

Women and Abortion:

A Review of Assessment and Treatment Strategies for Therapists

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Professional Exchange

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I. Introduction

In their practice, professional therapists are likely to encounter female clients who have had one or more abortions. The issue may arise directly, when new clients seek counseling because of an abortion experience or when current clients consider having an abortion or revisit one they experienced in the past. It may arise indirectly when women discuss their reproductive, medical, or relationship history.

Therapists who understand their own responses to elective abortion, as well as the complex psychological, socio-political and cultural climate surrounding it, will be better equipped to assist clients with their healing and the development of future life skills. However, therapists may be inadequately prepared to treat and support women around abortion, in part because the issue is so charged.

For 30 years a debate has raged in the popular and academic press over the presence of negative mental health effects following abortion. In response, the American Psychological Association (2008) has published two reports debunking the claims by some advocates that abortion can lead to trauma or “post abortion syndrome.” These reports also present a substantial body of research revealing that severe mental health reactions are rare in women who have had elective abortion. However, evidence does suggest that younger women, women with limited social support and insufficient coping skills, and women who have significant meaning attached to the pregnancy tend to experience greater distress and negative feelings after abortion than women who do not exhibit these characteristics.(Cozzarelli, 1993; Cozzarelli et al., 2000; Cozzarelli et al., 1998; Major et al., 1990; Major et al., 1997) Poor coping becomes more likely when women lack the opportunity to reflect on the experience and context of the abortion.(Major & Gramzow, 1999) Social stigma can also reinforce negative feelings accompanying the decision to terminate an unwanted pregnancy (Watts, 2009).

Although severe negative effects are rare, women who have had abortions may still need to explore their experiences with therapists who are sensitive to and knowledgeable about relevant assessment and treatment issues. This article offers the most pertinent information and resources for therapists based on a review of the research and clinical literature in psychology and related fields. Sources include research and clinical review articles, websites, books and training materials targeted at therapists working with women who have experienced abortion.

II. Common Themes in the Literature

Much of the psychological and popular literature about abortion and mental health has considered the prevalence of regret and relief in women’s emotional responses to abortion. Although the popular discourse around abortion emotion typically polarizes these feelings, the psychological literature suggests it is natural for women to have a wide spectrum of feelings associated with abortion-related decisions and experience, including relief, regret, ambivalence, loss, and others. The same woman may even experience both relief and regret.

Although regret is an emotion most often characterized as negative, psychologist Phyllis Watts (2009) suggests that it is part of a continuum of growth rather than an endpoint response: “. . . regret, when done well, can be a corner stone for ongoing life development, deepening maturity and the cultivation of wisdom.”(p.19) Regret associated with abortion can evolve into a positive life lesson for making future choices, for example, relationships and family planning based on personal values, life goals, and self-care. However, when the support of an unbiased and caring listener is missing, regret can linger and deeply affect self-worth. Therapists can help women reframe regret and transform it into authentic self-development by providing the space to reflect on past decisions and behaviors that were incongruent with personal beliefs or goals.

Ambivalence is often associated with abortion and may be exacerbated by a multitude of family, social, or political pressures. Jeanne Parr Lemkau (1988) identified ambivalence as an inevitable part of life, a normal response to the decision to terminate an unwanted pregnancy and a common reason that women seek help from therapists. The cultural and political climate in the United States related to abortion may fuel ambivalent feelings, as well as negative thoughts and feelings that might not otherwise occur. Partner and family attitudes and reactions to abortion may also add or detract from women’s clarity about their decisions. In some abortion care facilities, counselors offer “Head and Heart” counseling which is specifically designed to resolve women’s ambivalence preceding abortion. (“Northland's Exclusive Early Abortion Care,” n.p.) Similar counseling strategies may help women acknowledge and address ambivalent feelings following abortion.

Social stigma is also a recurring theme in the literature concerning abortion and emotional health. Stigma is defined as a social process in which a certain characteristic taints the identity of an individual. Women who have abortions may perceive or anticipate judgment or disappointment from peers, family or the larger community. They may also experience or anticipate poor treatment such as verbal abuse or gossip. Additionally, women may internalize stigma around abortion. Abortion researchers Kumar, Mitchell, and Hessini (2009) point out that abortion stigma varies depending on the local culture but argue that in most cultures “...a woman who seeks an abortion is inadvertently challenging widely-held assumptions about the essential nature of women.”(p.4) Therefore, women may view their decision to abort as conflicting with the role of mother and caregiver, resulting in self-judgment and feelings of disappointment in themselves.(Kumar et al., 2009)

Another theme pertains to the reproductive health field, where the idea that women’s emotional experiences and needs around abortion are important and deserve attention remains contested. Consequently, women seeking therapeutic help may find themselves in clinical environments affected by controversy around the legitimate role of mental health counseling. The literature reflects the concerns of Watts and other psychologists who have been in conversation with the reproductive health community. Watts emphasizes that acknowledging the psychological component of abortion is integral to understanding women’s experiences with it. She further argues that appreciating women’s emotional needs around abortion is in tune with Americans’ “growing interest in emotional intelligence through attending to feelings, valuing them, trying to understand them and how to relate to them...”(Watts, 2009, p.3.) Therapists, who are trained to accept the inevitability of feelings, can play a key role in helping women cope with abortion unimpeded by political agendas and social controversy.

The literature also offers recommendations for how therapists can best assist clients who have had abortions or are considering them. Therapists can offer a safe place for women to disclose and work through feelings and examine their potential usefulness as guides to understanding and action. In order to provide optimal care, therapists are urged to honestly evaluate their own abilities to work with women who have had abortions.

III. The Therapist's Self-Assessment

In 2008 it was estimated that more than one-third (35 percent) of women in the United States were expected to have had at least one abortion by age forty-five.(Jones et al., 2008) Although we cannot know how many therapists have had personal experiences with unplanned pregnancies or abortions, such experiences will likely influence therapist attitudes, feelings, and reactions when the subject arises.

Therefore, the literature strongly recommends self-assessment for mental health practitioners who work with women around abortion. Researcher and clinician Sarah Kye Price (2008) proposes that therapists become attuned to their experiences and how they may influence responses to clients. She argues that self-reflection is an important component in increasing confidence to discuss reproductive loss with clients. Psychologist Jeanne Maracek (1987) advocates that therapists be cognizant and respectful of values and practices outside of their social class, ethnic, or religious backgrounds in order to better understand clients' choices.

In their book on abortion counseling, Needle and Walker (2008) offer twelve questions to help therapists assess their views about abortion. If the assessment reveals values, experience, and feelings that may interfere with therapy, the authors recommend referral. A sample of the questions follow:

- What are your feelings about abortion in general? More specifically, under what circumstances do you believe abortion is okay? Not okay? Why?
- Have you ever had an abortion? What was your experience? Positive? Negative? In what way? What were your feelings at the time, and how do you feel about it right now?
- If you had or have any difficult feelings about your abortion, how have you coped?

IV. Assessment of the Client

In her work on reproductive loss, Kim Kluger-Bell (2000) warns mental health and medical professionals not to "... minimize the emotional impact of early losses and abortions" and alerts them to the fact that clients' responses to a reproductive loss may have been "...repressed, dissociated, or expressed somatically," and the grieving process stalled.(p.144) The simple offer of supportive resources can help clients and partners take their feelings seriously. Kluger-Bell (2000) also encourages clients and clinicians to resist a quick fix and allow time for recovery.(p.146) However, she advises clinicians not to assume that women will be distressed after abortion or other pregnancy loss. Therapists should evaluate the impact of these events by inquiring about the related circumstances.

Lemkau (1988) suggests that therapists consider how rare it is for women to present in therapy with distress about abortion as the major focus. More commonly abortion issues "emerge within the complex web of a woman's relationships and life choices."(p.464) For example, a woman may become pregnant in the midst of a breakup or seek therapy to solidify career/family choices.

Based on a review of the research literature regarding women's post-abortion emotional responses and related clinical implications, Lemkau recommends four areas of inquiry for identifying women with unresolved negative effects, whether internally- or socially-based.

1. Characteristics of the woman prior to and at the time of the abortion.
2. The nature of the interpersonal and cultural milieu at the time.
3. Characteristics of the medical environment and procedure.
4. Events subsequent to the abortion that may evoke regrets about the earlier decision.

According to Lemkau (1988) “Careful inquiry will allow the clinician to determine if abortion was experienced as a major stressor and/or growth-facilitating experience.” A thorough assessment broadens therapeutic understanding even if unresolved issues related to the abortion remain unidentified. Asking questions can clarify developmental and family issues, relationship conflicts, and goals for education, work, and family. Inquiry can also reveal women’s processes of establishing priorities and values during critical decision-making, along with their ability to tolerate ambivalence and complexity. Lemkau (1988) emphasizes that even when women report negative feelings following abortion, the majority report feeling that they made the right decision.

Rubin and Russo (2004) stress exploration of “... biological, psychological, and social factors associated with risk for poor mental health outcomes in women.”(p.75) Some factors to explore include low self-esteem, feelings of hopelessness, low education and income, marital conflict, and the impact of inequality and prejudice. To assess grief, they advise discussing issues of loss, such as loss of maternal identity, partner relationships, and vision of self as a caring person.

Needle and Walker (2008) suggest that therapists evaluate client cognitive abilities and emotional regulation because of their influence on decision-making and coping skills. Clinicians might explore client functioning and coping strategies during and after stressful events, along with factors that can influence emotional regulation: body image conflicts, medical disorders, victimization due to incest, rape, child abuse or partner violence, and anxieties about motherhood. The authors point out that although therapists may not directly assist with pre-abortion decision-making, and the consequences of abortion may not be part of the assessment, therapists should not be adverse to such discussions, as clients may want to engage in them.

Women who have been sexually or physically abused in childhood and/or adulthood are more likely to be distressed after abortion.(Steinberg & Russo, 2008) Therefore, assessing the effects of violence in women’s lives is also warranted and can help therapists know when to connect women with additional social support interventions.

V. Treatment

Mental health professionals and researchers recommend a variety of treatment approaches to meet the heterogeneous needs of women who have had abortions. Rubin and Russo (2004) point out that although most women cope well with unintended pregnancy and abortion, some women experience distress. It is useful to explore the multiple life stressors that may contribute to these negative emotions. Positive reframing can help clients gain perspective and a sense of control. (p.82)

Therapists can also offer accurate information in order to dispel myths and increase awareness of the sociocultural context around abortion. Needle and Walker (2008) highlight the fact that women at “highest risk for emotional distress are also most vulnerable to misinformation.”(p.83) One potent myth is that the fetus can feel pain during an abortion. Rubin and Russo (2004) suggest that therapists explain the scientific findings showing that a fetus cannot feel pain or think until the third trimester when the neocortex has developed in the brain and is neurally connected with the rest of the developing fetal body. Another myth

concerns the putative link between abortion and breast cancer. In 2003 the National Cancer Institute convened an international expert panel whose conclusions dispelled this idea.(Summary Report: Early Reproductive Events and Breast Cancer Workshop)

In addition to offering information, there are other approaches that can be useful for working with women after abortion. Therapists can help clients sort through and normalize complex feelings accompanying abortion. For example, some women may feel guilty about not feeling guilty, while other women may be surprised at the intensity of their feelings given their beliefs about abortion. Therapists can also help women review the decision-making process as a way of integrating “the decision at a higher developmental level than was possible at the time of the abortion.”(p.470) Therapists can offer opportunities to explore the relationship between a woman’s cultural, religious and social background and her abortion attitudes since evidence has shown that coping abilities following abortion correlate with abortion attitudes.(Needle & Walker, 2008)

For therapists who are interested in developing individual or group post-abortion interventions, Needle and Walker (2008) provide an excellent resource. The six units of their model program are listed below.

Model Program for Post-Abortion Counseling

- | |
|---|
| <ul style="list-style-type: none">• Disclosure of emotions• Understanding cognitive skills• Achieving emotional stability• Working through spiritual and religious issues• Developing a supportive network• Emotional resolution |
|---|

VI. Considerations for Working With Teens

Research has found that teens are at a higher risk for distress after abortion when compared to older women.(Major et al., 2000) Several aspects of the teen pregnancy and abortion experience can contribute to greater distress, including sexual coercion or pressure, shame and guilt around sexuality, and a loss of privacy.

Counseling teens after an abortion should include an examination of beliefs and attitudes that may have contributed to an unplanned pregnancy. Maracek (1987) reviews some cultural beliefs that may influence unintended pregnancies, such as the idea that girls should not take initiative in sexual situations, that girls have a responsibility to meet boys’ presumed greater sexual needs, and that girls’ refusal to engage in sexual intercourse suggests homosexuality. Additionally, many teens believe pregnancy can never happen to them, which can cause a reaction of panic or depression when it does. Therapists can help to sift through myths and facts to empower girls in future decision-making.

Teen pregnancy often happens in the context of family disruption or loss, an assertion of dependency or autonomy, or rebellion against parents. Some girls become pregnant to demonstrate a commitment to a partner. Therapists who work with teens should be alert to these factors and utilize unintended pregnancies as opportunities to foster personal growth and self- reflection in clients and, hopefully, partners as well. Because unplanned pregnancies can cause teens to feel in crisis on many levels, supporting their autonomous and informed pregnancy decision-making will reduce the risk of regret and other negative responses.

VII. Conclusion

Women's emotional reactions to the abortion experience vary greatly, as do the contexts in which abortion takes place. Although most women report minimal emotional distress following abortion, teenagers, women who have a history of violence, women with religious conflicts, and women with prior emotional distress or mental illness are more likely to suffer intense emotional responses. Beyond that, certain life circumstances can make some abortions much harder than others.

Therapists working with teens, women, and/or couples will undoubtedly encounter clients who have had abortions or are grappling with difficult decisions on how to resolve unintended pregnancies. Clinicians who have done the work of assessing and owning their experiences, attitudes and prejudices related to abortion will be better able to support women and girls who have had abortions and those considering terminations of pregnancies. Self-aware clinicians can be attuned to factors that might contribute to distress after abortion, such as histories of violence or lack of social supports. For all clients, therapists can provide nonjudgmental empathetic listening, facilitate an exploration of life circumstances from a social, political and cultural lens, honor religious conflicts with abortion, foster acceptance of ambivalence and other emotions, support coping skills, and reframe regret.

VIII. Website Resources for Therapists working with Women after Abortion:

http://www.prochoice.org/pubs_research/publications/downloads_education/abortion_option.pdf

A useful values clarification assessment tool for professional clinicians

www.pregnancyoptions.info/emotional&spiritual.htm

An excellent PDF workbook for women, *Guide to Emotional and Spiritual Healing After an Abortion*, with a short section directed to therapists (Appendix C) and one for partners. Also there is a section presenting formal rituals from various religions and traditions that may be useful in therapy practice.

www.rcrc.org

The Religious Coalition for Reproductive Choice is an organization providing spiritual and religious resources and referrals to counseling for women, and training for clergy and pastoral counselors.

www.prochoice.org/pubs_research/publications/downloads/professional_education/abortion_ooption.pdf

This site has a values' clarification assessment for professionals.

www.prochoiceresources.org

Offers a discussion and support group called "Emerge: Sharing Our Voices, Supporting Our Choices," which can serve as a model for other support groups around the country.

www.yourbackline.org

This site is a talk line that also provides Professional Training Services, including a number of workshops on Values Clarification for Healthcare Providers, Counselors and Activists; Supporting the Supporters: Counseling Men and Other Loved Ones; Abortion Clinic Counseling, Adoption Counseling, and Special Issues teen/parent communication, early pregnancy loss, perinatal mood disorders, religion and spirituality, and pregnancy and assault.

www.chicagowomenshealthcenter.org/counseling.shtml

This site offers counseling from a feminist and person-centered approach on a sliding scale to individuals, as well as a post-abortion support group from a pro-choice perspective for women who have had abortions at any time in the past and feel the need for extra support around the issue.

www.4exhale.org

This site is an after-abortion counseling hotline with trained volunteers serving women who have had abortions and their partners, friends and family. Characterized as pro-voice and respecting the cultural, social and religious beliefs of all callers. Have Spanish-, Cantonese-, Mandarin-, Vietnamese- and Tagalog-speaking counselors available upon request. 1-866-439-4253 (1-866-4 EXHALE).

www.kimberlyobrien.net

A helpful website offering support to women and therapists with abortion decision-making and post-abortion needs. Created by a therapist who formerly worked for abortion providers as a counselor for many years.

www.northlandfamilyplanning.com/nfpc/after-your-abortion.html

A pro-choice guide on taking care of emotional health after abortion. Has helpful tips for thinking through each woman's personal experience including spirituality and referrals for women in an abusive relationship.

www.bereavementprograms.com/courses/index.asp

This entity provides two-day RTS Bereavement Training programs for therapists working with families experiencing perinatal loss. It is focused more around pregnancy loss, stillbirth, and newborn death than abortion, but some grief theory and approaches could be applicable.

www.napsw.org

The National Association of Perinatal Social Workers – a professional organization involved in education and research for social workers caring for families during the perinatal period.

www.goodtherapy.org

A referral source for therapists and they have brief summaries on how to assist women and/or partners after abortion nonjudgmentally. Search the site for “abortion”

www.prochoiceforum.org.uk

A website for therapists who want to read the latest research and online conversations from experts in the field. It also has links to both pro-choice and anti-choice abortion organizations.

www.imaginecounseling.com

This site offers a therapist-developed model of telephone counseling for pre- and post-abortion as well as pregnancy, grief, coming-out, relationship, and gay and lesbian issues.

www.asrm.org

The American Society of Reproductive Medicine is a Mental Health Professional Group –occasionally offers continuing education presentations on abortion counseling.

www.apa.org/pi/women/committee/index.aspx

The American Psychological Association Committee on Women in Psychology– does ongoing research to provide recommendations for clinical practice.

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