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Pro-Health: The Effectiveness of Post-Abortion Counseling on Self-Esteem and Post-Traumatic Stress Symptoms

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Having an abortion can be a traumatic experience for a number of women (Major et al., 2000). Post-abortion counseling may help women that have difficulties adjusting after the procedure. This particular treatment may also alleviate the development of subsequent negative emotions (Kimport, Perucci, & Weitz, 2012). There is limited research on the benefits of post-abortion mental/emotional care for young women. The current study aims to investigate the effectiveness of post-abortion counseling on self-esteem and post-traumatic stress disorder for women ages 20-24 years. It is hypothesized that women who receive one-on-one post-abortion counseling will have higher levels of self-esteem and lower levels of post-traumatic stress.

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About one in two women will make a major decision in their lifetime that could compromise their mental health (Singer, 2004). Induced abortion has generated major concern because of the potential subsequent psychological risks. Forty-seven percent of unplanned pregnancies result in abortion (Singer, 2004). About 1.5 million abortions are performed each year in the United States (Major et al., 2000). Approximately forty-three percent of American women will have an abortion in their reproductive years (AGI, 2008). Statistics show that many women seek abortion as an option, and therefore are exposed to the risks.

Women that have abortions are likely to experience Post-Abortion Syndrome (PAS) to any degree (Major et al., 2000). PAS affects post-abortive women much like victims suffering from Post-Traumatic Stress Disorder (PTSD), who have experienced combat, rape, child abuse, even natural disasters (Major et al., 2000). Prior research suggests that 10% of women who have an abortion will suffer from serious emotional complications (Coleman, 2006). Usually, there tends to be many different emotions that follow an abortion. Feelings of relief are immediate, then transformed into more complex emotions, leaving many women in a state of emotional "paralysis" or numbness. Common denial of these feelings further supports how out of touch women really become after this procedure (Clemmons, 2011).

Inevitably, every woman encounters a different abortion experience because of multiple extraneous variables. Women obtain abortions for different reasons, receive treatment from different facilities, have different amounts of support and come from different sociocultural backgrounds (Major et al., 2009), creating a wide range of personal experiences. Specific situational factors regarding abortion, focuses this issue individually rather than generally and should be addressed accordingly (Major et al., 2009). Kimport, Foster and Weitz (2011) interviewed 21 women post-abortion to examine the burden women experience from their decision and the coping methods they used. A majority of the participants admitted to having a lack of support and feeling as though the decision they made was not truly theirs. Post-abortion care was scarce and left many of them with a continued feeling of helplessness months after the procedure.

Stressful life events, such as abortion, can be more damaging for younger women, because their positive psychological development is being disrupted (Coleman, 2006). Abortion rates are highest among women ages 20-24 (Singer,

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2004). Women in this age cohort are faced with a higher risk of developing emotional trauma after an abortion because they are psychologically vulnerable, and less equipped to manage post-abortion emotions. Self-esteem is a major determinant of how females will adjust after an abortion. High self-esteem helps individuals to cope with negative emotions from life stress. Specifically, research suggests that those who are high in self-esteem are able to respond better to stressful life events, and use self-protective coping styles (Cozzarelli, 1993). Although Warren, Harvey and Henderson (2010) found no effect of abortion on self-esteem of adolescents, they did find self-esteem levels prior to abortion are indicators of self-esteem and ability to cope with abortion after the procedure (Warren, Harvey & Henderson, 2010). The urgency to preserve high levels of self-esteem through an abortion may be necessary.

In efforts to absorb some of the negative effects of abortion, especially for younger women, pre-abortion counseling was implemented as a counseling method (Kimport, Perrucci & Weitz, 2012). Pre-abortion counseling methods help young ladies make informed decisions about their pregnancies and keep them aware of alternatives. Strategies as such have been said to alleviate anxiety before having an abortion (Kimport et al., 2012). What about after an abortion? Women need support and closure after having an abortion procedure (Kimport et al., 2012). According to Kimport et al., (2012), a great deal of women keep their abortions secret, which can prevent them from going to get proper subsequent treatment. This study focused on the perspectives of women seeking post-abortion help via phone talk lines. Most participants in the study asserted that post-abortion counseling designates time for women to sort out their emotions and accept the abortion experience (Kimport et al., 2012).

An effective counseling method specifically for post-abortive women is a rather unexplored topic. However, a recent study by Hovarth, Fluckiger, Del Re and Symonds (2011) investigated the alliance built in psychotherapy, also referred to as "talk therapy" between the client and the therapist. Positive results from the study indicated a need for the alliance between both parties, and better emotional outcome for the patient (Hovarth, Fluckiger, Del Re & Symonds, 2011). The relationship that develops in individual psychotherapy creates meaning for the patient. With a strong bond, clients are less likely to drop out of therapy and more willing to work with someone with whom they have a connection with (Hovarth et al., 2011).

Dadlez and Andrews (2010) articulated clearly that abortion is not the cause of some women's emotional deterioration. Their skepticism comes from the small number of women that are severely affected by PAS (Dadlez & Andrews, 2010). However, considering only the severe cases of psychological distress due to abortion may ignore cases with less severe, but still significant distress. Despite the severity of complications, all cases should be addressed. Post-abortion counseling may not be necessary for everybody, nevertheless it is a resource that can benefit post-abortive women no matter their emotional state, and should be more available. Post-abortion adjustment is more positive when women have support before and after the procedure (Coleman, 2006). Administering post-abortion counseling to all women may decrease potential subsequent mental health risks for women that exhibit mild and severe cases of PAS.

Most women in need of post-abortion counseling seek treatment themselves, because there are not many options provided for assistance (Ely, Dulmus & Akers, 2010). Research on post-abortion counseling and the effectiveness of the method is insufficient. The current study will investigate individual (one-on-one) post abortion counseling benefits for women ages 20-24 in the areas of metal health (PAS) and self-esteem. Participants in this study will be examined in a six-month time period. Ultimately, it is hypothesized that women who receive individual post abortion counseling will have higher levels of self-esteem and lower chances of developing any PTSD symptoms than women who do not receive individual post-abortion counseling.

PROPOSED METHOD

Participants

This study will examine women ages 20-24 that have had only one abortion, with no previous history of mental health issues. Four abortion clinics along the East coast will be selected for participant recruitment, each one in a different state. There will be 300 participants total. Seventy-five participants will be recruited from each clinic. In order to maximize research participation, monetary compensation will be provided to all participants. Compensation will vary depending upon the condition each participant is placed in. The 75 participants from each clinic will then be separated into two groups of approximately thirty-seven women. Each state will have two groups: an experimental and a control group. Women will be placed into one of the two conditions based on their ages, using matched random assignment to ensure that the age ranges are evenly distributed between groups. In total there will be eight groups, two in each state. One of the two groups in each state will be the control group and the other group will be the experimental group that receives post abortion treatment.

Measures

First, all participants will be asked to fill out a consent form describing the nature of the study and any possible risks. A questionnaire will also be given to all participants to clarify means of contact and transportation for the study. Throughout the study participants in both conditions will be assessed using two measures. The first measure is the *Rosenberg Self-Esteem Scale*. This is a 10-item self report measure that is used to evaluate self-esteem by measuring positive and negative feelings towards ones self. Each item is rated on a 4-point scale (Strongly Agree, Agree, Disagree, Strongly Disagree) to express the extent to which the respondent feels (Rosenberg, 1965) (See Appendix A). The other measure is *PTSD Check List – Civilian Version*

(PCL-C). This 17-item self-report scale measures the seventeen DSM-IV symptoms of PTSD. This version is not specific to any particular event and is more geared towards general traumatic experiences such as abortion. This scale is intended to measure the levels of stress in an individual (Weathers, Huska & Keane, 1991) (See Appendix B). Both scales are easy to administer and have favorable reliability. Before data is collected each participant will take these measures twice, once at baseline and after data is collected. A debriefing form will then be distributed to all participants to conclude the study and bring closure to the research. All of the measures will be sent electronically and via mail to approved addresses given by the participants.

Procedure

This will be an experimental design with a longitudinal component. Participants that have been assigned to the experimental group will be receiving one-on-one counseling biweekly for six months. The control group will receive no counseling and will be instructed to continue daily routines or activities. Each state will have two entry-level therapists looking for experience, to minimize the possibility of them being personal therapists of any of the participants. Prior to the study, the eight therapists that are selected to be apart of the research team will have to undergo a two-week training that reviews key topics and methods to ensure consistent therapy throughout the four states. This training eliminates the possibility of any confounds in the experiment. One of the two therapists will meet consistently with each participant in the experimental group. Psychotherapy will be the methodology used by the therapists to ignite conversation and modes of reflection for the participants. Therapists will help participants accept their decision of abortion, and identify negative thought patterns, eventually giving them the skills they need to deal with negative emotions and enhance their mental well-being. The other therapists will serve for emergency purposes, and will be used as back up just in case the main therapist gets sick or cannot make a session. These sessions will only take place during the week after school hours up until 9 pm. Therapists will be compensated for their work. After the therapy sessions take place and are completed, participants will fill out the two measures for the final time. Responses will then be analyzed.

CONCLUDING REMARKS

Limitations

In this experiment, limitations regarding counseling sessions may contribute to imprecise data. Attending every counseling session may become difficult for some patients for various reasons. Too many unattended sessions could potentially recast the data being collected. Difficulty attending sessions could lead to a high attrition rate and potentially be a threat to the study.

The sample size in the current study is not large enough to make any generalizations about how effective post-abortion counseling is for women. In addition, the possibility of participants having to speak with an alternate therapist may cause distressing feelings and hinder therapy progress.

Another limitation for this study includes patient responses to self-report measures. Participants may report in a dishonest fashion to provide socially desirable responses and give false representations of their feelings. Measuring self-esteem and post-traumatic stress in other ways will have to be considered for further research.

Significance

Receiving proper psychological care after a traumatic experience is just as important as receiving treatment for a physical injury. The rate of women having abortions has increased, therefore, so has the exposure to possible mental health issues. Knowing how to better treat those affected by this experience can benefit not only those individuals, but their loved ones as well. The findings of this study could potentially improve policies of women's health organizations and clinics. Furthermore, this study can contribute significantly to the field of psychology.

The current study aims to investigate the effectiveness of one-on-one post-abortion counseling in general, and can be expanded upon in prospective research. Further research should study other types of counseling methods for post-abortive women, perhaps more time and cost-effective interventions, like group counseling. Other variables should be examined before and after treatment to ensure a wide range of research on the topic. Future mental health and life outcomes should be assessed to support the effectiveness of post-abortion counseling. Possibly focusing on specific situational circumstances can also enrich research on post-abortion mental health.

If the hypothesis is supported by positive results of the current study, more options for post-abortion treatment (counseling) should be advised or mandated for women. Providing this option could lower the possibility of young women developing subsequent mental health complications, no matter the severity. Post-abortion counseling can foster stronger mothers, daughters, wives, sister, and stronger women.

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APPENDIX A

Rosenberg Self-Esteem Scale

Instructions

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

1. On the whole, I am satisfied with myself.
Strongly Agree, Agree, Disagree, Strongly Disagree

2. At times I think I am no good at all.
Strongly Agree, Agree, Disagree, Strongly Disagree

3. I feel that I have a number of good qualities.
Strongly Agree, Agree, Disagree, Strongly Disagree

4. I am able to do things as well as most other people.
Strongly Agree, Agree, Disagree, Strongly Disagree

5. I feel I do not have much to be proud of.
Strongly Agree, Agree, Disagree, Strongly Disagree

6. I Certainly feel useless at times.
Strongly Agree, Agree, Disagree, Strongly Disagree

7. **I feel that I'm a person of worth, at least on an equal plane with others.**
Strongly Agree, Agree, Disagree, Strongly Disagree

8. **I wish I could have more respect for myself.**
Strongly Agree, Agree, Disagree, Strongly Disagree

9. **All in all, I am inclined to feel that I am a failure.**
Strongly Agree, Agree, Disagree, Strongly Disagree

10. **I take a positive attitude toward myself.**
Strongly Agree, Agree, Disagree, Strongly Disagree

Scoring:

Items 2, 5, 6, 8, 9 are reverse scored. Give "Strongly Disagree" 1 point, "Disagree" 2 points, "Agree" 3 points, and "Strongly Agree" 4 points. Sum scores for all ten items. Keep scores on a continuous scale. Higher scores indicate higher self-esteem.

APPENDIX B

PTSD Check List – Civilian Version (PCL-C)

Patient's Name:

_____

Instructions: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem *in the past month*.

1. Repeated, disturbing *memories*, *thoughts*, or *images* of a stressful experience from the past?
Not at all (1) A little bit (2) Moderately (3) Quite a bit (4) Extremely (5)

2. Repeated, disturbing *dreams* of a stressful experience from the past?
Not at all (1) A little bit (2) Moderately (3) Quite a bit (4) Extremely (5)

3. Suddenly *acting* or *feeling* as if a stressful experience *were happening again* (as if you were reliving it)?
Not at all (1) A little bit (2) Moderately (3) Quite a bit (4) Extremely (5)

4. Feeling *very upset* when *something reminded* you of a stressful experience from the past?
Not at all (1) A little bit (2) Moderately (3) Quite a bit (4) Extremely (5)

5. Having *physical reactions* (e.g., heart pounding, trouble breathing, or sweating) when *something reminded* you of a stressful experience from the past?
Not at all (1) A little bit (2) Moderately (3) Quite a bit (4) Extremely (5)

6. Avoid *thinking about* or *talking about* a stressful experience from the past or avoid *having feelings* related to it?
Not at all (1) A little bit (2) Moderately (3) Quite a bit (4) Extremely (5)

7. Avoid *activities* or *situations* because *they remind you* of a stressful experience from the past?
Not at all (1) A little bit (2) Moderately (3) Quite a bit (4) Extremely (5)

8. Trouble *remembering important parts* of a stressful experience from the past?
Not at all (1) A little bit (2) Moderately (3) Quite a bit (4) Extremely (5)

9. Loss of interest in things that you used to enjoy?
Not at all (1) A little bit (2) Moderately (3) Quite a bit (4) Extremely (5)

10. Feeling *distant* or *cut off* from other people?
Not at all (1) A little bit (2) Moderately (3) Quite a bit (4) Extremely (5)

11. Feeling *emotionally numb* or being unable to have loving feelings for those close to you?
Not at all (1) A little bit (2) Moderately (3) Quite a bit (4) Extremely (5)

12. Feeling as if your *future* will somehow be *cut short*?
Not at all (1) A little bit (2) Moderately (3) Quite a bit (4) Extremely (5)

13. Trouble falling or staying asleep?
Not at all (1) A little bit (2) Moderately (3) Quite a bit (4) Extremely (5)

14. Feeling irritable or having angry outbursts? Not at al
A little bit (2) Moderately (3) Quite a bit (4) Extremely (5)

15. Having difficulty concentrating? Not at all (1) A little b
(2) Moderately (3) Quite a bit (4) Extremely (5)

16. Being *"super alert"* or watchful on guard? Not at all (1
A little bit (2) Moderately (3) Quite a bit (4) Extremely (5)

17. Feeling *jumpy* or easily startled? Not at all (1) A little b
(2) Moderately (3) Quite a bit (4) Extremely (5)