To the Graduate Council:

I am submitting herewith a dissertation written by Malinda Hays Martin entitled "The Self-Esteem of Women Prior to and Following Pregnancy Termination in Relation to Femininity." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Education, with a major in Health Education.

James J. Neutens, Major Professor

We have read this dissertation
and recommend its acceptance:

Accepted for the Council:

Vice Provost
and Dean of The Graduate School

THE SELF-ESTEEM OF WOMEN PRIOR TO AND FOLLOWING PREGNANCY TERMINATION IN RELATION TO FEMININITY

A Dissertation

Presented for the

Doctor of Education

Degree

The University of Tennessee, Knoxville

Malinda Hays Martin

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ABSTRACT

This study addresses the question of whether there are changes during a relatively short time horizon in the self-perceptions of women who have chosen to have abortions. Subjects consisted of 41 women who had a pregnancy terminated at a medical clinic in a southeastern state. The Adjective Generation Technique (AGT) was administered to each subject on three occasions: prior to pregnancy termination, following termination, and at a follow-up visit in the clinic two to three weeks later. The AGT explored subjects' perceptions about themselves, abortion, intercourse, contraception, and their beliefs about their sexual partners' perceptions of same. Anxiety and favorability scores for each area, as well as scores for femininity relative to self and partner beliefs, were generated. All scores were evaluated using the Kruskall-Wallace statistic.

Results of the study indicated a significant increase in patient favorability occurring over the course of the study; a significant decrease in patient anxiety occurring over the course of the study; a significant decrease in anxiety about the abortion itself occurring over the course of the study; and a significant decrease in the patients' favorability toward intercourse occurring over the course of the study. The decrease in anxiety and in intercourse-favorability occurred entirely during the time immediately surrounding the abortion, as well as an increase in self-favorability. No other changes were demonstrated in the patients' description or for their assessment of their partners' self-perception of them.

These results are consistent with the view that, during the time horizon used in this study, the psychological effects of a decision to terminate an unwanted pregnancy positively affect self-favorability and anxiety levels. The short time horizon does not allow conclusions to be made regarding the effect on longer-term personality functions.

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CHAPTER I

INTRODUCTION

Deciding whether or not to have an abortion can be a dilemma, particularly in light of the myriad of conflicting opinions surrounding the issue. The way in which a woman perceives herself following the termination of pregnancy may have a major effect on her physical and emotional well-being for years to come. Likewise, a woman's perception of her partner's attitudes may have significant impact on the recovery process. Health professionals must examine the possible emotional consequences of abortion if they are to develop effective pre-termination intervention strategies and, subsequently, facilitate the reduction in occurrences of additional unwanted pregnancies.

Need for the Study

There exists some discrepancy as to the number of abortions performed each year (Alter, 1984; Handy, 1982; Smith, 1973), partly because for a variety of reasons, many women prefer to keep pregnancy termination secret. In 1973, however, following the United States Supreme Court's ruling in *Roe vs Wade* that abortions must be legalized nationally, 616,000 surgical procedures to terminate pregnancy were reported. By 1981, the number of abortions had risen to over 1.3 million per year, and succeeding years have evidenced similar increases (Morbidity and Mortality Weekly Report - MMWR, 1987).

Most health professionals, long concerned about the proliferation of unwanted pregnancies, have been adamant proponents of contraception. Unfortunately, according to Ebaugh (1980), a number of women who inevitably seek to terminate their pregnancies either have never received any information about birth control, or have accepted as fact misconceptions and myths about the dangers of contraceptives. Concurrently, many young women, not yet mature enough to accept responsibility for their behavior, avoid using any means of protection for fear that family and/or friends will find out. The problem of pregnancy prevention is complicated further by the fact that no method except abstinence is 100% effective. Therefore, since 1973 abortion has become the most common surgical procedure for American women of reproductive age (Jones, 1978; Smith, 1973). Statistically, the operation is safe and effective; emotionally, however, the ramifications are not so easily measured.

Although the reasons for determining that pregnancy is unwanted vary among individuals, experiencing such a pregnancy is oftentimes devastating emotionally , with the necessary psychological adjustments being long-term at best. Recent studies suggest that crisis-related variables, once identified, can form a theoretical framework upon which effective pre-termination intervention techniques might be constructed and the number of unwanted pregnancies subsequently reduced (Moseley, 1981; Rosen, 1978).

The primary problem of this study was to compare women's feelings before and after pregnancy termination with regard to themselves, contraception, pregnancy termination, and intercourse, and thereby to evaluate the effects of abortion and make recommendations concerning

effective pre-termination intervention techniques. Such a study is significant to health care professionals in determining patient education and counseling techniques via the assessment of pregnant women's emotional problems and anxiety levels.

The researcher also investigated the need for patient education with regard to responsibility for conception control. Numerous women, having made the decision to become sexually active, nevertheless are lax or negligent in their contraceptive measures.

Finally, the researcher attempted to determine the perception of partner support and the role of significant others as support systems in making the decision to terminate an unwanted pregnancy. The significance of networking in relation to pregnancy termination was examined.

Statement of the Problem

A review of the literature revealed minimal research addressing the feelings of women with regard to pregnancy termination. With a void in the literature and the need to develop recommended pre-termination intervention strategies, this study was deisgned to evaluate the effects of pregnancy termination on women's self-concept and their feelings relative to contraception, pregnancy termination, and intercourse.

Research Questions

To accomplish this study, the following questions were addressed:

1. How do women with problem pregnancies (i.e., those that, if carried to term, would create physical, mental, social, or economic hardship for the mother) feel about themselves prior to and following abortion?
2. How do women with problem pregnancies feel about contraception prior to and following abortion?
3. How do women with problem pregnancies feel about pregnancy termination prior to and following abortion?
4. How do women with problem pregnancies feel about intercourse prior to and following abortion?
5. How do women with problem pregnancies perceive their sexual partners' feelings about them, and about abortion, contraception, and intercourse?
6. What are the implications for intervention strategies to reduce the number of unwanted pregnancies?

Basic Assumptions

The following assumptions were made with regard to the research findings reported herein:

1. Women seeking abortions at the women's medical clinic were doing so voluntarily after have received abortion counseling.

2. The women from whom data were collected for this study provided honest answers to the Adjective Generation Technique questionnaire.

Delimitations

The research presented herein was delimited by the following factors:

1. Research participants were restricted to women seeking abortions at a women's medical clinic in a southeastern state.
2. Data were collected directly from the women seeking abortions.
3. Research participants included women who had received counseling in contraceptive techniques.
4. Only questionnaires completed by the research participants were used for data analysis.

Limitations

The research presented herein was limited by the following factors:

1. Only women who came to the clinic for an abortion were used as participants in the research.
2. Data are self-reported.

Definition of Terms

The following terms are defined as related to this study:

1. abortion counseling -- the rendering of information and professional guidance to persons with problem pregnancies who are deciding whether or not to have abortions
2. conception control -- any procedure, device, or medication that reduces or prevents the possibility of pregnancy
3. problem pregnancy -- any pregnancy that would, if carried to term, create a physiological, psychological, social, or economic hardship for the mother
4. self-concept -- how one perceives himself/herself
5. attitude -- "manner, disposition, feeling, position, etc., with regard to a person or thing" (Random House, p. 134)
6. intercourse -- the sexual union of a male and female, during which the penis is inserted into the vagina
7. abortion -- the premature expulsion of a fertilized ovum, embryo, or nonviable fetus from the uterus

Summary

The major emphasis of this study was to evaluate women's self-concept after as compared to before termination of pregnancy. The variables included were designed to measure the women's favorability and anxiety levels both

before and after the termination procedure. Also, this study was designed to identify any significant relationship between pregnancy termination and subsequent emotional trauma affecting the women's self-concept with regard to their sexuality.

CHAPTER II

REVIEW OF RELATED LITERATURE

Literature reviewed herein examines the psychological factors affecting pregnancy termination, sociocultural support for women seeking pregnancy termination, and other related topics.

Psychological Factors

Since the Supreme Court's *Roe v. Wade* ruling in January, 1973, women have had the legal right to choose whether or not a pregnancy shall be terminated. Few laws have had greater impact on society, and the issues raised have occasioned a myriad of moral and religious dilemmas.

The reasons underlying pregnancy termination are not easily measured, in that they tend to be personal and private in nature. Likewise, although much has been written for and against abortion, much of the research remains speculative. Finally, much research methodology is suspect because of the limited number of study participants and the sketchy statistical analyses applied.

Recent studies have suggested that psychological attitudes are socially learned responses to a given situation rather than the result of these situations, and that levels of anxiety may therefore be predicted. Research conducted by Fingerer (1973) compared the psychological states of five groups

of women, all of whom had undergone abortions. The study involved 324 participants, ranging in age from 14 to 44 (mean age being 23.2 years), and from a variety of socioeconomic and religious backgrounds. To each group Fingerer administered the State-Trait Anxiety Inventory-State (STAI-S), the Affective Adjective Check List (AACL), and a measure of depressive symptomatology.

Data derived from each of the measurements were evaluated using T-tests and Z-tests. Fingerer found a predictable amount of depression prior to termination of pregnancy, but accorded much of it to the prevalence of the "motherhood myth" and the resultant social stigma attached to abortion. She further stated that the attitude change from pre-abortion to post-abortion was, without exception, from negative to positive. Fingerer concluded that some degree of mild depression was normal, and that there was usually no sign of anxiety immediately following a termination.

In a similar study, Smith (1973) sampled 125 women who had had abortions. The women's ages ranged from 14 to 42, with the mean age being 21.4 years. Ninety-two percent of the participants were white, 58% were still in school, 81% were not married, and 54% used no form of conception control. Single women listed their reasons for pregnancy termination as being unmarried and continuing their education; married women listed financial circumstances and not wanting any more children. Conducting follow-up reports on 80 of the women one to two years following the abortion, Smith found that negative psychological reactions were uncommon, and that any feelings of desperation had ended with pregnancy termination. Smith stated that only 6% of the women had sought psychiatric help after termination, and 3% reported regretting the decision.

Shalaby (1975) reported the following results following his study of 241 women who had voluntarily terminated pregnancy:

1. the decision to terminate was not difficult
2. reasons for termination did not include rejection of traditional female roles
3. many women defined the experience as a positive step toward assuming responsibility
4. the immediate reaction to the abortion procedure was almost always a sense of relief.

Shalaby's findings were later supported by Moseley (1981), who reported that 48% of the subjects he studied were relieved and/or happy when pregnancy was terminated, and that Catholics experienced a greater sense of guilt than did non-Catholics.

Throughout the literature references are made to the female's traditional role. Indeed, much of the debate surrounding the abortion issue stems from the cultural definition of woman as wife and mother. Women who take responsibility for their own behavior, however, tend to contradict the stereotypic characteristics of submissiveness, passivity, and dependency. Rosen (1975), in a study of 71 patients, ages 14 to 36, who were referred to a clinic for pregnancy termination, found that conflict and guilt were minimal in the decision-making process. Rather, the women felt they were taking responsibility for their own lives.

Alter (1984) interviewed 120 women receiving first-trimester terminations. Using the Ben Sex-Role Inventory and comparing results to life-style (i.e., career or homemaker), Alter examined the variables of femininity,

masculinity, and androgeny. He found that those individuals who identified with androgenous perceptions had positive attitudes towards their abortions. Alter concluded that androgeny appeared to be a good predictor of abortion outcome, and that a balance of male and female traits led to favorable post-abortion perceptions. In addition, he found that self-concept is influenced by learned psychological expectations, and reiterated the need for additional research relative to sex roles and abortion outcomes.

An investigation by Lodl (1985) revealed that abortion was a positive experience for most women, but he also identified certain negative conditions: (1) ambivalence, (2) lack of social support, and (3) inadequate or underdeveloped coping skills. Lodl further ascertained that post-abortion support groups were important to providing a safe environment in which women could work through their personal reactions to the experience.

In examining the literature, the researcher found that several authors used the Tennessee Self-Concept Scale in their investigations (Gill, 1979; Handy, 1982; Spicer, 1978; Thompson & Robinson, 1986). Gill (1978), in a study of 150 women, ages 16-39, found that self-concept was an important factor across all age groups. Handy (1982) examined the characteristics of women seeking pregnancy termination in England and Wales, and found that any psychological distress tended to be situational, with few psychological problems occurring after abortion. Spicer (1978) determined that extended counseling was meaningful to maintenance of positive self-concept. The aforementioned authors concluded that too much attention was paid to the psychological problems of abortion-seekers, and too little attention to social and technological factors influencing unwanted pregnancies.

Recent research by Thompson & Robinson (1986) suggested that, while self-concept had not been examined in relation to abortion, it had been considered in relation to contraception use and unwanted pregnancy, both of which have a logical relationship to abortion. A study of 30 white women, ages 18 to 41, using the Tennessee scale revealed that those consistently using birth control also had a more positive self-concept. Likewise, short-term counseling rather than long-term psychotherapy appeared to be more beneficial for women seeking to terminate pregnancy.

Sociocultural Factors

The literature reveals that the level of support from significant others play a dynamic role in the adjustment process following an abortion. A study by Bracken *et al.* (1974) examined a sample of 489 women who opted to terminate pregnancy. A measurement of nine psychological, social, and intrapsychic items was administered within an hour of the procedure. Bracken found that the attitudes toward abortion were positive if the sex partner and/or the parents of the patient were supportive. He also determined that partner support was most important for older women, while parental support was more powerful for younger women.

The research of Majors *et al.* (1985) examined cognitive predictors of coping with a negative life event. They concluded that younger women who were accompanied by their partners to obtain a pregnancy termination reported more physical discomfort and were significantly more depressed than

those women who were unaccompanied by their partners. However, no significant differences were found in the two groups during the following three-week interval.

Howe (1979) and Handy (1979) both concluded that available literature related to psychological disturbances occasioned by abortion was inconclusive, and that too little attention had been given to examining the social factors affecting unwanted pregnancy. Similarly, Moseley *et al.* (1981) found that most of the research failed to examine the social and cultural variables in relation to pregnancy termination. His study of 62 women, ages 14 to 35, who underwent suction curettage during their first trimester and were then administered the Multiple Affective Adjective Check List (MAACL) and the Personal Reaction Questionnaire (PDQ), revealed that a woman's relationship with her partner was crucial to post-abortion adjustment. Moreover, the findings indicated that a woman's reaction to abortion was directly related to the amount of support received from the woman's significant others (e.g., partner, friends, parents).

Although much has been written as to the attitudes and characteristics of those seeking abortions, little has addressed the role of significant others in providing support for these women. The female tends to develop a more broad-based social network than does the male, and, as demonstrated by Finlay (1981), male attitudes toward pregnancy termination tend to be less complex than those of the female, perhaps because of the female's traditional role in nurturing.

Recent research by Faria *et al.* (1985) attempted to examine the role of significant others in the decision to terminate pregnancy. Of the women interviewed by Faria, 72% (N=519) sought advise from someone prior to

deciding to abort. Specifically, 41% discussed the decision with partners, 29% talked to friends, 21% talked with physicians, 15% talked with mothers, 10% discussed the problem with other family members, 4% talked with fathers, 6% talked with the "others," and 1% talked to the clergy.

Related Literature

Allgeier (1982), in a study of ten women who elected to terminate their pregnancies, found that sex guilt (i.e., feeling guilty for being sexually active in either a casual or steady relationship) precipitated favorable attitudes toward abortion, whereas sex knowledge had little effect. He concluded that individuals who were not planning pregnancy tended to focus on reliable means of conception control rather than feel guilty about sexual activity.

Educational level also appears to affect attitudes toward abortion. Corenblum (1975) applied 31 bipolar adjectives to the concept "abortion" and found that 385 males and 315 females in an introductory psychology class were more liberal in their views than the populace at-large.

In a recent study, Weidner (1984) examined stigmatization as it related to abortion. Using as predictor variables the Personal Data Sheet (PDS), Attitudes Toward Women Scale (ATW), the Sexual Opinion Survey (SOS), and Additional Questions (AQ), he applied them to 71 female and 73 male undergraduate students. Both sexes "devalued" as potential mates those persons involved in pregnancy termination. However, Weidner noted also that those who objectively perceive a situation as negative may find the reverse to be true when subjectively involved.

An investigation by Combs (1982) examined the role of the traditional female across black and white cultures. Results indicated that blacks were less favorable toward pregnancy termination due to four factors: lower educational level; religious convictions and church activities reinforcing traditional female roles; political movement encouraging population growth (versus the white feminist movement pressuring women into careers); and a culture, particularly in southern and rural areas, which encouraged tradition.

History of the Adjective Generation Technique (AGT)

Researchers have only recently investigated the possibility of generating responses about themselves or some other person without restraint. The following studies contributed to the conception of the Adjective Generation Technique (AGT).

In an investigation by Allport (1961), an instructor invited an individual to a class to deliver a short, ambiguous speech and leave. Students were asked to describe the individual using adjectives. Although no numerical values were assigned, the researcher evaluated qualitatively the impression on the class by the speaker. Several aspects of the demonstration were notable:

1. The class was able to respond without limitations.
2. The class was not influenced by any set dimensions that the professor might have had in mind (e.g., attractive and unattractive).
3. Prejudices were eliminated via students not being set by any rating scale.

The first instance where numerical values were assigned occurred in 1965. According to Allen (1973), two researchers from the University of Iowa performed an "impression formation" experiment. Provided with a list of words, participants reported "traits" of an individual. The responses were recorded using a rating scale and checklist. The investigators included an "add-a-word measure."

Early Use of the AGT

Early studies involving the use of the AGT involved 410 psychology students who responded to four questions concerning communications. The students responded by using five adjectives over three periods of time, total time consisting of a college quarter. The students generated 361 different adjectives in response to the above question.

One hundred raters assigned values ranging from 000.0 (most unfavorable) to 600.0 (most favorable). A 2x1 analysis of variance was performed. The original list consisted of 653 adjectives. During 1977-1979, a total of 2,200 words were re-rated for favorability (FAV). Subsequently, two other dimensions were added, anxiety (ANX) and femininity (FEM).

Contemporary Use of the AGT

The AGT was designed "to investigate variability in self-descriptions across time" (Allen, 1973, p. 18). It differs from other measures by its open-ended instruction without set limitations. Many 20th-century psychologists,

including Gordon Allport, Carl Rogers, and Walter Mischel, surmise that people are capable of communicating their own personal experiences without assistance from the researcher. Quoting Allport (1942):

"If we want to know how people feel: what they experience and what they remember, what their emotions and motives are like, and the reasons for acting as they do--why not ask them?" (p. 16) Likewise, as expressed by Mischel (1976), individuals generally are their own best assessors because self-statements and self-predictions tend to be as reliable as more sophisticated tests and clinicians.

Summary

Through an investigation of the literature, it was found the psychological factors, sociocultural support, and self-concept as related to sex-role development all contribute to the self-esteem of women who seek to terminate pregnancies. Both internal and external forces play integral parts in the decision-making process. As stated by Erickson (1965):

> There is always a historical lag between any emancipation and the inner adjustment of the emancipated. It takes a much longer time to emancipate what goes on deep down inside us . . . that is, whatever prejudices and inequalities have managed to become part of our impulse life and our identity formation . . . than the time it takes to redefine professed values and to change legalities (p. 238).

CHAPTER III

METHODS AND PROCEDURES

The purpose of this study was to evaluate the pre- and post- effects of pregnancy termination on the self-concept of women relative to pregnancy termination, contraception, and intercourse. It was hoped that this information would facilitate the development of suggested intervention techniques. Procedures used in this study were as follows: (1) location and selection of the subjects; (2) the survey instrument; (3) the collection of data; and (4) treatments applied to the data.

Selection of Subjects

The subjects used for this study were obtained on a voluntary basis. The population consisted of both single and married women, ages 18 through 45, who had problem pregnancies and who had opted to terminate their pregnancies at a women's medical clinic. The clinic is located in a southeastern state and serves approximately 150 women weekly. Fifty subjects participated in the study.

Instrumentation

The instrument selected for this study was the Adjective Generation Technique (AGT) developed by Potkay, Allen, and Haapoja (1973) (Appendix

A). The technique involved a client's responsing to a word or phrase by spontaneously generating adjectives characterizing her feelings at that particular time. The individual's responses precipitated personal descriptives and measured intrapersonal changes. AGT norms for 2,200 words relate to three psychological areas: favorability-unfavorability (FAV), anxiety-calm (ANX), and femininity-masculinity (FEM). These norms were established by calculating a mean for each word based on ratings assigned by 100 people using a seven-point (0-6) scale. The AGT was not limited to any quantitative analysis, and it allowed researcher control over the quantitative processing of given answers.

The AGT is designed to detect both consistency and inconsistency. It has been used extensively to measure true psychometric reliability because of its nonrestrictiveness and because it allows for a self-reporting technique of assessment (Allen, 1973). The instrument is applicable to limited horizon research designs. An example using the AGT is illustrated in Figure 1.

Think of yourself as you are NOW and write down five adjectives which best describe Yourself in relation to each of the topics below.

"How I feel about myself..." FAV ANX FEM

_____

_____

_____

_____

_____

Allen, B., Potkay, C. (1983). *Adjective generation technique.* New York: Irvington Publishers.

Figure 1

The Adjective Generation Technique

Data Collection

The data for this study were collected during the winter of 1988. Prior to collection of data, approval was obtained from The University of Tennessee Human Subjects Committee. Subjects who went to the women's clinic were invited by the investigator to participate in the study on a voluntary basis. Those choosing to participate were assured anonymity. All forms related to this study remained with the investigator and were identified by numbers assigned to participants. Each participant signed an "informed consent" form (Appendix B), and the wishes of persons who declined to participate were respected. All subjects also completed demographic data sheets (Appendix C).

The general procedure for pregnancy termination at the women's medical clinic begins with a pregnancy test taken by the woman considering an abortion. If the test proved positive, the woman is then required to receive counseling to inform her of the actual termination procedure and to provide emotional support. The client may then proceed with the abortion, or she may seek further counseling. A client opting for pregnancy termination also receives information regarding the various means of contraception. The women's medical clinic provides birth control pills and diaphragms for their clients upon request.

The AGT was administered by the investigator for the purpose of evaluating the self-concept of women in regard to pregnancy termination, contraception, and intercourse. In addition, the client also was asked to respond as she perceived her partner would. The AGT was administered by the investigator on three separate occasions: prior to pregnancy termination,

immediately following pregnancy termination, and upon the client's returning to the women's medical clinic for a check-up. On each occasion, the client responses were recorded without reference to past answers. The investigator, in turn, compared the client's lists of adjectives to ascertain any change in feelings.

The demographic data sheet and first AGT were administered 15 minutes prior to the pregnancy termination procedure. Identification numbers were not assigned to the demographic data sheets to ensure confidentiality and to reduce anxiety. Completed AGTs were then placed by an assigned number in an envelope provided by the researcher and dropped into a container provided in the counselor's office. Upon having their pregnancies terminated, subjects were administered the AGT 30 minutes prior to leaving the clinic. The second AGT was deposited in a container provided in the recovery area. Estimated time between administrations of the instrument was two hours. All forms remained with the investigator.

Clients were advised to return to the clinic two to three weeks following their abortions for follow-up examinations to ensure that the procedure was successful and to check for possible infections. Those women who returned to the clinic were administered a third AGT, which, upon completion, was placed in a container provided by the researcher in the counselor's office. All forms and instruments were sealed and remained with the researcher. Those women who did not return for follow-up exams were dropped from the study and their instruments destroyed.

Data Analysis

The data were collected to evaluate the effects of pregnancy termination on the self-concept of women in regard to pregnancy termination, contraception, and intercourse prior to and following an abortion. Fifty subjects from the women's medical clinic participated in the study.

The AGT was used in this study to examine three psychological dimensions of the individual: favorable-unfavorable (FAV), anxiety-calm (ANX), and femininity-masculinity (FEM). All three scales were used to evaluate the term "self," while only ANX and FAV scales were used to evaluate the terms "contraception," "intercourse," and "pregnancy termination."

The AGT also was used to evaluate the client's perception of how her partner felt about the terms "myself," "pregnancy termination," "contraception," and "intercourse." The investigator attempted to compare these AGTs with those reflecting the clients' feelings in order to evaluate communication techniques between partners in coitus.

Table I is an example of responses to "self" as formulated for scoring the AGT. Each adjective was assigned a value. The investigator then converted qualitative data to quantitative data.

Table I

Self-Concept Scale

Response to Self	FAV Value	ANX Value	FEM Value
Scared	195	511	466
Afraid	270	460	427
Worried	281	404	486
Brave	372	322	088
Anxious	293	548	177
	$\bar{X}=282.20$	$\bar{X}=449$	$\bar{X}=328.80$

Summary

In order to develop suggested intervention techniques for women with problem pregnancies, it was necessary to evaluate the client's self-concept in relation to pregnancy termination, contraception, and intercourse over three periods of time. The data were then examined to determine whether significant differences in feelings existed.

CHAPTER IV

RESULTS AND INTERPRETATION

This study was designed to evaluate the effects of pregnancy termination on women's self-concept and their feelings relative to contraception, pregnancy termination, and intercourse. Further, the purpose of the study was to develop recommendations regarding effective pre-termination intervention strategies.

In this chapter, the data collected from the Adjective Generation Technique were analyzed. The data are reported in the following order: (1) characteristics of the sample, (2) collection of the data, (3) findings of the study, and (4) interpretation of the data.

Characteristics of the Sample

The sample contained 75 women to insure adequate data for analysis. The subjects included women who had received counseling and were requesting termination of their unwanted pregnancy. Identification numbers were not assigned to the patients demographic data sheet to ensure confidentiality and reduce anxiety. The distribution of ages for the 75 women who completed the demographic data sheet may be found in Table II . The range is from 18-39 years with the mean being 23 years.

Table II

Distribution of Ages

Age	Frequency	Percent	Cumulative Percent
18	8	10.7	10.7
19	14	18.7	29.3
20	11	14.7	44.0
21	5	6.7	50.7
22	7	9.3	60.0
23	5	6.7	66.7
24	7	9.3	76.0
27	2	2.7	78.7
28	1	1.3	80.0
29	5	6.7	86.7
30	3	4.0	90.7
31	2	2.7	93.3
32	1	1.3	94.7
35	2	2.7	97.3
36	1	1.3	98.7
39	1	1.3	100.0

Table III shows that 27 subjects (36%) reported their educational level as having a high school diploma or less. Thirty-nine women (52%) reported they had attended college, and nine reported they were college graduates.

Table III

Educational Distribution

Educational Level	Frequency	Percent	Cumulative Percent
HS or less	27	36.0	36.0
Some college	39	52.0	88.0
College grad	9	12.0	100.0

The marital status of the women is reported in Table IV. Forty-three women (58.1%) reported they had never been married. Fourteen women (18.9%) reported they were married, and 17 women (23.0%) reported being separated or divorced.

Table IV

Distribution of Marital Status

Marital Status	Frequency	Percent	Cumulative Percent
Never Married	43	58.1	58.1
Married	14	18.9	77.0
Sep or Divorced	17	23.0	100.0

Table V illustrates the number of women who reported some form of contraception control. Twenty-three women (34.9%) reported they were not using any contraception, and 43 (65.1%) reported they were. Nine women failed to report use or non-use of conception control.

Table V

Number Using Contraception

Using Contraception	Frequency	Percent	Cumulative Percent
No	23	34.9	34.9
Yes	43	65.1	100.0

The women were asked to report any individuals who were aware of their pregnancy. The findings reported in Table VI revealed that sixty-one men (81%) were aware of their partner's pregnancy. Forty-seven women (63%) reported that female friends were was aware of their pregnancy, and twenty-two women (29%) had informed their mothers of their condition. Nineteen women (25%) had confided in a male friend, and nine women (12%) reported that their physicians were aware of their pregnancy. Eight women (11%) reported that they had informed their sisters, while six of the women (8%) reported that they had apprised their brothers of their pregnancy. Four of the women reported they had informed someone other than the above persons mentioned of their pregnancy. None of the women indicated that their fathers were aware of their pregnancy.

Table VI

Which of the following people are aware of your pregnancy?

	Yes		No	
	Number	Percent	Number	Percent
Partner	61	81%	14	19%
Female Friend	47	63%	28	37%
Mother	22	29%	53	71%
Male Friend	19	25%	56	75%
Physician	9	12%	66	88%
Sister	8	11%	67	89%
Brother	6	8%	68	92%
Other	4	5%	71	95%
Father	0	0%	75	100%

Collection of the Data

Subjects were asked to complete a questionnaire based upon the Adjective Generation Technique (AGT) on three occasions: 15 minutes prior to pregnancy termination; 30 minutes prior to leaving the clinic; and during a follow-up examination two to three weeks later. In addition to AGT data, demographic information was collected on each subject. This information was separated from the subject's AGT responses, was analyzed, and was reported as a group.

It is imperative to note the circumstances surrounding the collection of the data. During the winter of 1988 much attention was being given to the issue of abortion. Two days after the researcher had begun collecting data, the women's medical clinic became the site of intense protest by those opposing abortion. The investigator, employees of the clinic, and the patients received police escorts to enter the building. The protest culminated in many persons being arrested, the arrests then broadcast on both the local and national news.

Seventy-five women completed the demographic data sheet and first AGT instrument prior to their pregnancy termination. Detailed descriptive data were difficult to obtain as subjects indicated they were unable to generate five adjectives due to their anxiety, fears, and uncertainty toward the eight topics included in the instrument. The researcher encouraged the participants to identify at least three adjectives for data analysis which was deemed quantitatively appropriate by the developers of the AGT.

The AGT instrument produced scores based on adjectives used by subjects to describe perceptions of themselves, the abortion, contraception, and intercourse. In addition, subjects used the AGT to indicate what they believed to be their partner's perception of them and these events. Scores were generated for favorability (FAV), anxiety (ANX), and femininity (FEM).

All research was conducted at a women's medical clinic in a southeastern state and participation in the study was voluntary. Statistical tests used in analysis included: (1) descriptive statistics on demographic data and (2) Kruskall-Wallace statistics to determine any significant differences in the responses to the AGT over the course of the study. The .05 level was chosen for the purposes of evaluating the significance of the results.

Findings of the Study

Seventy-five women completed the first instrument prior to pregnancy termination. Seventy-four women completed the second instrument following their pregnancy termination and prior to being released from the clinic. Forty-one women returned to the clinic for their follow-up exam and were administered the third instrument. Group results of 41 women who completed all three instruments are discussed.

The findings are reported under the categories of perception of: (1) self, (2) pregnancy termination, (3) contraception, and (4) intercourse. Each topic is discussed relative to favorability, anxiety, and, when appropriate, femininity. Favorability is seen as favorableness toward self, including self-esteem. The adjectives generated denote degrees of favorability/unfavorability. Anxiety is the degree of anxiety/calm resulting from the psychological object. Femininity involves feminine/masculine regarding the psychological object. Responses generated were evaluated to qualify the psychological object as favorable/unfavorable, anxious/calm, or feminine/masculine, the exception that responses generated toward pregnancy termination, contraception, and intercourse were not measured with regard to femininity.

(1) Perception of Self

Favorability

The favorability findings regarding the female's perception of self and her belief about her partner's perception of her are reported in Figure 2. There was a significant increase in self-favorability that occurred over the course of the study.

While descriptors attributed to the partner were favorable, there was no significant change over the course of the study.

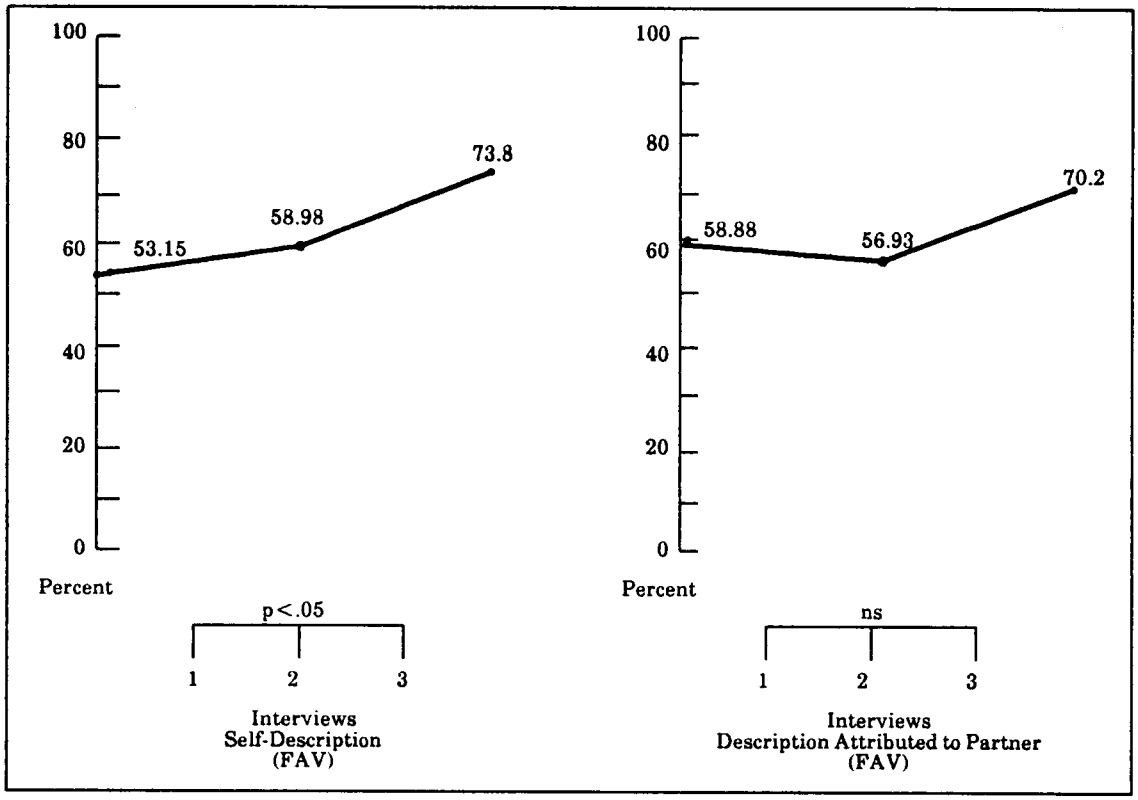


Figure 2

Favorability/Unfavorability of Patient

Anxiety

The findings regarding the client's anxiety level toward self and her beliefs about her partner's perception of self-anxiety are reported in Figure 3. A significant decrease in self-anxiety occurred over the course of the study. No significant change was found in descriptors attributed to the partner regarding patient anxiety over the course of the study.

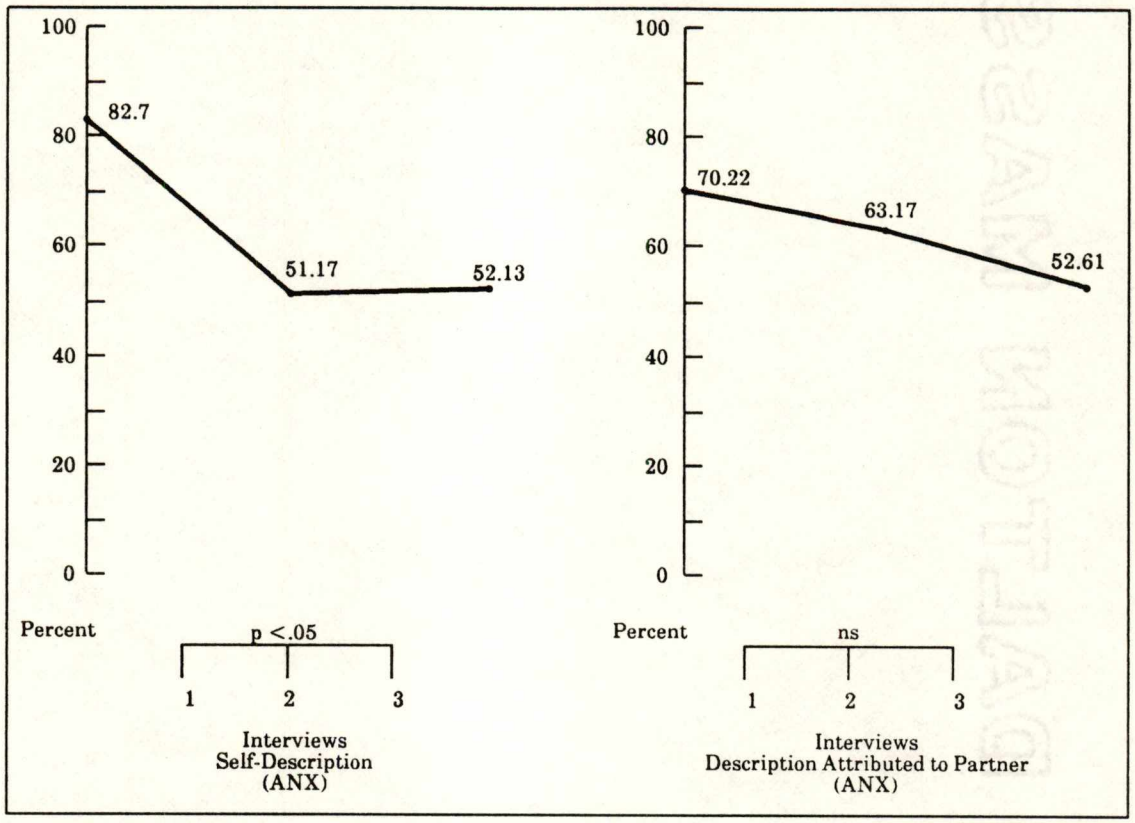


Figure 3

Patient Anxiety

Femininity

The femininity findings regarding the female's perception of self and her belief about her partner's feelings about her femininity are reported in Figure 4. There were no significant differences found in self-perception or in perception attributed to the partner in relation to the femininity scores over the course of the study.

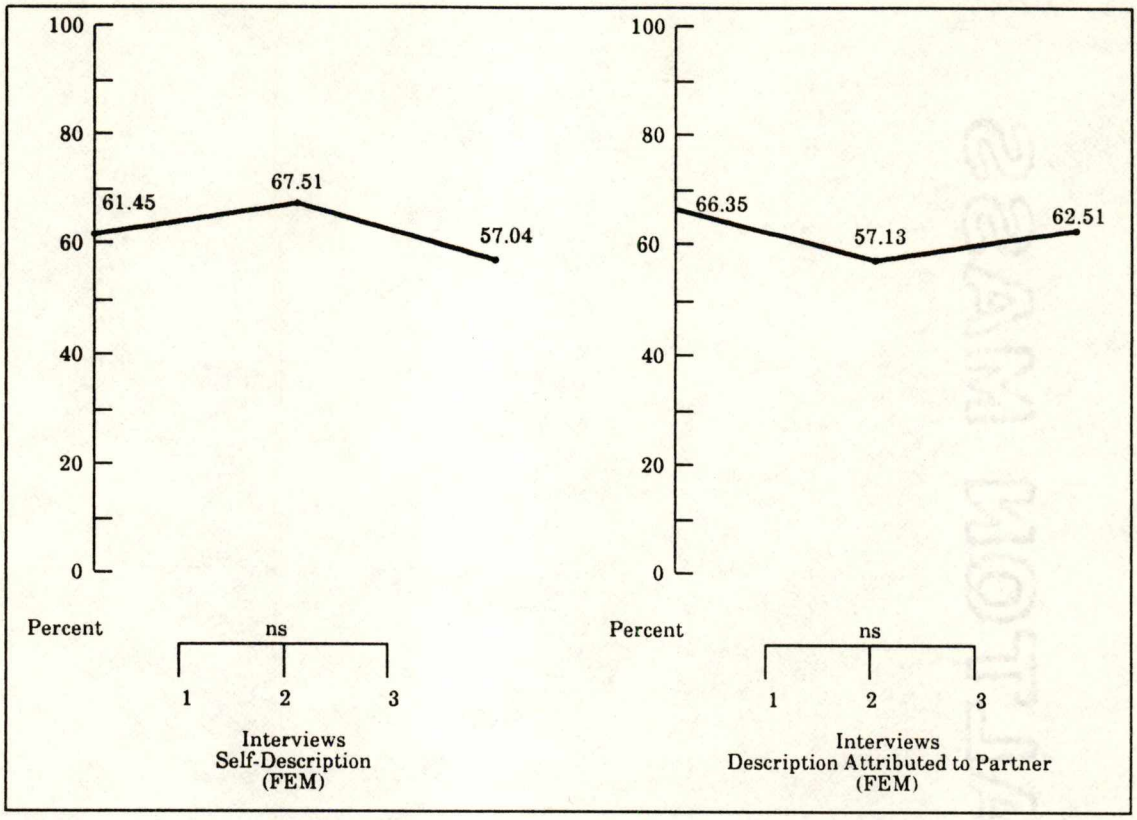


Figure 4

Patient Femininity

(2) Perception of Pregnancy Termination

Favorability

The favorability findings regarding the female's perception of pregnancy termination and her beliefs about her partner's feelings about her pregnancy termination are reported in Figure 5. There were no significant differences during the course of the study in descriptors found for the patient or those attributed to her partner with regard to favorability/unfavorability toward pregnancy termination.

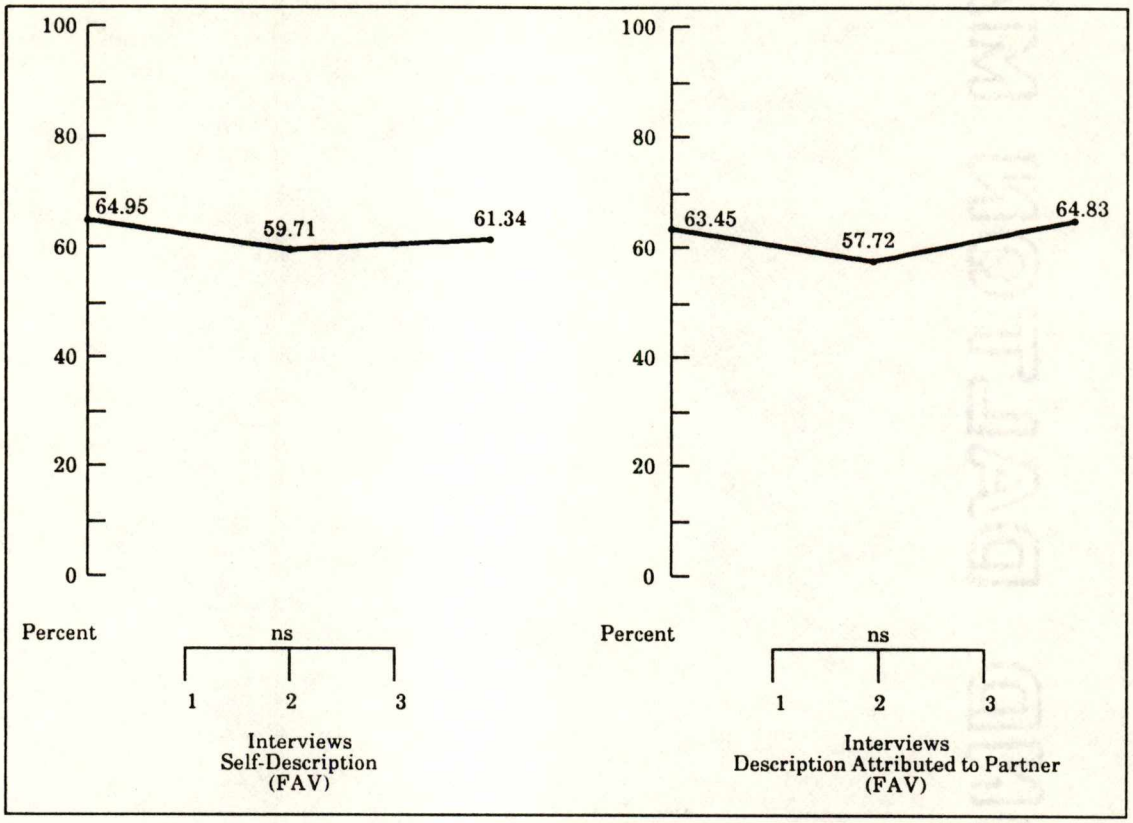


Figure 5

Favorability/Unfavorability of Pregnancy Termination

Anxiety

The anxiety findings regarding the female's perception of pregnancy termination and her beliefs about her partner's feelings about her pregnancy termination are reported in Figure 6. For the patient, no significant anxiety toward pregnancy termination was found. There were no significant differences in perception attributed to the partner toward pregnancy termination during the course of the study.

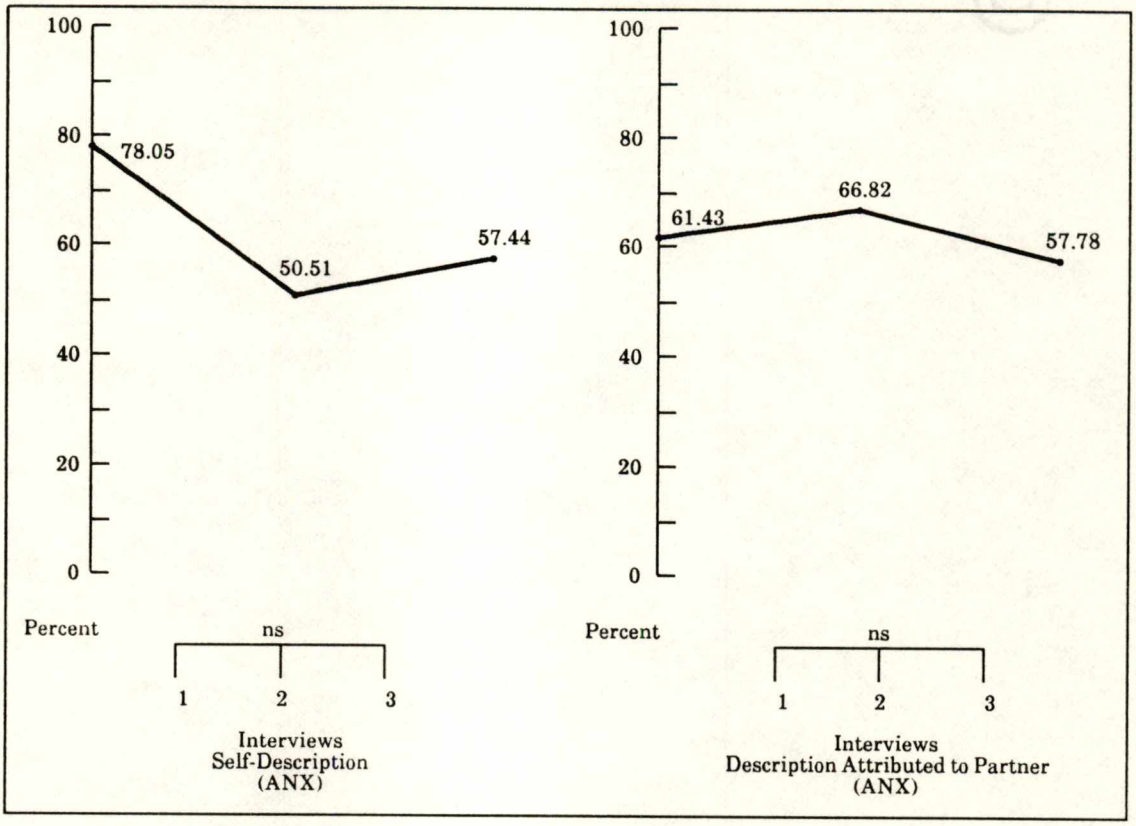


Figure 6

Anxiety Regarding Pregnancy Termination

(3) Perception of Contraception

Favorability

The favorability findings regarding the female's perception of contraception and her belief about her partner's perception about contraception are reported in Figure 7. No significant differences occurred in the subject's feelings toward contraception during the course of the study. Although there was a decrease attributed to partner favorability toward contraception, it was not significant.

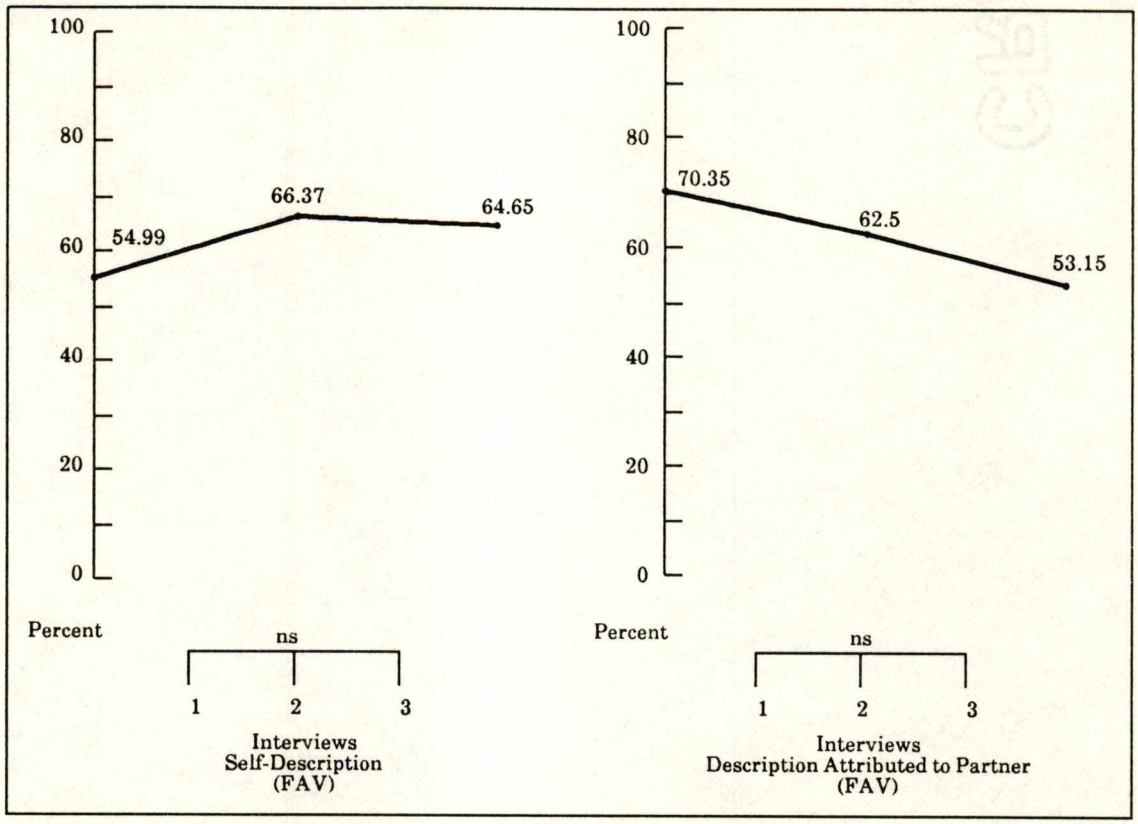


Figure 7

Favorability/Unfavorability of Contraception

Anxiety

The anxiety findings regarding the female's perception of contraception and her belief about her partner's perception about contraception are reported in Figure 8. There were no significant differences found in the subject's anxiety toward contraception. Perception attributed to the partner regarding contraception remained the same during the course of the study.

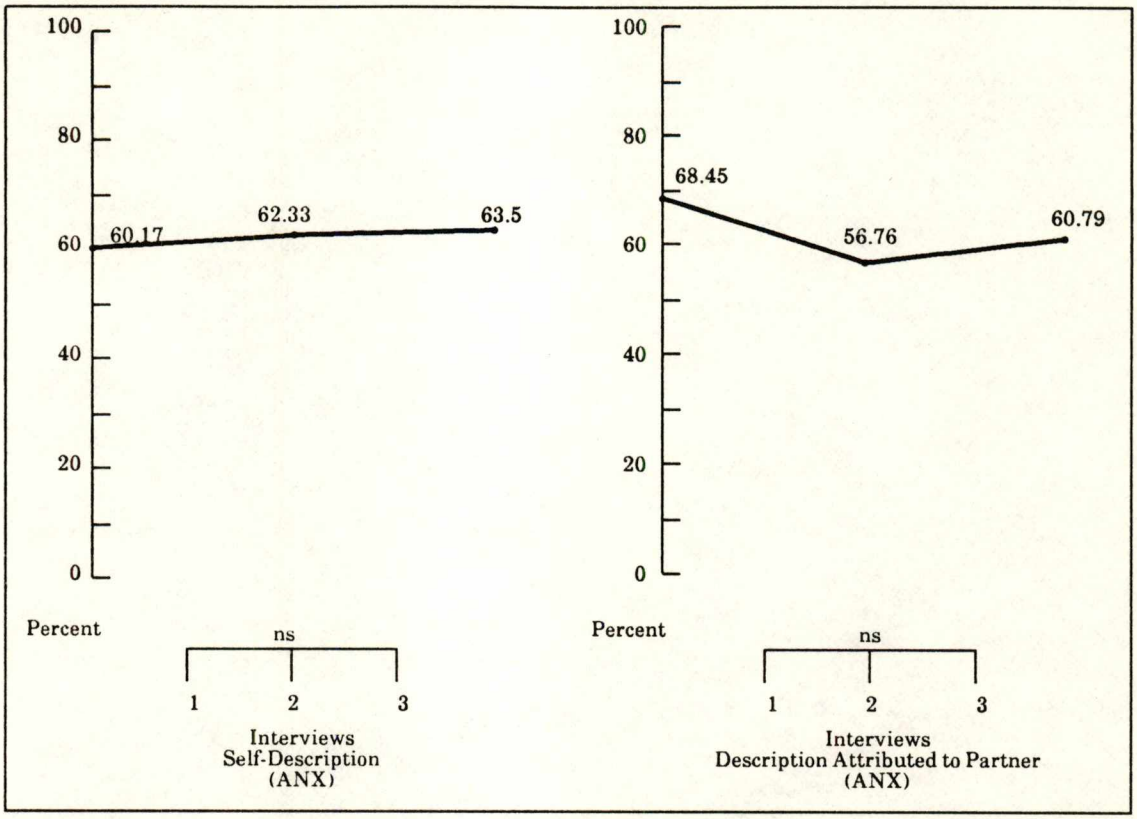


Figure 8

Anxiety Regarding Contraception

(4) Perception of Intercourse

Favorability

The favorability findings regarding the female's perception of intercourse and her belief about her partner's perception about intercourse are reported in Figure 9. A significant decrease in the subject's favorability toward intercourse occurred over the course of the study. Although a slight increase in the partner's favorability toward intercourse did occur over the cource of the study, it was not found to be significant.

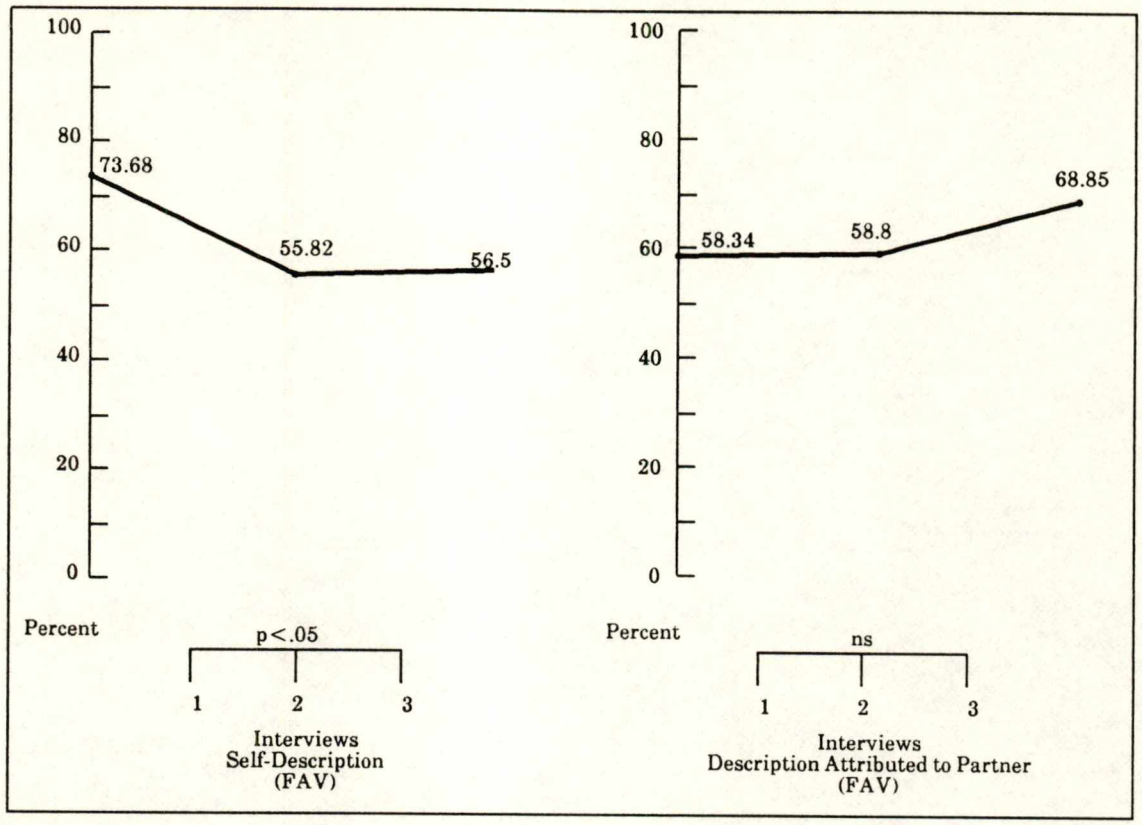


Figure 9

Favorability/Unfavorability of Intercourse

Anxiety

The anxiety findings regarding the female's perception of intercourse and her belief about her partner's perception about intercourse are reported in Figure 10. There were no significant differences found in reported self anxiety toward intercourse nor in partner perception of anxiety toward intercourse over the course of the course of the study.

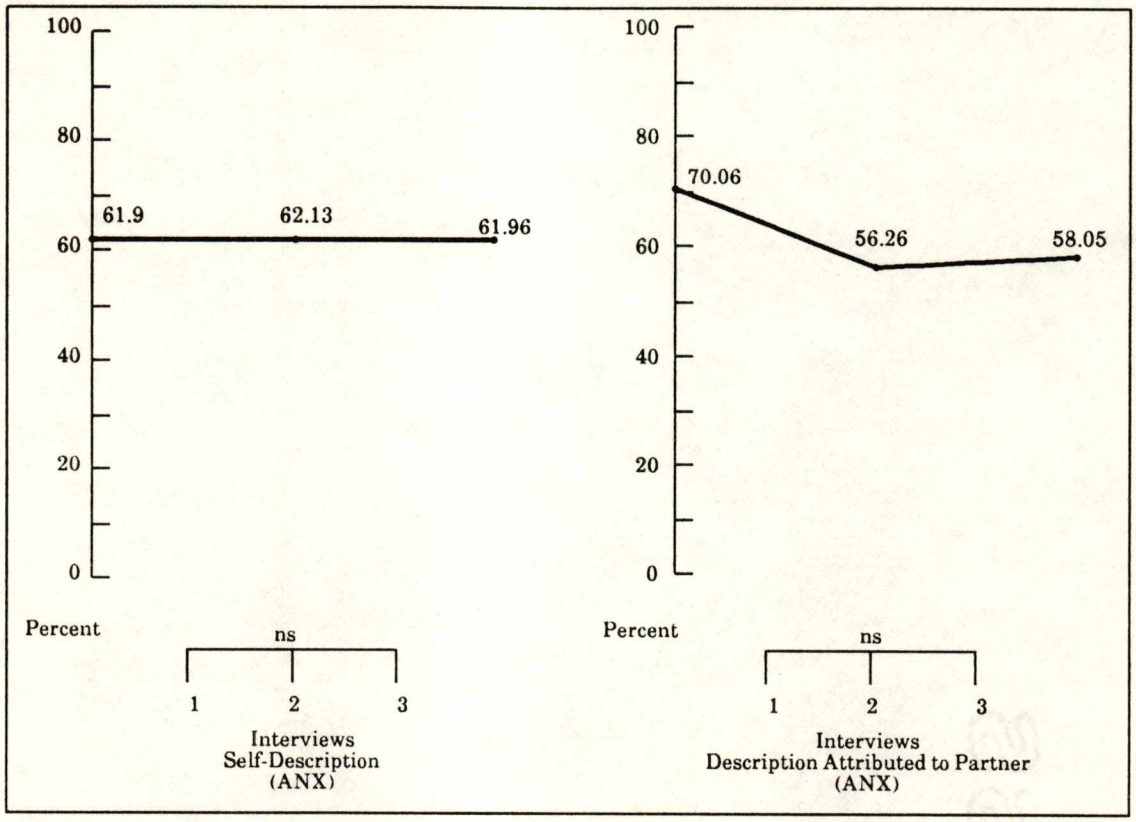


Figure 10

Anxiety Regarding Intercourse

Interpretation and Discussion of the Data

As evidenced in the Kruskall-Wallace statistics, this study demonstrated the following:

1. a significant increase in self-favorability occurred over the course of the study
2. a significant decrease in self-anxiety occurred over the course of the study

3. a significant decrease in the subjects' anxiety about the abortion occurred over the course of the study
4. a significant decrease in the subjects' favorability toward intercourse occurred over the course of the study
5. no significant differences were found in anxiety toward intercourse over the course of the study

As noted in Figure 2, there is a greater change which occurred between the second and third interview that suggested once the procedure had been completed and medical personnel had reassured the patient that her body had returned to its pre-pregnancy state, self-favorability increased. In an early study, Fingerer (1973) found that there was no immediate anxiety following a pregnancy termination, and reported that the change from pre-abortion to post-abortion was, without exception, from the negative to the positive. In a more recent study, Handy (1982) reported that psychological distress was situational and few psychological problems occur following a pregnancy termination.

Recent research by Thompson (1986) found that "self-concept has not been examined in relation to abortion, but it has been considered in relation to contraception use and unwanted pregnancy, both of which have a logical relationship to abortion (p. 4)." The author concluded that short-term counseling rather than long-term psychotherapy is beneficial for women seeking to terminate their pregnancy.

Only women who had elected to terminate their pregnancy were included in this study. The favorability factor regarding the patient's perception of themselves was significant over the course of the three interviews. Although

descriptors attributed to the partners also were favorable, the degree of favorability was not found to be significant. A study by Majors *et al.* (1985) found that women who had expected to cope well prior to a pregnancy termination did so immediately following the procedure as well as three weeks later. Their data reflects the findings of Janoff-Bulman (1979) in that external blame rather than self-concept is more closely associated with poor coping skills.

It appears reasonable to expect that one's anxiety level is affected to a greater or lesser degree by events occurring throughout the life cycle. In this study, there was a greater decrease in patient anxiety noted between the first and second interview (Figure 3). Although partner anxiety as viewed by the patient also decreased, it was not found to be significant. Majors *et al.* (1985), using the Beck Depression Inventory (BDI), found that most women coped very well immediately following an abortion and even better three weeks following the medical procedure. These findings are consistent with an earlier study conducted by Cohen and Roth (1984). They found a marked decrease in anxiety between the first interview (conducted at the time of arrival using the System Checklist Subscules [depression and anxiety] and the second interview, which was conducted in the recovery room approximately five hours later). Handy (1982) found distress as it relates to abortion to be situational in most cases rather than a result of internal factors.

As noted in Figure 9, there was a greater decrease in the subjects' favorability toward intercourse that occurred between the first and second interview which suggested that the subjects' sexual desire may have been superseded by their anxiety over an unwanted pregnancy. Prior to procedure,

several of the subjects verbally expressed to the investigator that they currently had no desire to become sexually active because of their unwanted pregnancy. Patients in this study reported a significant decrease in favorability toward intercourse over the course of the study. There was a slight increase in the partner's favorability toward intercourse over the course of the study, but it was not found to be significant.

There were no significant differences found in self-anxiety or in partner anxiety toward intercourse. Results suggested that once the procedure had been completed and the women had resumed normal activities, anxiety regarding intercourse diminished.

These results suggested that, over the time horizon used in this study, the short-term psychological effects of a decision to terminate an unwanted pregnancy tended to be positive and to positively affect the level of anxiety and self-perception. This investigation found no significant differences occurring with regard to contraception. Forty-three of the women (58.1%) had never been married and thirty-eight women (50.7%) were between the ages of 18 and 21. Twenty-three women (34.9%) were not using any form of birth control. The data suggests that there is a lack of knowledge and/or responsibility toward conception control. Further research is clearly needed to examine contraceptive methods and the frequency of use and/or misuse. This is further supported by Ebaugh (1980), who found that there was inadequate information about contraception, and Allgeier (1982), who concluded that knowledge of contraception in and of itself is not sufficient.

Sixty-one women (81%) reported that their partners were aware of their pregnancy. Forty-seven women (63%) had informed female friends of their pregnancy., Twenty-two women (29%) had confided in their mothers while 19 (25%) had told male friends of their medical condition. Nine patients (12%) reported that their physicians were aware of their pregnancy. Eight women (11%) had informed sisters and six women (8%) had confided in brothers. None of the women reported that they had informed their fathers about their pregnancy.

An early study by Spicer (1978) found that too little attention had been directed toward the social factors regarding pregnancy termination. Research by Howe (1979) and Moseley *et al.* (1981) concluded that a woman's reaction to abortion is preceded by the amount of support she receives. It appears that the women in this study were more likely to seek support from female friends than from any other group except their partners. This observation is consistent with prior research conducted by Finley (1981) and Farin *et al.* (1985).

As previously stated, it is reasonable to expect that one's self-concept is affected by events occurring throughout life. The short time horizon utilized in this study (two to three weeks) imposed a constraint on measuring the long-term effects of the abortion decision. Early research by Shalaby (1975) found that the procedure was a positive step and provided a sense of relief. Lodl (1985) also concluded that the abortion procedure was a positive experience for most women, but went on to say that some women experienced ambivalence, lack of social support, and underdeveloped coping skills.

The AGT is a covert means of measuring self-perception, and it was presumed to be sufficiently sensitive so as to reflect negative psychological changes that might occur across a broad spectrum of interpersonal functioning. The AGT was not supplemented by any other measure of psychological adjustment. The results may be biased in favor of those psychological characteristics/problems effecting a willingness to complete the research procedure.

More than one million women elect to terminate unwanted pregnancies each year (MMWR, 1987). Since the Supreme Court's ruling in 1973, much has been written on the issue of abortion. Investigations by social scientists as well as health professionals have been conducted in order to understand human behavior as it relates to health. Although many studies have examined the concept of knowledge, attitudes, and behavior, few have focused solely on the affective domain of individuals as it relates to abortion.

The purpose of this investigation was to evaluate the effects of pregnancy termination on women's self-concept and their feelings relative to contraception, pregnancy termination, and intercourse, and to develop recommendations regarding effective pre-termination intervention strategies.

Implications for Health Care Professionals Relative to Invervention Techniques

Results of the study showed significant self-favorability occurring over the course of the study. Although the study cannot evaluate the causality of changes that may have occurred, there exist no clear negative changes in self-perception over the course of the study. Anxiety as it related to an unplanned

event can be anticipated; however, over a short time horizon there appears to be no short-term depression. Health care providers need to be aware that, amid the continuing controversy, it is evident that pregnancy termination appears to be a positive alternative for some women regardless of their attitude about abortion in general.

The significant decrease in self-anxiety that occurred over the course of the study, as well as the significant decrease in anxiety about the abortion itself during the same time horizon, was expected. The post-termination period provided a sense of relief from the anxiety and fear of the unknown. Health care providers should demonstrate a caring and empathetic attitude to enhance the client's self-concept and aid in reducing the anxiety level. Further, a high level of understanding would facilitate the patient's physical, mental, and emotional well-being. Professionals actually may be instrumental in reducing the anxiety level of their patients by carefully explaining the actual abortion procedure in terms of atmosphere, time, expectations, recovery and possible complications. Professionals may want to discuss surgical events with the patient and her partner in order to provide support for the patient.

The decrease in the subjects' favorability toward intercourse that occurred over the course of the study suggested that the physical trauma associated with surgery of any kind reduces the desire to engage in any activity that will result in the surgery having to be performed again. The health care professional should discuss the feelings and concerns that the patient may expereince following her surgical procedure. A health care provider should be "on call" to provide assistance should any physical or emotional crisis arise. Care must be taken to avoid judgmental comments

and/or flippant remarks; patients who are experiencing anxiety are often vulnerable, and remedial efforts are likely to be more costly to the patient and may require more invasive treatment procedures.

There were no significant differences found in anxiety toward intercourse. This may/may not imply that the procedure was less of an ordeal than was anticipated. Health care professionals should provide clients with information on conception control, its use and misuse, and its effectiveness. Women should further be counseled about their menstrual cycle and times of fertility to avoid any further unwanted pregnancies. Health professionals should encourage follow-up exams to ensure that the procedure was successful and precipitated no infection, that the uterus has returned to its normal size and shape, and to encourage and reinforce the importance of reproductive health.

Summary

The research provided information about the effects of pregnancy termination on women's self-concept and their feelings relative to contraception, pregnancy termination, and intercourse. It further generated information on how the women perceived their partners' to feel about themselves, contraception, pregnancy termination, and intercourse.

Data collected in the study were analyzed in this chapter. Kruskall-Wallace statistics were applied to determine if any significant differences occurred in the responses to the AGT as administered on three different occasions.

CHAPTER V

SUMMARY, FINDINGS, CONCLUSIONS, DISCUSSION, AND RECOMMENDATIONS

Summary

The purpose of this investigation was to evaluate the effects of pregnancy termination on women's self-concept and their feelings relative to contraception, pregnancy termination and intercourse. In addition, the investigation was designed to develop recommendations regarding effective pre-termination intervention strategies.

Data for the investigation were obtained as follows:

1. Subjects who had made the decision to terminate an unwanted pregnancy at a women's medical clinic were invited by the investigator to participate in the study on a voluntary basis.
2. Forty-one women who completed an informed consent form, demographic data sheet and the AGT instrument on three occasions were included in the investigation.
3. Results were analyzed by using Kruskall-Wallace statistics to determine if any significant differences occurred over a three-week time horizon.

Findings

Analysis of the data revealed that:

1. A significant increase in self-favorability occurred over the course of the study.
2. A significant decrease in self-anxiety occurred over the course of the study, and a significant decrease in anxiety over the abortion itself during the same time horizon.
3. A significant decrease in the subjects' favorability toward intercourse occurred over the course of the study.
4. There were no significant differences found in anxiety toward intercourse.
5. There was no significant change in the description attributed to partner in relation to the self-concept of woman, pregnancy termination, contraception or intercourse.

Subsidary findings important for further research include:

1. Thirty-eight women (50.7%) who were experiencing an unwanted pregnancy were between the ages of 18 and 21.
2. Twenty-seven women (36%) had a high school diploma or less.
3. Thirty-nine women (52%) reported that they had attended or were attending college.
4.. Forty-three women (58.1%) had never been married.
5. Twenty-three women (34.9%) reported that they were not using any form of conception control.
6. Forth-three women (65.1%) reported they were using some form of contraception control.

7. Sixty-one women (81%) reported that their partners were aware of their pregnancy.
8. Forty-seven women (63%) reported that a female friend was aware of their pregnancy.
9. None of the women included in the sample had informed their fathers of their pregnancy.

Conclusions

Based on the research that was conducted for this investigation, it may be concluded that:

1. The women who had abortions experience minimal short term psychological distress.
2. Short term psychological effects of the decision to terminate an unwanted pregnancy tend to positively affect the level of anxiety and self-perception of the female.
3. Abortion counseling should be designed to encourage appropriate contraception usage (through partner participation and non-character blame).
4. There was no short term "post-abortion syndrome".

Recommendations

Further study is recommended to clarify questions generated by this investigation. While the study was designed to address the self-concept of women prior to and following an abortion in order to develop suggestions for intervention, more information is needed in the following areas:

1. the long term effects of abortion on women's anxiety level, self-perception, attitudes toward intercourse, and gender identity
2. abortion counseling should address relationship issues pertaining to the resumption of intercource (through partner participation and non-character blame)
3. the relationship between demographic characteristics and the effect of abortion on women's anxiety level, self-perception, and attitudes toward intercourse, gender identity, and cultural expectations
4. the effects of "support systems" with regard to pregnancy termination
5. the effects of pregnancy termination from the male's perspective
6. a comparison of women who elect to have an abortion, with women who elect to undergo some other form of elective surgery and control groups who receive no treatment of any kind
7. the relationship between religious preferences and pregnancy termination

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APPENDIXES

APPENDIX A

ADJECTIVE GENERATION TECHNIQUE

ADJECTIVE GENERATION TECHNIQUE

Patient No. _____ Form 1
2
3

Think of yourself as you are now and write down five adjectives which best describe yourself in relation to each of the topies (do not reflect on past days or weeks, just today). Adjectives are words that describe persons. You are a person. A word that best describes you for today is . . ."

Myself

1. _____
2. _____
3. _____
4. _____
5. _____

Pregnancy Termination (Abortion)

1. _____
2. _____
3. _____
4. _____
5. _____

Contraception

1. _____
2. _____
3. _____
4. _____
5. _____

Intercourse

1. _____
2. _____
3. _____
4. _____
5. _____

Think of your partner as he is today and write down five adjectives that describe how your partner feels about:

You

1. _____
2. _____
3. _____
4. _____
5. _____

Pregnancy Termination (Abortion)

1. _____
2. _____
3. _____
4. _____
5. _____

Contraception

1. _____
2. _____
3. _____

4. _____

5. _____

Intercourse

1. _____

2. _____

3. _____

4. _____

5. _____

If your partner does not know, check here: _____

Please place this form in the envelope provided and drop it in the box in the waiting room. Thank you for your help.

Malinda Martin

APPENDIX B

INFORMED CONSENT

INFORMED CONSENT

I am currently a doctoral candidate in the Department of Health, Leisure and Safety at the University of Tennessee, Knoxville. The topic for my research study is designed to study the self-concept of women such as yourself prior to and following a pregnancy termination in order to develop suggested intervention techniques.

I understand that all forms and instruments in this study are to be used for research and will be kept confidential by patient number only. I underatand the purpose of the study and was given the opportunity to have any questions I may have answered. I understand that I may withdraw from this study at any time without prejudice. My refusal to participate will be totally respected.

Thank you for your cooperation.

_____ _____

SIGNATURE *DATE*

Malinda Martin, G.T.A.
Department of Health, Leisure and Safety
The University of Tennessee, Knoxville
Office Phone: (615) 974-5041

APPENDIX C

DEMOGRAPHIC DATA SHEET

DEMOGRAPHIC DATA SHEET

Please answer the following by filling in the blank or checking the appropriate space. Your responses will be anonymous. Thank you for your help.

1. What is your age? _____

2. What is your educational level?

   _____ A. High School or less

   _____ B. Some College

   _____ C. College Graduate

   _____ D. Other

3. What is your marital status?

   _____ A. Never-Married

   _____ B. Married

   _____ C. Separated or Divorced

4.. Have you been using any contraceptives?

   _____ A. Yes

   _____ B. No

5. Which of the following people are aware of your pregnancy? (Check as many as may apply.)

   _____ A. Partner

   _____ B. Mother

   _____ C. Father

   _____ D. Sister

   _____ E. Brother

   _____ F. Female Friend

   _____ G. Male Friend

   _____ H. Physician

   _____ I. Other

   _____ J. None

VITA

Malinda Hays Martin was raised in Knoxville, Tennessee where she attended First Lutheran School, Chilhowee Junior High, and Holston High School. She is a graduate of Eastern Kentucky University where she received her Bachelor of Science degree in physical education and her Master of Arts degree in health education.

Malinda has been a science teacher for gifted students and a homebound coordinator in the Kentucky public schools. After receiving her masters degree, she became a part-time instructor in health education at her alma mater. In September 1984, she accepted a graduate teaching assistantship in health education at the University of Tennessee in Knoxville.

Malinda was awarded the Doctor of Education in May, 1991. Malinda is currently director of the Science and Human Development Unit in the Kentucky Department of Education.