as a couple. His statements during the interviews and his reported behavior seemed to be contradictory. He projected a guarded stance during the interviews, sitting with his legs and arms crossed tightly. He moved further away from the researcher during each section of the interview. At the six-week follow-up interview, he had positioned himself so that Subject 1 F was between the researcher and him and eye contact could not be made.

Subject 1 F expressed a sense of relief that she did not have the responsibility of a child, but also felt relief that she was able to conceive. Her decision to abort the pregnancy seemed to have been made because of her husband's lack of excitement about children and parenting. However, when discussing her ideas about starting a family, she emphasized "doing it right." She seemed to set high personal standards for herself. She also wanted to be in a financial position to quit work so that she could devote herself to full-time childcare.

Subject 1 F's reported crying and anger at her husband were inconsistent with her words and laughter in the interviews. Subject 1 F made statements and asked questions
during the interviews which reflected a lack of communication between Couple 1. Subject 1 M verified that most of what he heard during the first interview he was hearing for the first time. Subject 1 F seemed to make guesses about what he was thinking and feeling. The interviews seemed to be a way for her to inform him of how she had been feeling during the abortion process and to ask him to elaborate on his feelings. Marital counseling could assist them in developing communication skills and resolving issues which affect their relationship.

Subject 2 M's discomfort with his wife's decision to have the abortion seemed to prompt him to be more involved in the decision-making in his marriage by the six-week follow-up interview. He described ways that he had allowed his wife to dominate him and influence him to do what she wanted. He gave specific examples of what he believed to be her "dogmatic" behavior. He used his wife's recovery time from the abortion and a subsequent injury to initiate a more assertive stance in their marriage. He reported a sense of freedom and reduced stress while she was incapacitated that led him to begin taking greater risks in meeting his own needs in their marriage. He took the opportunity to begin setting limits and saying no. He challenged his wife's rigid ideas about how tasks should be performed and how he used his time in the final interview. Marital counseling
could assist Couple 2 to develop a more balanced relationship.

Subject 2 F believed that she had to accept his ideas while she recovered from a series of injuries and illnesses. When he gave examples of her behavior in the final interview, she defended herself and stated that she was "a lot better." However, she did recognize that it was not beneficial to argue about all points of contention. She reported being more comfortable with watching her husband do tasks in his own way. She did see the unwanted pregnancy and abortion as the start of a series of "bad things" that happened to her. However, she believed that she had changed as a result of the challenges she had faced, and saw herself and her marriage as stronger.

Subject 2 F rejected the idea of having children, in part because of her belief that a child would create greater dissonance in the marriage. She described family of origin issues during the interviews that have influenced her beliefs and behavior. She reported not trusting anyone. She was led to believe that her father died in a car wreck shortly after her parents' divorce when she was two years old. She seemed to hold anger at her mother for perpetuating a lie and withholding information about her father's identity for over twenty years. She expressed a desire to deny her mother the opportunity to be a
grandmother. Counseling could be of benefit to Subject 2 F in resolving family of origin issues.

Subject 3 M discussed his resistance to counseling, but acknowledged that personal changes were necessary to improve his marital and family situation. He seemed to be more receptive to the idea of counseling as the interviews progressed. He saw the abortion as a stressful event that provoked a reappraisal of marital patterns. He believed that he and his wife had "a deep spiritual connection," but tended to be negative and critical of each other. He expressed a commitment to focusing more on the positive aspects of their relationship.

Subject 3 F discussed family of origin issues during the interviews that affected her past and current functioning in relationships. She is the most likely subject to seek individual and/or marital counseling. She saw the abortion as a crisis point and felt strongly about initiating personal and marital changes to provide a better quality life for her and her family.

The APA study (1987) suggested that women who experienced pain during the procedure and women with committed relationships are more at risk for negative post-abortion reactions. Subject 1 F reported extreme pain during the procedure and believed she had a committed relationship. However, at the end of the interviews the
information was inconclusive as to whether she had psychological difficulties resulting from the abortion.

Subject 1 F reported experiencing the socially-based negative emotions described by Adler (1975). Because she thought in society's eyes they could have managed a pregnancy, she felt guilty about the abortion and feared disapproval if others found out. The morning following the abortion she reported crying "to beat the band," but was not sure why she was crying.

Subject 2 F also experienced great pain during the procedure, had a committed marital relationship, and had a poor relationship with her own mother. Although she is considered at risk according to the APA findings (1987), the results of this study did not conclusively indicate a negative post-abortion reaction. She reported feeling "really depressed" the day after the abortion and not knowing why. Because the day following the abortion was Thanksgiving, she was around family at a time she would have preferred to be alone. She wished that her family could have supported her, but believed that they would not. She did have a series of accidents and illnesses which could have been stress-related.

Subject 2 M reported both the socially-based negative emotions and the internally-based negative emotions described by Adler (1975). He feared disapproval if others found out about the abortion, since many of his friends and
family are opposed to abortion. He had also violated a personal value since he believed abortion to be "wrong." He was still struggling to resolve his personal and marital issues when the interviews concluded.

Subject 3 F reported an immense struggle with the decision and sadness about the loss. She met criteria discussed by Hittner (1987) and APA (1987) for experiencing negative post-abortion reactions. Their findings indicated women with children, women with difficult and pressured abortion decisions, and married women with strong, committed relationships were more likely to have their feelings of well-being affected. Subject 3 F already had two children and a marriage she considered to be committed. She emphasized how difficult the decision was to terminate the pregnancy since she knew "what the potential was." She also felt pressure from her husband as she made the decision. She was the only participant who reported sadness, a sense of loss, or crying at the time of the abortion. Although she saw both positive and negative aspects of choosing abortion, she also expressed fear about losing a child or later finding that she was infertile. Her younger daughter was being evaluated for a possible blood disease at the time the interviews concluded. This escalated her fear and guilt about having the abortion. Yet she was glad that she was not pregnant while her daughter was having extensive tests in a hospital in another city.
Subject 3 F had negative feelings about this being her third abortion. However, her abortions occurred over 14 years, she had two children, and she also had two miscarriages. She seemed to experience what Adler (1975) referred to as socially-based negative emotions. She felt guilty about the fact that she had more than one abortion. Thompson and Robinson (1986) recommended that counselors help women clarify and accept responsibility for having a repeated abortion rather than accepting society's view that this behavior is wrong. They contended that women will continue to have unwanted pregnancies despite the method of contraception chosen. This type of approach could be useful with Subject 3 F if she pursues post-abortion counseling.

Freeman's findings (1977, 1978) suggested that women who seek abortions were ambivalent about managing contraceptive use and saw themselves as passive and that abortion was chosen because it was necessitated by the situation. Contraceptive use only increased post-abortion for the women with positive self images, but did not for women who tended to deny feelings.

Subjects 1 F, 2 F, and 3 F all vacillated about managing contraceptive use. Individual and relationship conflicts about how birth control would be managed and who would assume the responsibility had not been resolved. There seemed to be a lack of clarity about how much initiative and consistency the women would use in managing
birth control. Freeman (1977, 1978) saw this as society's conflicting expectations for women--expecting self-responsibility, but also expecting compliant and naive sexual behavior. Contraceptive use had not been resolved at the six-week follow-up interview for Couples 1 and 3. Subject 2 F had begun taking the birth control pill, but was not particularly happy about this option.

The crisis of unwanted pregnancy and abortion had an effect on the subjects' attitudes about abortion. All of the subjects strongly expressed the belief that abortion needs to remain a choice for women confronted with unwanted pregnancies. They favored legislation that would keep abortion a safe and legal option. Lodl, McGettigan, and Bucy (1984-85) described a tendency to minimize the negative consequences of abortion for fear of providing support to anti-abortion forces. The subjects of this study could have emphasized positive feelings about the abortion to be consistent with their pro-choice stance.

Two of the three couples in the study said they would choose abortion if another pregnancy occurred in the near future. Initially, Subject 1 F was adamant about not having another abortion. Later she said that the same factors would exist for the next several years that influenced her to have the abortion, indicating she would consider abortion as an alternative once again. Subject 2 F was insistent that she would have another abortion if a pregnancy
occurred, emphasizing that she would risk her life if necessary to terminate an unwanted pregnancy. Only Couple 3 agreed that they would choose to have the child if another pregnancy resulted. Subject 3 M said he would take another pregnancy "as a sign" that they were supposed to have the child.

**Effects on Relationship**

The relationship was strained during the pre-abortion phase for all the couples. Physical symptoms of pregnancy such as morning sickness, excessive fatigue, and irritability posed a strain on the female partner and affected the relationship. The cost of the abortion added a strain to tight budgets for all of the couples. Two of the couples used Christmas savings and one couple borrowed the money from a relative to pay for the abortion.

Bracken, Hachamovitch, and Grossman (1974) found that partner support was significantly more important in predicting a positive abortion reaction among older women and emphasized the necessity of considering the social and interpersonal environment in which the abortion decision was made. Although all the male partners provided support for their wives in managing the unwanted pregnancy and abortion, the support was perceived differently than it was intended. The women had both positive and negative comments about what their spouses had done to assist them in the process.
Freeman (1977, 1978) found that women who reported substantial emotional distress four months after the abortion perceived a lack of emotional support from their partners. The subjects in this study seemed to be more focused on the relationship than the abortion at the six-week follow-up interview. They also expressed more concern about their relationships with their partners than any other aspect of the abortion. The ability of the relationship to withstand crisis may be an important predictor of negative post-abortion reactions for both members of the couple.

Couple 1 reported different perceptions of the male partner's ability to be supportive. Subject 1 F described her husband as very supportive at times. However, she also reported anger and disappointment when he passed out on the night of the abortion. Because Subject 1 F knew her husband was opposed to having a child, she seemed to feel pressure as well as support for her choice. She believed her marriage could be jeopardized if she did not choose abortion. If her marriage were to end, she would be at risk for developing psychological problems since she seemed to have made the abortion decision to preserve the relationship with her husband. Since she was determined not to tell anyone else about the abortion, she would have no support outside her marital relationship for resolving any negative feelings.
Subject 2 F had other stresses around the time of the abortion. She had lost her job and had discovered a family secret which weakened her relationship with her mother. She had limited support outside her marriage. Subject 2 M was not able to state how he had been supportive; she had asked him to be "nice" to her. Couple 2 agreed that he left the decision up to her and accepted her choice. He behaved consistently with what he reported as a "pro-choice," but not "pro-abortion" stance. She felt support from him because he accepted her decision, even though he believed abortion to be wrong. He did accompany her to the abortion clinic and stay with her throughout the day when it was permitted. He indicated that he would have even reluctantly stayed with her through the procedure, but clinic rules prohibited him from doing so. Although she feared that he would later resent her for choosing abortion, she went ahead with her decision.

Subject 3 F had the support from family and friends, but did not receive the support from her husband that she wanted. Couple 3 also had differing perceptions of the level of support in the marriage during the time surrounding the abortion. While Subject 3 F thought they "failed miserably" in providing support for each other, Subject 3 M believed that he had listened and done what he could. He viewed their personality and problem-solving style differences as a reflection of the crisis.
For Couples 2 and 3, the abortion served as an awareness point at which a realization occurred that changes were necessary for a more healthy and balanced relationship. The final interview provided a forum for open communication about these issues. For Couple 1, obvious points of contention were shared in the interviews, but went unacknowledged. This supports the view of Lodl, McGettigan, and Bucy (1984-85) that although abortion can strengthen relationships, it sometimes magnifies or deepens existing problems. Couples 2 and 3 initiated discussion and attempted changes in their behaviors. For them, the abortion could have provided the impetus for making positive relationship changes. These couples could emerge with a greater understanding, acceptance, and sense of marital strength. Couple 1's tendency to minimize relationship difficulties and leave issues unresolved may put them at risk for a repeated unwanted pregnancy and increased relationship strain.

Adler (1975) found that when individuals acted consistently with their stated values, resolution about the abortion was more easily attained. Women in her study who had violated personal values were likely to feel a sense of loss and internally based negative emotions, such as regret, anxiety, depression, doubt, and anger (Adler, 1975). The difficulty with relationships for the couples in this study seemed to be related to the fact that both members of each
couple felt differently about abortion as a viable alternative. Each couple in this study had conflicting ideas and needs in regard to managing the unwanted pregnancy. They also had different views on how desirable a pregnancy was at the time it occurred. It proved difficult to make a couple decision on such significant personal issues.

Couple 1 seemed to have a tendency to avoid "negative feelings," such as sadness or anger, but rather focused on their marital happiness. Subject 1 F maintained that the relationship had been "marital bliss" since the abortion, but also mentioned several instances of anger, disappointment, and sadness. Subject 1 M said that any future challenges to be faced as a couple would be "inconsequential" after resolving the abortion issue.

Couple 1's resistance to selecting a reliable and effective birth control method which met both of their needs seemed to be indicative of ongoing relationship problems. They continued to express conflicting intentions about having children. The apparent differences in their desire for children escalated during the course of the interviews. While Subject 1 F stated that they would be ready to have children in two to three years, Subject 1 M continued to emphasize his reluctance to have children. At the conclusion of the interviews, he stated that he did not want to have children. Yet, on his demographic data sheet which
he completed at the end of the interview, he wrote "two" for "desired number of children in your family." The information obtained in the interviews indicated Subject 1 M's ambivalence about children, as well as the conflict within Couple 1 about their readiness for parenthood.

Couple 2 seemed to be searching for ways to compromise and meet both of their needs. A shift in the balance of power seemed to occur during the interview process. This was evidenced by a business trip she did not want him to take. He wanted to go for two weeks, but he compromised and agreed to go for one week. They both seemed satisfied with the negotiation process they had begun to develop in the marriage. However, compromise on the issue of having a child was much more difficult. At the conclusion of the third interview, Subject 2 M wrote "0" for his desired number of children on the demographic data sheet, although he verbalized differently in the interviews. Subject 2 F suggested he indicate that he did want children. However, he did not change his response. She wrote that she wanted no children.

Couple 3 emerged with a determination to make changes in their marital relationship, wanting to be more supportive and encouraging of each other. They both wanted more support from each other. They discussed their differences in style and personality, and they were working to develop more tolerance and to be less critical of each other. They
were committed to staying together. They had begun to recognize the ways they disagreed and contradicted each other in the interviews over issues on which they basically agreed.

Although all couples had practiced birth control, they believed conception occurred as a result of inconsistent birth control usage. The female partners expressed more of a sense of responsibility and determination to insure that another unwanted pregnancy would not occur. Because the exact point of conception is hard to predict, the couples were estimating when it had occurred. Since each couple had used birth control at times, it may be that pregnancy resulted from birth control failure rather than birth control omission. However, it seemed important for the women to believe that if they changed their behavior and practiced rigorous birth control methods, they could prevent another unwanted pregnancy and subsequent abortion from occurring. If another unwanted pregnancy were to occur, the self concepts of the women could be damaged if they viewed themselves as having limited control in preventing pregnancy. For Couples 1 and 3, the female partners hinted at their spouses' lack of cooperation and responsibility in preventing pregnancy. Another pregnancy could generate a greater rift in the relationship. This could be more of a problem for Couple 1 since they feel a lack of readiness for
parenthood for the next two to three years. Couple 3 would choose to have the child if another pregnancy resulted.

**Decision-Making Processes**

The pressure of the unwanted pregnancy and abortion necessitated that decision-making and conflict-resolution skills be used by the couples in the study. The decision to terminate the unwanted pregnancy by abortion mirrored the decision-making and conflict-resolution processes utilized by the couples in other marital situations. The conflict-resolution styles used by the couples in handling the unwanted pregnancy served as a metaphor for the way they normally handle conflict.

Couple 1 stated that they resolved conflicts by compromise. Subject 1 M called their discussions "more like a debate." Subject 1 F reported that she gave in if an issue were more important to her husband than to her. She seemed to acquiesce to his strong feelings about terminating the unwanted pregnancy. Although she agreed with his rationale and knew that he was not ready for parenthood, she reported some negative feelings about what had happened and the pain she had endured.

Subject 2 F tended to influence her husband with her dogmatic ideas and strong opinions when decisions were made. Although he believed abortion to be wrong, she was adamant about not wanting to have children. Her determined stance resulted in his not openly communicating what he believed
and preferred that she do. She seemed to have a way of overpowering her husband with her strong will. Even though Subject 2 M desired children, he was conceding his wishes because of the strength of her convictions. Although he stated otherwise, he wrote that he did not want any children on the demographic sheet after her insistence that she would not have a child.

Once Subject 3 M made a decision, he liked to put it behind him. He considered himself to be analytical and decisive. He believed that the timing was wrong for a third child and communicated this belief to his wife. He did not feel the need to talk about the decision further. He reported disliking the "wishy washy" behavior his wife used in her decision-making process. This created tremendous frustration for Subject 3 F, who preferred to explore options thoroughly and continue to re-evaluate decisions even after they have been made. She wanted her husband to support her by exploring the many aspects of the decision with her. She felt abandoned and lonely when he refused to do that. She considered herself to be a vacillator who liked input from others. The differences in their styles created conflict and seemed to result in negative feelings.

The Influence of the Male Partner

Ryan and Dunn (1983) questioned whether it is ethically appropriate to exclude one partner from the pregnancy counseling process. Freeman (1977, 1978), Snegroff and Leff
(1982), and Maracek (1987) cited the importance of including the male partner when counseling for resolution of the abortion experience or for planning future birth control methods. Ryan and Dunn (1983) also cited the need for more research on the "male's experience with an unplanned pregnancy . . . his perceptions relative to seeking and obtaining pregnancy counseling . . . and subsequent actions and their relationship to his stated attitudes" (p.235).

The male partners in this study were notified of the unwanted pregnancy and participated in the decision-making process. All of the couples spent time every day communicating about what was happening physically and emotionally and evaluating factors which influenced their decisions.

Maracek (1987) underscored the importance of follow-up, since serious psychological problems can occur when abortion is pressured, disapproved, or unsupported. The females in this study, who experienced the physical and emotional demands of both pregnancy and the abortion, felt they made the decision. Yet Subject 1 M and Subject 3 M were opposed to completing the pregnancies that had begun. Subjects 1 F and 3 F felt pressured to make the decision because of the feelings of their husbands. Although Subject 1 M and Subject 3 M stated that a pregnancy could possibly be managed, they were clear about their hesitance and lack of commitment to that option. In fact, Subject 1 F felt that
maintaining the pregnancy could have jeopardized her marriage. Subject 1 M and Subject 3 M did not participate in the information, clarification, and birth control sessions at the clinic. They influenced the decision to have an abortion, but were not asked to examine their motives by clinic personnel. Subject 1 F and Subject 3 F faced the actual abortion procedure alone knowing the preferences of their husbands. Subject 1 F believed her family and friends would have disapproved of their decision.

Subject 2 F knew that her husband believed that abortion was "wrong," but made the choice to end the pregnancy. She felt sad and lonely because she believed her family would not have supported her choice to have an abortion. Subject 2 M did not really try to influence his wife's choice, although she knew that he believed abortion was wrong. Yet, he still accompanied her to the abortion clinic and attended all meetings with the clinic support personnel.

For Subject 1 M and Subject 3 M, a discrepancy existed between their stated beliefs about not wanting children and their willingness to assume responsibility for birth control. The female partners had to remind their husbands to use condoms. Although Subjects 1 M and 3 M expressed a dislike for condoms as a birth control method, these couples were relying primarily on condoms to prevent pregnancy at the six-week follow-up interview. The difficulty in
reaching resolution on birth control resulted in a much more difficult decision being required. If the couples continue to be passive and inconsistent about managing contraceptive use, it is likely that other unwanted pregnancies will result. This would add another stress on the relationship and force additional decisions be made.

Joy (1985) found anger to often be directed toward those from whom women felt pressure to abort. Subject 1 F expressed anger at her husband several times on the day of the abortion and immediately afterwards. Joy (1985) further noted that depression occurred as a delayed grief reaction for some around the due date, the "anniversary" of the procedure, and/or if women later found they were infertile. Because only six weeks had passed since the abortion at the conclusion of the interviews, it was too early to determine if delayed grief reactions might occur.

The clinic workers were not professional counselors, but did strive to help the woman obtain information to make a well-informed and unpressured decision to terminate the pregnancy. Although the male partner is sometimes included in discussions with clinic personnel, the focus is on the female partner. The clinic personnel spent time talking with the female partners about their rationale for choosing abortion. Less support was available for the male partner. At one clinic, movies were provided for those who accompany friends and spouses to the procedure, but male partners were
not routinely included in the informational sessions about the abortion or consideration of birth control options. This seems to minimize the male partner's role in decision-making and birth control responsibility. He does not receive first-hand information about contraceptives, nor is he able to participate in a discussion about the relative advantages and disadvantages for the couple. The female partner is placed in a position of making couple decisions alone.

Implications for Counseling

The abortion clinic had the initial personal contact with the subjects on the day the abortion procedure was performed or initiated. Patients were screened at the clinic to insure that they were making unpressured and well-informed choices to have an abortion. Clinic personnel reported that few patients are sent away to further examine and clarify their decisions. Although literature suggested the importance of a thorough exploration of the physical and emotional consequences of abortion, as well as the impact such a decision will have on the relationship of the couple, this did not occur for the subjects in this study. A counseling intervention seems most likely to occur at the post-abortion stage if individuals or couples seek assistance with other personal relationship issues. For the couples in this study, professional counseling would have helped to clarify individual and relationship concerns.
Both pre-abortion and post-abortion stresses and marital issues could have been addressed in a therapeutic atmosphere. As an increasing number of married couples choose abortion for unwanted pregnancies, more psychological support would benefit both the female and male partners.

Since clinic personnel believe that there is a minimal psychological risk for women who make well-informed and unpressured abortion decisions, they do not see the need to make referrals for counseling about abortion issues. However, the findings of this study suggest that it would be helpful to refer patients for counseling whose unwanted pregnancies may signify an underlying relationship conflict. The lack of cooperation and responsibility in utilizing birth control methods may be a sign of a deeper relationship issue similar to those found when sexual dysfunction occurs in a couple. Birth control was an area of conflict between the members of each couple in the study. Although the couples in this study indicated they were resolved on the issue of abortion, other relationship and individual concerns did not appear to be resolved. This could precipitate a crisis that would threaten the marital relationship. It would be helpful for clinic personnel to explore whether birth control failure is occurring or whether unwanted pregnancy is a symptom of a more serious relationship or personal issue.
A counseling intervention to examine whether the woman is making her choice for the partner or for the relationship would be helpful. A realistic assessment of the potential negative and positive outcomes of all alternatives could be explored. Involving both members of the couple would clarify commitment to the relationship and would address the responsibility for future contraception. A discussion of the benefits and limitations of the various methods of birth control would help couples make better informed choices. Planning approaches to handle inconsistent birth control usage or lack of cooperation within the couple could reduce the likelihood of unintended pregnancies.

An area of counseling outreach could be through clinic personnel at Women's Health Centers, university health centers, and abortion clinics. Clinic personnel need to advocate the potential benefits of counseling and provide referral sources. This information would be beneficial for those who come in direct contact with women receiving positive pregnancy tests and their partners. Unwanted pregnancy is considered to be a crisis situation which would best be handled by a professional counseling intervention. The subjects in this study utilized inconsistent birth control methods and lacked information on the relative risks and benefits of various methods of contraception. Factual and accurate information needs to be available for couples. A counselor could be of assistance in making decisions about
future birth control, sexual activity, delineating responsibility within the couple, and other relationship issues.

Hittner (1987) urged counselors to be sensitive to signs of situational depression both pre- and post-abortion. All of the subjects described physical and emotional reactions to the stress of the unwanted pregnancy and the decision-making process that could have indicated situational depression. A counseling contact for exploring psychological difficulties which had been exacerbated by the crisis of an unwanted pregnancy and abortion could have been beneficial for the participants in this study. Only one of the participants in this study attended the post-abortion follow-up exam, which consisted of a brief physical examination. Couples 2 and 3 had managed several external stresses since the abortion. Both couples had car wrecks, Couple 3 had an extremely sick child, Couple 2 had a theft, and Subject 2 F broke her knee cap and started a new job. Both couples had a sense of being overwhelmed and questioned why these events were happening to them. Couple 3 considered their daughters illness to be a "reflection" of the stress of the unwanted pregnancy and abortion. Although both couples said they had not really had time to think about the abortion because of the other events taking place in their lives, the accumulation of stress seemed to be taking a toll on their physical and emotional health.
The stress of the unwanted pregnancy and abortion seemed to precipitate a series of other stressful events in the lives of the couples. All of the couples made reference to the fact that they had not even thought about the abortion because so many other things had been happening. Failure to resolve the stress from the unwanted pregnancy and abortion could have made them more susceptible to other stress.

Pre-abortion is considered to be an ideal time for a counseling intervention because of the many facets of the decision and the need for support (Bracken, Hachamovitch, and Grossman, 1974). Snegroff and Leff (1982) found the time preceding the abortion to be the most difficult time emotionally. Although pre-abortion is considered to be the best time for counseling, clinic procedures and tight time schedules on the day of the abortions were not conducive to a thorough examination of the factors surrounding the unwanted pregnancy and abortion. The focus was more short-term crisis intervention, and was handled by a clinic worker who was not a trained professional counselor. It would be advantageous for the clinics to employ a counselor to assess the readiness of the patient for the abortion to preclude later negative post-abortion reactions. As a required part of the abortion process, the counselor could assist the clients in sorting through their feelings about the pregnancy, the abortion, and the relationship at the time it seems to be most therapeutic.
The pre-abortion stage was the most difficult time for the subjects of the study. For Subject 1 F, the time between making the decision and having the abortion was very difficult. She dreaded the abortion, and the two and one-half weeks seemed to pass slowly. Subject 1 F was unwilling to call the abortion facility to request information and schedule the procedure. She asked her husband to call for her and commented that "it was the least he could do." Although she believed her lack of knowledge about abortion increased her anxiety, she indicated that she would not have been willing to talk with someone to help her clarify her concerns prior to the abortion. This could have resulted from the guilt and uncertainty she felt about the abortion.

For Subject 2 F, the inconsistency in her pregnancy test results escalated her anxiety and fear. She experienced many negative symptoms of pregnancy which made her feel uncomfortable and unusually irritable. Subject 2 F was also resistant to the idea of counseling pre-abortion. She attributed her emotional distress to the fact that she received inconsistent pregnancy tests. However, a concern for her husband's beliefs about abortion and thoughts about her family seemed also to burden her.

For Couple 3, the intensity of the feelings and the persistent discussions made it a very stressful time. Their conflicting styles in decision-making and their criticalness
of each other contributed to their both feeling misunderstood and isolated.

Only one of the six subjects considered counseling as a viable option for exploring alternatives and making a well-informed choice. Couple 1 reported that they did not have trouble making the decision. Couple 2 were reluctant to see a counselor because of a previous bad experience with a counselor. Even Subject 3 M who saw his wife's vacillation and struggle with the decision said she did not need pre-abortion counseling because she was not "going crazy." Subject 3 F wanted to talk with a counselor pre-abortion, but the fact that she had to complete the abortion before she left town for the holidays necessitated making a quick decision. She also expressed apprehension that a counselor would confuse her more.

The attitudes of the subjects in the study seem to reflect some pervasive misconceptions about counseling. One misconception is that a person needs to be "crazy" to talk with a counselor. Counselors need to do a better job of informing the public that they provide assistance with normal developmental issues that affect both individuals and couples. The public also tends to fail to differentiate among counselors, and often will lose confidence in the potential of counseling after one negative experience. Clients also fail to realize that emotional pain is often a part of counseling. Couple 2 blamed their previous
counselor for the fact that their fighting increased as they explored areas of conflict. This resulted in a possibly premature end to the counseling. Counselors also need to advocate the benefits of a preventive approach, rather than a crisis intervention approach. The couples in this study could have benefitted by clarifying and examining personal and relationship issues before the abortion.

Snegroff and Leff (1982) found the strongest post-abortion feeling was relief. Their findings were validated by this study. Once the pregnancy had been terminated, a sense of relief and a reduction of stress was experienced by all the subjects. Physical discomfort related to the pregnancy also diminished quickly. However, other feelings were also present. Negative thoughts or feelings about the abortion tended to be minimized. Feelings of sadness, guilt, or anger were attributed to other factors. A professional counselor could help clients explore the feelings they experienced and put them in perspective. Subject 1 F described a nightmare the night of the abortion, but downplayed the significance. Subject 1 F seemed to have some regret and guilt about the fact that they could have managed "in society's eyes." Subject 2 F questioned why so many "bad things" kept happening to her. She sounded overwhelmed and possibly guilty. She seemed to be questioning if she were being punished. Subject 3 F expressed sadness and a sense of loss that "would always be
there." Couple 3 was also very concerned about their
daughter's health and how they would feel if she were
terminally ill. However, only Couple 3 considered seeking
counseling assistance for the post-abortion stage.

Subject 1 F was the only subject who had gone for the
post-abortion follow up exam at the abortion clinic.
Subject 3 F still planned to go once the crisis with her
daughter passed. Subject 2 F planned to consult a doctor
when she saved the money to have an IUD inserted, but did
not intend to return to the abortion clinic for the follow-
up exam.

Areas for Future Research

Several areas of research seem warranted based on the
findings of this study. For the purposes of this study,
interviews were conducted several days and six weeks after
the abortion. More conclusive results on the effect of the
unwanted pregnancy and abortion may be obtained if follow-up
were conducted after more time had elapsed since the
abortion. Emotional reactions have been reported around the
"anniversary dates," which include both the due date if the
pregnancy had been carried to term and the one-year
anniversary of the abortion. Additional data could be
gathered on the impact of the abortion on the couple and
whether the anticipated changes in the relationship had in
fact taken place. A longer time-frame might show more about
the effects of the abortion on individual and relationship
issues. Since a high risk for repeat pregnancy exists after an abortion, a longer time frame would also provide data on this. Data could be obtained regarding resolution about a reliable and mutually agreeable method of contraception.

Since the transcripts were disproportionately female narrative, it might be helpful to interview both members of the couple individually during one interview setting. This could facilitate a more honest disclosure and would give the male an enhanced opportunity to share his perception of the unwanted pregnancy and relationship issues.
APPENDIX A

ANNOUNCEMENT FOR VOLUNTEER COUPLES
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ANNOUNCEMENT FOR VOLUNTEER COUPLES

Couples who are planning to terminate an unwanted pregnancy by abortion during the first trimester are needed to participate in a research study. Two interviews lasting approximately three total hours will be conducted with volunteer couples either in the participants' homes or at a neutral site. The researcher is a Licensed Professional Counselor sensitive to issues related to abortions. The participants' names and all information shared will be kept strictly confidential. Volunteers will help others by increasing the information available for counselors about how couples manage during the pre- and post-abortion process. Call Nancy McCray collect at 565-2090 (W) or 383-2008 (H) for more information.

$50 INCENTIVE FOR COUPLES COMPLETING INTERVIEWS
APPENDIX B

INFORMED CONSENT
APPENDIX C

DEMOGRAPHIC DATA SHEET
APPENDIX C

DEMOGRAPHIC DATA SHEET

NAME:

AGE:

OCCUPATION:

EDUCATIONAL LEVEL:

YOUR ANNUAL INCOME:

DATE OF MARRIAGE:

APPROXIMATE DATE YOU MET YOUR SPOUSE:

OTHER CHILDREN'S AGES:

RELIGIOUS BACKGROUND:

NUMBER OF BROTHERS AND SISTERS YOU HAVE:

DESIRED NUMBER OF CHILDREN IN YOUR FAMILY:

ANY OTHER RELEVANT INFO:
APPENDIX D

TRANSCRIPTS AND OBSERVER'S COMMENTS
APPENDIX D

Transcripts and Observer's Comments

Transcripts of the 14 hours of interviews with three couples are on file and are available for review. The observer's comments are also on file and are available for review. The coded data have been filed by coding category for preservation and are available for analysis.
APPENDIX E

GENERAL INTERVIEW GUIDE
Interview 1:

Did you attempt to prevent pregnancy?

What factors led to the unplanned pregnancy?

What memories do you have of when you began to think you were pregnant? How was the male partner made aware of the possibility of pregnancy?

How was the pregnancy confirmed and how was that information shared between the two of you?

How did it feel to know you were pregnant?

How did you decide to have an abortion?

Did you consider any other alternatives to abortion?

How have people close to you influenced your decision?

What helping professionals were involved in making the decision to have an abortion?

What other family members or friends know about the pregnancy?

From whom do you each feel support? criticism?

How have you provided support for one another?

How will the abortion be paid for?

What do you know about the medical aspects of abortion?

What helped you decide on a facility/doctor?

What are your greatest concerns about having an abortion?
How do you think your relationship will be different after the abortion?

What do you remember thinking about abortion before learning you were pregnant?

How has the recent publicity about abortion affected you?

How has your life been different as a result of the pregnancy?

How has your relationship with your partner changed?

How much time per day do you spend talking about the abortion?

How do you think the abortion will affect you personally?

What are your thoughts about counseling?

Interview 2:

What can you tell me about the process of having an abortion?

In what ways was the procedure like what you expected?

In what ways was it different from what you expected?

Did you feel any pressure not to follow through with the abortion?

Did anyone go with the woman for the abortion and/or stay with her that day? Who?

What were your immediate feelings after the pregnancy was ended?

How are you feeling about each other right now?
How much time per day are you spending talking about the abortion?

Do you remember any dreams that relate to the abortion?

What will life be like for the next few days?

In what ways could your partner better help you right now?

How would you go about getting more help from your partner?

What other sources of support do each of you have?

How do you feel about sex right now?

What would you want to do if you got pregnant again?

Are you planning to use birth control in the future?

How do you feel about talking with a counselor now?

Interview 3:

What do you now see as the positive outcomes of the abortion?

What do you see as the negative outcomes of the abortion?

What have you done to get through the time since you found out you were pregnant?

How do you think your partner has handled the stress of the abortion?

Are you using birth control right now?

If so, how is this method different from what you used before? Do you think it is safer?
If you are using birth control, who is responsible for making sure it is done properly?

What kinds of thoughts and feelings are you having about yourself right now?

What are you feeling about the two of you as a couple?

How have you noticed your relationship has changed as a result of what you have been through together?

What are your thoughts on having children in the future?

How are disagreements handled in the relationship?

How has the abortion effected your religious beliefs and/or practices?

Was there any type of post-abortion follow-up? Who went? What were the results?

How do you feel about counseling now?

If a friend of yours had an unwanted pregnancy, what would you tell her?

How do you feel about others having the option of ending unwanted pregnancies?

In what ways did going through an abortion change your ideas about abortion?

When were the most difficult times for you during this unwanted pregnancy process?

When were the times you could have most benefitted from having a counselor to talk with you?
Are there options other than abortion that you wish you had considered? Which ones?
APPENDIX F

CONTACT SUMMARY FORM
APPENDIX F

CONTACT SUMMARY FORM

Interview #
Couple #:
Contact Date:
Today's Date:

1. What were the main issues or themes that struck you in this contact?

2. Summarize the information you got (or failed to get) on each of the general interview questions you had for this contact?

3. Anything else that struck you as salient, interesting, illuminating or important in this contact?

4. What new or remaining questions do you have in considering the next contact with this couple?
APPENDIX G

DEFINITIONS OF CODING CATEGORIES
APPENDIX G
DEFINITIONS OF CODING CATEGORIES

PHYSICAL REACTIONS - statements concerning physical concerns and reactions to the unwanted pregnancy.

Awareness of pregnancy - statements concerning the process by which there was an awareness of the possibility of pregnancy and a confirmation of the pregnancy; includes physical symptoms and time frame.

Experiencing the abortion - statements concerning the physical process experienced during the abortion, immediately following the abortion, and at the post-abortion follow-up exam.

Birth control usage - statements concerning the use or lack of use of birth control methods and related physical concerns.

Medical concerns - statements concerning medical care outside the unwanted pregnancy and abortion process.

RELATIONSHIP INFLUENCES - statements concerning the marital relationship before and after the abortion.

Changes in relationship - statements concerning real or anticipated changes in the relationship.

Other pregnancies - statements concerning beliefs and attitudes about having children in the future, parenting skills or handling another unwanted pregnancy.
Support for partner - statements concerning the emotional support for and from the partner.

Sexual activity - statements concerning behaviors and attitudes about sexual activity in the relationship.

Conflict - statements about conflict in the relationship and how disagreements are handled in the relationship.

Attraction - statements concerning the initial or ongoing attraction to each other or perceived attraction of other to them.

EXTERNAL INFLUENCES - statements concerning the effect others and external situations have on the decisions and processing of the abortion.

Family of origin - statements concerning the impact of the family of origin whether directly related to the abortion or not, as well as the decision to share or not share about the unwanted pregnancy with them.

Other people - statements concerning the effect of other people, as well as the decision to share or not to share about the unwanted pregnancy with others outside the family of origin.

Abortion movement - statements concerning the impact of and observations about the pro-choice or anti-abortion movement, or politics.

Counseling - statements concerning involvement or attitudes about counseling, other than that received at the abortion clinic.
Facility - statements concerning the impact of the staff and the procedures at the abortion facility.

External stressors - statements concerning the effect of external stress and other responsibilities on the couple, such as work, other children, illness, etc.

HOW DECISION WAS MADE - statements concerning the process by which factors were considered that influenced the decision to terminate the pregnancy by abortion.

Other alternatives considered - statements concerning the alternatives to abortion considered as a way of handling the unwanted pregnancy.

Knowledge about abortion - statements concerning prior knowledge about the abortion procedure.

Facility - statements concerning the decision of when and where the abortion was performed.

EMOTIONAL REACTIONS - statements concerning needs, emotional reactions, and ways of handling the unwanted pregnancy situation during the pre- and post-abortion process.

Pregnancy - statements concerning emotional reactions to the pregnancy.

Abortion - statements concerning emotional reactions to the abortion procedure, either anticipating, during, or following the abortion.

Religious issues - statements concerning ideas about God, spirituality, belief systems, or religious practices.
SELF-PERCEPTION/SELF CONCEPT - statements indicating how the person views himself or herself.
REFERENCES


Psychotherapy: Theory, Research and Practice, 11, 72-76.


