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ABSTRACT

RELATIONSHIP BETWEEN CATHOLIC AFFILIATION AND TRAUMATIC STRESS SYMPTOMS IN WOMEN POST-ABORTION

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The purpose of the current study was to explore how women with affiliation to the Catholic Church experience levels of traumatic stress post-abortion. The focus of this study was to find the influence of Catholic affiliation before, during, and after an abortion experience and mental health outcomes. In addition, to identify what risk and protective factors are involved. Results depicted narratives and significant findings that continue to support literature and form a well-rounded perspective when working with this population of women. Implications for clinicians working with this population are discussed.

NORTHERN ILLINOIS UNIVERSITY

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RELATIONSHIP BETWEEN CATHOLIC AFFILIATION AND TRAUMATIC-STRESS SYMPTOMS IN WOMEN POST-ABORTION

BY

LAUREN ALYSSA RODMAN

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A THESIS SUBMITTED TO THE GRADUATE SCHOOL

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Thesis Director:

Lin Shi

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CHAPTER 1

INTRODUCTION

In the United States, according to the National Survey of Family Growth, nearly half (49%) of all pregnancies were unintended in 2006 (Finer & Zolna, 2011). Additionally, it was found that women 18-24 years old had rates two to three times that of the national rate. Unintended pregnancies have not decreased over decades and when weighing options, it is important for women to have the correct information regarding what psychological effects are related with all options. Although, the majority of current research suggests that women typically will have few negative affects related to their choice of terminating a pregnancy (Charles, Polis, Sridhara, & Blum, 2008 ; Munk-Olsen, Laursen, Pederson, Lidegaard, & Mortensen, 2011), it is important to look at the confounding variables that might affect how a woman could perceive a difficult situation as well as coping mechanisms that can increase resiliency.

There is very limited research regarding positive coping mechanisms related to abortion. Current research that suggests positive coping post-abortion were related to social support given after the abortion, as well as feeling that the decision to terminate the pregnancy was ultimately their own (Kimport, Foster, & Weitz, 2011). One of the main social supports used by Americans in times of indecision is religion (Koenig, 2009). Religious beliefs and practices can comfort those who are fearful or anxious and increased

sense of control, enhance feelings of security, and increase self- confidence (or confidence in the Divine).

Although that it is widely known that the Catholic Church has a strict “pro-life” stance in relation to abortion, 27% of abortions within the US are procured by women who identify as Catholic despite the Church’s opposition (Jones, Darroch, and Henshaw, 2002). Women with Catholic affiliation might find the need to conceal their decision from their church to hide Excommunication, the common repercussion for procuring an abortion (Weston, 2009). Losing a support system (the Catholic Church) could be truly detrimental to the mental health of a woman who decides to terminate her pregnancy. It is important to create awareness of how stigmatizing and shaming this event may be, or create the awareness that the Catholic Church may have become more lenient over the years in regard to the increase of unintended pregnancies and needs of the religious community.

Not only is this issue an internal conflict, it involves politicians and social groups as well. Research and statistics have been manipulated to benefit political agendas. Abortion rights opponents’ increasing argument is that women who have abortions will eventually regret it (Siegel, 2008) (Major, 2010). Abortion rights advocates have avoided focusing on regret, concerned it would weaken their political position (Ludlow, 2008). The need for neutral, organic research is needed to present accurate information for women who are faced with the decision to terminate their pregnancy and find what residual effects or events may ensue.

Purpose

The purpose of the current study was to explore how females with affiliation to the Catholic Church experience levels of traumatic stress post-abortion. The focus of this study was to find the influence of Catholic affiliation before, during, and after an abortion experience and mental health outcomes. In addition, to identify what risk and protective factors are involved. The study's information was conducted with the intention to be used by mental health professionals who work with this population of women, clergy, and abortion clinics in hopes to present accurate information to women so that they can make a secure, educated decision related to their unintended pregnancy. It intended to help mental health professionals understand the process of coping and recovery from this potentially traumatic event.

CHAPTER 2

REVIEW OF LITERATURE

Abortion and Mental Health

"Safe abortions" performed by trained providers in hygienic settings and medical abortions (using misoprostol to end a pregnancy) carry few health risks (WHO, 2003). Generally in the literature, women seem to rarely experience negative consequences related to mental health after their terminated pregnancy (Adler, David, Major, Roth, Russo, & Wyatt, 1990; Steinberg & Finer, 2010; Polis, Sridhara & Blum, 2008). Although some women might experience negative feelings or describe regret, sadness, or guilt, the literature suggests that legal abortion of an unintended pregnancy in the first trimester has not caused a psychological burden for most women which had added to the continued support for pro-choice activists. In one study they found no difference between women who underwent delivery and abortion, therefore supporting that there is no overall increased risk of mental health disorders after first-trimester induced abortion (Munk-Olsen, Laursen, Pedersen, Lidegaard, & Mortensen, 2011).

Furthermore, the major predictor of women's well-being after an abortion, regardless of ethnicity and religion, was found to be level of well-being becoming pregnant (Russo & Dabuk, 1997). How a woman copes after an abortion is related to her personality characteristics, life circumstances, reasons for timing of the abortion, events that happen after the abortion, as well as larger social/political contexts (Major, Appelbaum, Beckman, Dutton, Russo, & West, 2009).In regards to personality, high impulsivity and a high avoidance style in coping with negative emotions are risk factors for risky sexual behavior, substance abuse, delinquent

behavior, and educational underachievement, which have been suggested as strong predictors of unintended pregnancies (Major, Appelbaum, Beckman, Dutton, Russo, & West, 2009).

Reasons why women have abortions are related to social, economic, religious, and cultural contexts that structure how each woman defines the meaning of the abortion (Major, Appelbaum, Beckman, Dutton, Russo, & West, 2009). Some systemic risk factors for abortion described in the literature were poverty, sexual or physical abuse during childhood, and intimate partner violence. It is also important to remember that the more violence-related events a woman experiences, the greater the risk of developing a mental health disorder (Golding, 1999). If a woman has a mental health disorder diagnosed before terminating her pregnancy this adds another risk factor that may possibly affect mental health outcomes.

Although not frequently mentioned in the literature, there are some advantages related to pregnancy termination and mental health. For example, in one study it appeared that those who underwent an abortion had advantageous outcomes in terms of educational achievement, income, welfare dependence, and relationships (Fergusson, Horwood, & Ridder, 2006). This led to the implication that abortion among young women may serve as a protective factor for their educational opportunities which contributes to many areas of their well-being. Furthermore, many abortions are carried out in order to preserve the health and well-being of families (Alan Guttmacher Institute, 1999). Every decision for an abortion is complex in nature, but there is support in the literature that there could be advantageous outcomes or at the very least, few psychological risks to the general population.

Psychological Distress Related to Abortion

Facing an unintended pregnancy and deciding to have an abortion or give birth to a child is a significant and stressful predicament (Coleman, Reardon, Strahan, & Cougle, 2005). Some demographics are at greater risk for experiencing psychological distress post-abortion. The particular age group that are at the greatest risk for experiencing poor psychological outcomes are women between the ages of 20-24 because they have the highest rate of abortions as well as the highest rate of repeated abortions (Curley, 2010). There is a consensus in literature that approximately 10% of women experience long-term psychological consequences related to abortion. Furthermore, for these women there is acknowledgment of a minority that may require inpatient psychiatric hospital admission (Zolese & Blacker, 1992). Predisposing factors were previous psychiatric history, poor relationships with others, older women with existing children, and religious affiliation.

Although many times women who experience distress within studies only make up a small percentile, they create long-term consequences. In one study, approximately 30% of women who experienced an abortion also experienced psychological disorders that did not dissipate during a follow up conducted after a month of their terminated pregnancy (Bradshaw & Slade, 2003). In other research it was found that women who have experienced multiple abortions and women who experienced ambivalence in their decision to abort have been shown to suffer long-term psychological outcomes (Hemmerling, Siedentopf, & Kentenich, 2005). Furthermore, delay in requesting for an abortion because of ambivalence or denial is mainly associated with women in a younger age group which unfortunately may lead to procedures that are associated with

heightened physical and emotional risk (Ingham, Lee, Clements, & Stone, 2007). Although the majority of literature suggests there are no negative consequences to the general population of women, there is evidence that suggests psychological risk related to abortion among certain populations of women create increased risk for anxiety disorders, stress reactions, depression, and self-destructive tendencies in the form of substance abuse and suicide (Curley, 2010). To support this, young women with a lifetime history of either abortion or miscarriage, had an increased risk of tobacco dependence and illicit drug use compared with women who have never been pregnant (Dingle, Clavarino, Najman, & Williams, 2008). This leads to the implication that pregnancy and parenting tasks may discourage women from heavy drug and alcohol use.

In a qualitative study conducted by Kimport, Foster, & Weitz (2011), it was found that respondents reported negative emotions related to feeling the decision was not their own and lack of social support after the abortion. There was also a theme of women taking fault for the pregnancy. Support for this study could also be found in a qualitative study conducted in South Africa which identified that black women seeking abortions had significant difficulties in finding social supports from family and friends, which they perceived as distressing (Geldenhuys, de Lange, 2001.

In research, when negative emotions/distress is found in certain populations of women who have terminated their pregnancy, there is a theme of mental health concerns. In current research it was found that women who followed through with abortions, (as compared to those who had pregnancy loss, live birth after unwanted pregnancy, pregnancy after initial adverse reaction, and other live births) scored 30% higher than rates of disorder in other women involved in the study (Fergusson, Horwood, & Bowden, 2008). Furthermore, their mental health concerns were most associated with anxiety and substance abuse disorders. In a separate study conducted in 2008,

research suggested that confounding factors such as pre-existing anxiety and violence exposure could explain the frequency of abortion-anxiety relationships (Steinberg & Russo, 2008). Research exists that suggests a possible link between abortion and depression. In one study it was found that women with a major stressful life events related to commitment were almost three times more likely to develop depression than were those who were experiencing a stressful life event without the commitment domain (Brown, Bifulco, & Harris, 1987).

In another study, women who terminated pregnancy showed early levels of commitment followed by subsequent feelings of anger, guilt, and depression seven weeks later (Lydon, Dunkel-Schetter, Cohan, & Pierce, 1996). Researchers retrospectively interpreted high anxiety levels before the abortion being related to threatened pregnancy that eventually lowered after the seven week follow up. It was also found in one study that 1% of women met criteria for Post-Traumatic Stress Disorder and 20% reported clinical depression a month after they terminated their pregnancy (Major, Cozzarelli, Cooper, Zubek, Richards, Wilhite, & Gramzow, 2000).

Alongside depression as a possible risk, the theme of avoidance to cope also leads to negative mental health outcomes. After the termination of a pregnancy, women tend to focus on survival and coping and tend to numb themselves to negative feelings they may be experiencing. Much time can pass before negative feelings come to surface and psychological/behavioral problems emerge. Women might not be able to recognize the link to their abortion because of the passing of time (Speckhard & Rue, 1992). Help seeking by women may be delayed and general practitioners might not be aware that they have a key role in facilitating post abortion assessments (Casey, 2008).

Findings that have been touched on recently in literature are how abortion experiences could affect couples relationally. One study provided strong evidence for increased risk of

relationship issues associated with abortion experience such as jealousy, sexual dysfunction, and drug use (for males) in current or previous relationships (Coleman, Rue, & Coyle, 2009). A phenomenon that is related to abortion is the Rapid Repeat Pregnancy (RRP). RRP is defined as a subsequent pregnancy occurring within 24 months of the previous pregnancy (Crittenden, Boris, Rice, Taylor, & Olds, 2009). Women might feel that they need a "replacement baby" to make up for the pregnancy terminated previously and might become hypersexual in order to fulfill this desire with their partner (Joens, 2012). As clearly portrayed, psychological distress related to abortion can color many areas of a woman's life, including relationships.

Abortion as a Traumatic Event

It was quoted by Reardon that, "once a young woman is pregnant it is a choice between having a baby or a traumatic experience" (Reardon, 2007). In order to understand how an abortion can be traumatic, it is important to understand the argument that abortion involves a human death experience (the deconstruction of one's unborn child), witnessing a violent death, and the termination of parental/maternal instinct and maternal attachment (Major, Appelbaum, Beckman, Dutton, Russo, & West, 2009). This insight illuminates the fact that abortions are a very painful and an unnatural experience compared to carrying a child full term or natural miscarriages. For many, there is grief at the loss of a child and many women have consciously or unconsciously formed a bond with the fetus (Coleman et al, 2005).

While abortion might be an effective short term coping strategy, it may also turn into a long-term stressor (Coleman, 2005.) Statistics have also shown in a national poll conducted by NCB, about 50% of Americans view abortion as murder of a child, therefore making opposition to abortion widespread (Major & Gramzow, 1999). Various labels such as promiscuous, sinful,

selfish, dirty, irresponsible, heartless or murderous are applied to women who abort (Kumar, Hessini, & Mitchell, 2009) in society. Because of the widespread negative views of abortion, the stigma attached could affect women's mental health. The reason why feelings of perceived social stigma had such a strong relationship with maladaptive mental health post abortion was because many women felt the need to conceal their decision from people out of fear of persecution. It is explained that because some women suppress and avoid speaking about their experience, they are unable to reflect on the event, experience true feelings, or examine the implications, because the event cannot be used in autobiographical memory, it is not processed correctly and Post-traumatic stress disorder (PTSD) symptoms fail to resolve (Boulind & Edwards, 2008). In a previous study related to perceived social stigma and abortion, it was found that individuals who avoided expressing feelings related with a traumatic event were unable to cognitively process the event fully. As a result of this avoidance, events resurfaced in the form of dreams, ruminations, and intrusive thoughts (Pennebaker, 1989).

Furthermore, unintended intrusive thoughts related to stressful life events are considered one of the key symptoms when diagnosing Post-Traumatic Stress Disorder (PTSD) (American Psychiatric Association, 2013). Ruminating or intrusive thoughts can be extremely crippling for people, especially when related to an event that a person would like to forget. According to available research, keeping a secret creates cognitive efforts that ultimately lead to obsessive preoccupation with the secret and can eventually lead to psychological distress (Major & Gramzow, 1999). Obsessive preoccupation is the cyclical pattern of suppression that leads to

intrusive thoughts. It is quite clear that unresolved feelings related to the trauma of experiencing an abortion can begin to manifest into psychological distress and perhaps a trauma-related disorder.

In 1992, Speckhard and colleagues coined the term, "Post Abortion Syndrome" (PAS). This is the conceptualization of a specific form of PTSD, with symptoms very similar to what Vietnam veterans reported to experience including flashbacks and denial, symptoms of depression, grief, anger, shame, survivor guilt, and substance abuse (Speckhard, 1992). Although this conceptualization is not recognized in the DSM (Diagnostic Statistical Manual), many women have reported experiencing similar symptoms. Participants in one study described PTSD symptoms related to their abortion and one year later 76% of women said they would never consider an abortion again (Coleman, 2005). About 16% of these women described emotional distress that was either occupationally disabling or led them to seek psychological help. In one study, researchers found ten cases of PAS which met criteria for PTSD and where symptoms included recurrent nightmares, feelings of guilt, and desire to repair damage done (Gomez & Zapata, 2005). In one case study, BAI (Beck Anxiety Inventory) and BDI (Beck Depression Inventory) scores dropped completely after the disclosure even though there was more work to be done with the client diagnosed with PAS (Boulind & Edwards, 2008)

Religion and Mental Health

90% of the world's population is involved in some form of religious practice (Koenig, 2009). The definition of religion includes beliefs, practices, and rituals related to the sacred (God). Religions usually have specific beliefs about life after death and rules about conduct that guide within a social group (Koenig, 2009). Religious beliefs can provide a sense of meaning

and purpose during difficult life circumstances that assist with psychological integration. Religion usually promotes a positive world view that is optimistic; it can also provide role models in sacred writings that facilitate acceptance of suffering, they give people a sense of indirect control over circumstances, reducing the need for personal control; and they offer a community of support both human and divine to help reduce isolation and loneliness. Religion is also available to anyone at any time, regardless of financial, social, physical, or other mental health circumstances (Koenig, 2009). For these reasons, religion is commonly used as a tool for coping and emotional support.

In general, literature suggests that religious involvement is related to better coping with stress, less depression, suicide, anxiety, and substance abuse (Koenig, 2009). 90% of Americans coped with the stress of September 11th 2001 by turning to religion (Schuster, Stein, Jaycox, et al., 2001). Medically, in terms of hospitalized patients in one study, 90% reported they used religion to cope and 40% indicated that religion was the most important factor that kept them going. (Koenig, Paragment, & Nielsen, 1998)

Although religion can serve as a useful tool and positive reframe to negative life events, religious affiliation can also cause anxiety and perhaps negative effects. In one study, of a sample of 100 women with gynecological cancer, it was found that those who perceived God was punishing them, had deserted them, or did not have the power to make a difference, or was deserted by their faith community had significantly higher anxiety (Boscaglia, Clarke, Jobling, et al., 2005). While religious teachings do have the potential to exacerbate guilt and fear that might interfere with functioning, the anxiety aroused in religious beliefs can prevent behaviors harmful to others and motivate pro-social behaviors (Koenig, 2009).

Religiosity and Stance on Abortion Rights

When reviewing the literature on current religious beliefs regarding the right to terminate an unintended pregnancy there appeared to be a few reoccurring themes; tolerance of abortion related to medical risks to the mother or child, the decision being ultimately left up to the woman (who is urged to seek support from her place of worship or community), or not under any circumstances (Bishop & Coutts, 1994 pts 1 & 2).

Faith bases that believe abortion is a viable option in relation to risking the mother or infant's health are those that are Buddhist, Orthodox, Jewish, and Lutheran. Interestingly, the Jewish faith is the only religion to give an official statement saying that harm to the woman's psychological health should be taken under consideration. Those who believe the decision is ultimately decided by the woman after thoroughly weighing her options are the Disciples of Christ, Jesus Christ of Latter day Saints, Methodist, Presbyterian & Seventh-day Adventists. Lastly, those who believe that abortion should not be permitted under any circumstances are those who are Protestant, Quaker, Mennonite/ Amish, Assemblies of God, Evangelical, Jehovah's Witness, and Catholic (Bishop & Coutts, 1994 pts 1 & 2). Although official statements have been made in the literature, it is important to also recognize the variation in each religion based on personality, affiliation, and interpretation. There are also many other faith bases not mentioned that have their own set of beliefs as well.

Catholicism and Abortion

It is widely known that the Catholic Church recognizes the existence of life from the moment of conception (Markwell & Brown, 2008). 27% of abortions within the United States are by women who identify as Catholic despite the Church's opposition to the practice (Jones, Darroch, & Henshaw, 2002). With such a significant percentile, it is important to consider how Catholic women might internalize the persecution from the Catholic Church. In one study it was found that women describing themselves as emotionally distressed after an abortion tend to be more religious and more likely to be affiliated with conservative churches than were women who did not experience post- abortion stress (Congleton & Calhoun, 1993). Analyses confirmed in one study that religious Catholic women are more likely to have lower levels of well-being after having an abortion than other women (Russo & Dabul, 1997). In a case study, religion played a big part in post-abortion stress. The client identified as Christian who was part of an authoritarian church where all intimate relationships had to be approved by the pastor. Because the pastor and her friends within the church did not support her decision, she stopped attending church and lost her main social support and became reluctant to get involved or confide in people in a new church (Boulind & Edwards, 2008).

Although many women might decide to carry their unwanted pregnancy full term, there still appears to be consequences in the Catholic Church. Researchers conducted a longitudinal study that followed teenage mothers before delivery and four weeks after in Ontario. Catholic teenagers that affiliated more with conservative religious groups and attended religious services more frequently scored significantly higher on depression scales. Highest depression scores were among girls who cohabitated with someone while attending religious services (Sorenson,

Grindstaff, & Turner, 1995). Women might be very conflicted when faced with an unintended pregnancy because their choices include carrying the pregnancy full-term and revealing that they have engaged in pre-marital sex, or procuring an abortion and concealing from the Catholic Church that they violated rules and regulations.

Repercussions of the Catholic Church

In order to fully understand how a Catholic woman might be perceived by the Catholic Church after an abortion, it is important to understand the Catholic Church's punishments or repercussions for not abiding to their pro-life stance. Women have been accused in the Catholic Church by pedagogues that "those who poison their fetus with drugs to hide fornication, are not only destroying the fetus within them, but their own humanity" (Weston, 2009). Hippolytus, a famous Roman theologian of the Christian church, had the main criticism of the Catholic Church because of their "lack of punishment women receive for abortions" that he considers "both adulterous and homicidal" (Weston, 2009).

The official punishment of the Catholic Church for abortion is excommunication, as decided in the 16th century (Weston, 2009). Excommunication is defined as the institutional act of religious censure used to deprive, suspend, and limit membership in a religious community (Weston, 2009). The code of Cannon Law provides order and discipline of Catholic Church members and Canon 1938 imposes an automatic excommunication upon any Catholic who procures a completed an abortion (Cunningham, 2005). The two purposes punishment serves is to reform the individual and to repair harm done to the community by the offense. Excommunication does not serve as a dismissal of the church; it is instead a penalty that is comparable to a suspension. Someone who is excommunicated is prohibited from celebrating

sacraments and from carrying out offices or ministries in the church (Cunningham, 2005). A period of excommunication ends when performance of an act is completed or one promises to terminate the behavior that is not in accordance with the Catholic Church. To “procure” an abortion is translated from Latin to mean directly/intentionally causing the physical or moral action of expulsing the fetus form the mother’s womb (Cunningham, 2005). The Catholic Church sees that abortion is not commonly an act that is committed alone. Often times the father of the child will put pressure on the mother to perform the abortion and there are also doctors who perform the abortion itself. In the eyes of the Catholic Church, this means that those who “procure” the abortion are responsible for repenting. Furthermore, Catholic hospitals are prohibited from performing abortions even if required by civil law (Cunningham, 2005).

Regardless of political orientation, the same repercussions still apply. In history there have also been public displays of Catholic disapproval. Pressures of Catholic legislators were made public during the presidential election in which Catholic Senator John Kerry created controversy for being pro-choice on abortion policy. Therefore he was threatened by American bishops to be denied communion. This one incident was highlighted and broadcasted in a way that stigmatized the Senator for going against the Catholic Church.

Conclusively, controversy surrounding Catholicism and abortion is unavoidable. The Catholic Church has very strict rules that they abide by and many Americans agree with. Although throughout history, the Vatican seems to not budge related to flexibility around the topic of abortion, Catholicism has been modified over the years to be more inclusive. One example of this is the increase of annulments within the United States (Wilde, 2001). In this article it explains that the excommunication decree has been estranged over the years and the

Catholic divorce rate has increased which created a higher demand for annulments. In a quote by Max Weber, he explains “Reinterpretations (of religious doctrine) adjust the revelations to the needs of the religious community” (Weber in Gertha & Mills, 1958:270). This suggests that there could be room in the future to reinterpret other areas that would ordinarily earn excommunication as punishment within the Catholic Church.

Attachment Theory Overview

According to Bowlby (1969) human attachment behavioral systems evolved because it facilitated survival of offspring by keeping them in proximity with caregivers and protecting them from danger. The role of an attachment figure is to provide a “secure base” from which the child can explore with the confidence that their parent will be available and ensure their protection when necessary (Ainsworth 1967). Attachment types were originally studied and assessed using infants and their reaction to the “Strange Situation Experiment” created by Ainsworth. What is studied in this experiment is the infant’s behavior when their mother leaves, how the infant communicates or interacts with the stranger, and how the infant acts towards their mother once she enters the room once again.

Originally there are three distinct types of infant attachment which include secure, anxious-ambivalent, and avoidant attachment (Ainsworth, 1979). Infants who are categorized as having a secure attachment will seek close proximity with their caregivers when distressed and welcome their caregivers upon their return. Infants with anxious-ambivalent attachment tend to be resistant to comforting efforts from caregivers and show ambivalent behaviors toward their caregiver. Infants who are categorized as avoidant tend to avoid proximity or interaction with their caregiver. Attachment theory carries an emphasis on the role of early experiences and how

they shape the beliefs children construct in regards to responsiveness and trustworthiness of others (Fraley, Roisman, Booth-LaForce, Owen, & Holland, 2013). Aside from Ainsworth's findings, came about a fourth type of attachment discovered by Main and Solomon (1986) which was labeled disorganized attachment. Disorganized attachment is labeled in the strange situation experiment when an infant displays contradictory behavior, misdirected or astereotypical behavior, stilling or freezing for a substantial amount of time, and direct apprehension or fear of the caregiver (Main & Solomon, 1990). Disorganized attachment comes into play when an infant has experienced abuse or neglect from their caregiver. It was also found that disorganized attachment can be found when the caregiver has experienced unresolved loss of an attachment figure or a traumatic experience (Van Ijzendoorn, 1995).

Currently there is a body of research that demonstrates individual differences in adult attachment styles and how they parallel to childhood. It has been found that these attachment styles are empirically related to aspects of relationship functioning, personality, and other psychological variables (Shaver & Mikulincer, 2006; Shiota, Keltner, & John, 2006). This idea is known as internal working models (IWM) and was first identified by Bowlby. These include two cognitive schemas: a self model which includes basic perceptions of one's worth, competence and lovability and a model that focuses on others and what core expectations about goodness, trustworthiness, and dependability one holds regarding those who are important to them (Bowlby,1988). It is also argued that these attachment related schemas are triggered when a person is stressed, fatigued, or ill. Based on a person's IWM, how they react when faced with these situations gives insight to their attachment style.

Bartholomew and Horowitz (1991) created the four categories of attachment in adulthood which included secure, avoidant, preoccupied, and fearful. Both secure and avoidant can be compared to secure and avoidant attachment types in childhood. Preoccupied attachment is suggested with those who focus on their own distress and tend to become enmeshed in their relationships. Bartholomew and Horowitz describe fearful attachment as adults who want closeness with others but also have fear or anxiety of being close with others. These adults tend to avoid intimacy and are exceptionally independent (Bartholomew & Harowitz, 1991). Those with secure attachment function better psychologically and emotionally, in comparison to those with insecure attachments (Mallinckrodt & Wei, 2005).

Attachment Disruption and Mental Health

Although secure attachment is illustrated through the literature as a goal of most parents, there are children who turn into adults who have experienced disrupted attachment with their caregivers. The five dimensions of disrupted attachment behaviors from caregivers are affective communication errors, role or boundary confusion, fearful or disoriented behavior, and intrusive or withdrawal behavior (Madigan, Moran, Schuengel, Pederson & Otton, 2007). For children, there is a link between externalizing problems and disrupted maternal attachment (Madigan, Moran, Schuengel, Pederson, & Otton, 2007). These problems may carry on through adulthood without intervention. Adults with disrupted attachment display mental disorganization and disorientation that is described as odd and inexplicable lapses in their narratives (Madigan, Moran, Schuengel, Pederson & Otton, 2007).

Research suggests that psychiatric symptoms might have a relationship with fearful or preoccupied attachment styles, especially in relation to grieving. Women have been shown to be

eight times more likely to show depression and anxiety symptoms than men in a recent study (Shelvin, Boyda, Elkit & Murphy, 2013), suggesting women are at greater risk of psychiatric symptomology when paired with fearful or preoccupied attachment. A protective factor against psychiatric symptomology such as PTSD symptomology has been shown to be secure attachment (O'connor & Elkit, 2008). A second protective factor when disrupted attachment is involved, is perceived social support. In a study that looked at adjustment to abortion, perceived social support was a mediator between attachment style and adjustment, suggesting that secure attachment alongside positive social support served as a protective factor for women's adjustment (Cozzarelli, Sumer, & Major, 1998). Conclusively, there is a strong body of research suggesting how disrupted attachment can negatively affect adults later in life as well as suggestions of what protective factors might be useful when disrupted attachment is identified.

God as an Attachment Figure

Many people have often found themselves depending or relying on God in times of crisis. This suggest that for many, God may function psychologically as an attachment figure (Kirkpatrick, Shillito, & Kellas, 1999) and perceive God as a "Safe Haven" in times of crisis and a secure base from which to find solutions. These functions found in God are comparable to those perceived from an attachment figure. This safe haven, or comfort found in God is comparable to a secure base from an attachment perspective. As mentioned before in the origins of attachment theory, an "attachment figure" is someone who is experienced as a "safe haven" that can serve as comfort and protection in times of danger, and a "secure base" from which the child can explore the new and unknown. For many people, in times of insecurity or danger they will talk to God in the form of prayer to connect with Him to "feel" His protection and love.

When uneasy about exploratory decisions, many people go to church or pray to feel security in their decisions as well as to seek inspiration or guidance in a situation that may be out of their comfort zone.

Children are introduced to religion in a myriad of different ways, and based on how the family models the religious practice within the household predicts the child's attachment to God (McDonald, Beck, Allison, & Norsworthy, 2005). Perhaps for some individuals, God may have been more readily available to their security needs as opposed to their parents. Those who reported a secure attachment to God reported a much greater psychosocial competence rating as well as less anxiety, depression, and physical ailments (Hill & Pargament, 2008). Those who have a secure attachment to God might describe their relationship as warm and responsive, as well as feeling that He is always supportive and protective when they are in need. However, they also feel that He knows when to let them make their own mistakes (Rowatt & Kirkpatrick, 2002). Those who have an avoidant attachment with God might feel that their relationship with Him is impersonal or distant. They also might frequently have the feeling that He does not care about them or may not have any interest in their personal affairs. Lastly, those with anxious-ambivalent attachment to God might feel that He is inconsistent with his reactions. They may feel that sometimes he is warm and responsive in times of need, but other times punishing. They may describe feelings of confusion in the way that God responds to them.

In research there have been studies that looked at relationship to God and how that affects mental or physical health. In the literature, chronic pain patients who find it difficult to forgive, feel punished, or abandoned by God, lack daily spiritual experiences, do not experience support from a religious community, and do not consider themselves religious or spiritual were suggested

to be at greater risk for compromised mental health (Rippentrop, Altmaier, Chen, Found, & Keffala, 2005). In another study that looked at insecure parental attachment with secure religious attachment, found that anxiety scores were significantly higher than those with secure parental attachment. This suggests that although there might be secure attachment to God, parent-child attachment appear to dominate levels of psychological adjustment. The current literature appears to be mixed in regards to how attachment to God serves as a protective or risk factor in relation to mental health in stressful situations. Further research is needed to explore religious attachment and psychological well-being.

Insecure or disrupted attachments to God can be highly distressing for people of religious communities. Internal religious conflict, or dealing with problems that are related to the fundamentals of one's religion, pose questions about self-worth, self-control, as well as self-efficacy (Hill & Pargament, 2008). It is important to understand that when an individual questions God's relationship it can lead to fear, disillusionment, and distrust. These ambivalent feelings mimic insecure attachments found in human relationships. Religious struggles have been associated with a number of psychological distress symptoms, including anxiety, depression, negative mood, poorer quality of life, panic disorder, and suicidality (Hays, Meador, Branch, & George, 2001). Just as it can be extremely distressing to experience attachment disruption with a parental figure, it can be just as distressing when associated with God. Because of these parallels between attachment figure relationships in both deity and human form, it is important to explore how attachment disruption can be traumatizing in religiously-loaded situations, such as abortion. It is important to see how this life event can affect the woman experiencing the situation so mental health professionals, health professionals in abortion clinics or hospital settings, as well

as social supports know how to intervene to serve as a protective buffer from traumatic stress symptoms.

CHAPTER 3

METHODOLOGY

Sample and Procedure

In order to explore the research question (if and how affiliation to the Catholic Church is related to levels of traumatic stress symptoms post-abortion), a qualitative study was conducted. Participants eligible for the study were women 18 or older who have experienced one or more terminated pregnancies. By means of snowball sampling, the researcher aimed for a sample size between 7-15 women. Snowball sampling began by the researcher first contacting personal contacts to find first participant that wasn't known on a personal basis. After which, each participant was prompted to suggest a contact whom they thought met criteria and would be willing to participate. Data was collected by a master's level candidate through semi-structured interviews under the supervision of a licensed Marriage and Family Therapist (the thesis chair) to ensure quality of the interviews. Interviews were conducted from December 2014 through March 2015. All participants were provided with informed consent forms to ensure their safety and privacy in this study as well as referrals if in need of clinical attention if emotionally triggered by the study's content.

Measures

Qualitative Interview

Rationale for questions asked during the interview were based on Attachment Theory with questions serving to view each participant's abortion experience from an Attachment perspective including both family members and God as the attachment figures under consideration. Questions also served to view how each participant coped with the experience, from the point of view of the utilization of a secure base. Lastly, questions helped create a baseline of how each participant affiliated with Catholicism before their abortion experience, during their abortion experience, and after (upon reflection).

The following questions were asked during each qualitative interview:

1. What prompted you to take part in this study? Was there a determining factor in your decision?
2. How do you describe your faith community? How were you introduced to this faith community?
3. How would you describe your relationship to your parents?
4. How would you describe your relationship with God?
5. How would you describe your personal experience of terminating your pregnancy(ies)?
6. How was your religious affiliation part of your decision process related to your abortion?
7. Who did you go to for support? Who became your greatest support?
8. What coping mechanisms did you use? How did you find comfort during this experience?
9. How was religion a part of your coping mechanisms (if at all) following the abortion and how did it affect your recovery?
10. How do you feel your decision effects/effected meaningful relationships (family, friends, God, partners, etc. ?

11. How would you describe your relationship with God currently?
12. If you could do it over again, how would you do it differently?

The semi-structured qualitative interview of participants was conducted by the master's level candidate conducting this study. A set of qualitative questions were asked for each participant and participants had the ability to answer each question freely and from an open-ended basis. The researcher sufficiently practiced the interview multiple times with volunteer participants, whose data was not collected, to ensure replicable interviews for each participant. Each interview was either video or audio recorded on a recording device, which was locked in a secure filing cabinet and reviewed on a password protected computer with a secured network. If participants did not wish to be video recorded they had the opportunity of solely being audio recorded. Each recording was labeled with a code to ensure that identifying information would not be revealed. All interviews were conducted at a site of the participants' choosing where they would feel most comfortable (usually at the participant's residence or over the phone). All recordings were transcribed on a password protected computer with a secured network and qualitative findings were supervised by committee members.

Data Analysis

The first step taken in analysis by researcher was transcribing interviews verbatim. To code findings, researcher first read through each transcript, individually, looking for frequency of content (Breen & O'Connor, 2011). Concepts were then able to be identified by reading and rereading the transcripts in order to form an analytical framework. Open coding was performed at the first stage of analysis to observe frequency and repetition of topics (Sassler & Miller,

2011). Several forms of coding were utilized to organize data. Descriptive Coding was used to summarize the basic topics within the interviews. In Vivo Coding was used in an attempt to reflect the language used by the participants. Process Coding was used to identify actions and

thought processes. Value Coding was used to capture attitudes, assumptions, and perspectives held by the participants (Saldana, 2012). By this process, categories were able to be specified and refined as saturation occurred. This process continued until no new themes emerged.

Coding was performed manually, and organically, using participants' own language. In order to ensure objectivity and consensus on reoccurring themes, the researcher discussed codes and potential themes with an experienced, published researcher. Analyses were also drawn by comparing demographic information completed by participants related to ethnicity, income, relationship status, age, employment, education, current religious affiliation and affiliation of parents, age when termination of pregnancy occurred, and parents' relationship status during termination of pregnancy. This information was used to uncover themes and patterns related to the demographic information of the participants in this study.

CHAPTER 4

RESULTS

Background and Demographics

The goal of this research study was to find risk and protective factors of traumatic stress symptoms for women of Catholic Affiliation who have had an abortion experience. The implications from this study are to help not only this population directly, but also families, clergy, health workers in clinics, as well as mental health workers who might work with this population in order to help the after-care process. The researcher was contacted by 11 participants, and attrition occurred for four of these participants. After saturation of data, there were a total of seven participants who agreed to have in-person and over the phone interviews about their experiences with abortion.

Participants were predominantly Caucasian females from the Midwest. The average age of participants was 30 years old. The average income of participants was approximately thirty-five thousand a year, with their level of education ranging from high school graduates to master's level students. All participants, but one, were at least part-time employees, and 3 of the participants are currently married. The average age of women when they experienced their abortion in this study was 18.7 years old, and all participants have disclosed that they have only experienced one abortion. About half of the participants had divorced parents during the time of their termination, and all came from a background of Catholic-practicing parents, with one participant's family also identifying with the Baptist church.

Table 1: Demographics

Variable	Frequency/Mean
Age	30
Age of Pregnancy	18.7
# of Abortions	1
Ethnicity	
White	85.70%
Other	14.30%
Yearly Income	45,713.29
Religion	
Catholic	57.10%
Other	42.90%
Family Catholic Affiliation	100%
Education	
High school	14.30%
Associates	14.30%
Bachelors	57.10%
Masters	14.30%
Work Status	
Full time	42.90%
Part time	42.90%
Caregiver	14.30%
Relationship Status	
Single	28.60%
Serious Relationship	28.60%
Married	42.90%
Parents Relationship Status	
Married	57.10%
Divorced	42.90%

Themes

After analysis of data, several themes emerged. These themes were as follows:

1. Influences from family and friends involved with decision making
2. Ineffective coping due to immaturity and lack of resources
3. Isolation post-abortion

4. Viewing the experience as traumatic
5. "Moving away" from religious affiliation
6. Feeling punished by God
7. Disclosing to someone of the same faith-base used as a protective factor

Influences from Family and Friends Involved with Decision Making

Related to age and development of the young females who participated, many were influenced by others when making their decision to abort or see the pregnancy full term. Sometimes participants recalled seeking help, and others recall unwarranted influence that they viewed as negative, or unhelpful.

> "Honestly, from the beginning, I didn't want one (an abortion). It was more of a- ya know, I was 15 years old and I'm going to do what my mom tells me I have to do, kind of thing… It was kind of 'you don't have a choice, this is where we're- you're doing this. This is how this is happening,' Kelly recalls.

In her case she felt as though because of her age and underdevelopment, her mom could be held responsible for making an educated decision regarding her pregnancy. Kelly remembers influence becoming unwarranted and pressured when her sex partner described his feelings related to the pregnancy,

> "When I told him the first thing he said to me was, 'Oh, you're going to just get it rid of it right?'… so when I ended up going through with everything, and that whole ordeal, he was like, 'Well see I told you. Good because I wasn't going to be part of it anyway'."

Others, like Leslie, were influenced by educational commitments:

> "it wasn't even an option, ya know, to not do that (have an abortion). Because if I wouldn't have done that, I wouldn't have been able to go to college."

For two participants, it was perceived that the influence they experienced came from medical personnel.

> "Honestly I wasn't even really thinking about it (an abortion) until I went to my gynecologist and she suggested it. And she kind of like gave me more options, and talked to me about that, and then I looked into adoption."

From Brittany's experience, it was largely influenced by medical personnel who informed her of the danger of seeing the pregnancy through.

> "I felt terrible about it. But it was not something I chose. Had there not been medical problems I would have seen the pregnancy through… I don't really agree with abortion. So it was really hard for me to hear like, you have to do this…
>
> … my religious affiliation wasn't really a part of it (the decision to abort) because I didn't really get to have a decision, it was kind of like this what needs to happen for your own safety and health. As well as that, ya know, at that point there was not going to be a full term pregnancy. It was already- things had already gone the way they were going".

Linda had the unique experience of cancelling her appointment to terminate her pregnancy due to influence from her family, as well as her religious convictions:

> "I mean, it was a group decision between me, my partner, and my parents… and also my parents were very much so against the idea of aborting.

…I think that once I saw how happy everyone was that I made that decision, that I just kind of dismissed my original fears and jumped full force into being super excited about it (carrying the pregnancy). Where then, when it actually happened I was like terrified of everything that was going on. And I didn't give myself the chance to think about like any of my fears. Because I didn't want it to seem like I was considering terminating again."

Linda's experience portrays how one could feel pressured to make decisions, and how although something might be happening to an individual's body, it could be considered a "group decision." As described by participants, influence from family and medical personnel was taken in high regard. Perhaps because of their age bracket, and lack of experience in this type of scenario, they looked to elders who they felt had their best interest at heart. Or, who they felt was more educated on the experience of terminating a pregnancy.

Ineffective Coping Due to Immaturity and Lack of Resources

For the majority of participants in this study, their abortion experience was during the end of their high school years through the end of college. Demographically, the average age of participants during their abortion experience was 18 years old. This is a time of significant change, growth, maturation, and identity building.

One participant, Kelly recalls:

> "I barely knew anything about sex at fifteen years old. And all of a sudden I'm like in this adult world… I remember one of the nurses saying 'how old are you?', and I was like oh I'm fifteen, and she was like 'oh, you look even younger than that'. Well that doesn't make me feel any better…".

Ashley:

"I actually didn't even want to have sex, because that's what I was afraid of happening."

Megan:

> "…I think I was in this phase at the time that I thought I could do absolutely everything I wanted and that there weren't any penalties. It was just, ya know, not a good place to be in. And then of course, I got pregnant, then it kind of set in for me that, you know, there are consequences for your behavior."

There is a sense from participants that at this period in time they didn't have very much experience with sex, or perhaps not enough knowledge. Participants illustrated the difficulty of handling such a grown-up problem at a young age. For some, such as Leslie, there were legal barriers that she had to navigate through to terminate her unwanted pregnancy:

> "I totally remember the day, I remember like everything about it. I went with a friend that I worked with that was older, like 21 or 22. Because I think she actually had to sign for me because I was 17."

Alongside the legalities of the situation, was the financial aspect of it. When recollecting on her experience, Ashley remembers that her brother supported her financially to have an abortion procedure:

> "His friend sold his baseball card collection. I mean, it was pretty, ya know- a crazy thing. But we scraped up... you don't want to tell people because, ya know."

As Ashley spoke there were undertones of embarrassment and discomfort disclosing this aspect of her experience. For many women in this age bracket, if they choose not to disclose to an adult or someone with financial means, there is often a need to quickly collect money for the

procedure or the other option of less legal forms of abortion. Another major factor related to abortion experiences in young adulthood was methods of coping. People in this age bracket typically have inadequate methods of coping and regulating emotion. When discussing coping methods post-abortion, participants articulated both, internalizing and externalizing methods, which they all agreed was, “unhealthy” or “not the best decision”.

In terms of internalization symptoms, Leslie recalls:

> “ I think I more kind of blocked it out of my mind. But then I was off to college and binge drinking. I stopped all kinds of- I used to be a top ten state swimmer. And after that- I don’t know, maybe this ties back, I quit all athletic stuff and just was drinking at college…And then I was just like I don’t care… I kind of removed it.”

Ashley also internalized emotions related to her experience:

> “I cried a lot and prayed a lot. And I just kind of, clung to my friends. And that was about it. And I hoped to God that my dad would never find out.”

Kelly recalled some of her externalizing symptoms:

> “I don’t think I really coped. I think I did a lot of like lashing out…I think it was a bad time for the family because there were a lot of other emotional things going on prior to that (the abortion). And then I just lashed out and kind of went, like nuts… I was just doing my own thing and sneaking out… I was just acting out. I just became destructive, like destructive to others. Ya know, almost like abusive”.

Others had a combination of both externalizing and internalizing symptoms. Brittany recalls:

> “Is it appropriate to say that I drank a lot?... I was not a pleasant person to be around. I was pretty mean to everyone around me at work and in my personal life. And I’m sure

that living with me was hell. It was probably a really unenjoyable experience. I don't think I had appropriate coping skills. I don't think that because I didn't tell anyone and I didn't have those outlets. I was like well, I'm just going to drink and lay in my bed and cry. Which aren't really coping skills, but in my head in the moment it was really all I knew how to do."

Isolation Post-Abortion

A significant theme from this study was the theme of isolation, or withdrawing socially from social supports after making their decision to terminate or not terminate their pregnancy. The two undertones that were very dominant in this study were feelings of wanting to avoid being "judged" by the Catholic Church, or anyone affiliated, or being stigmatized as a sinful or lustful person. For some participants it was a difficult feeling to be isolated from family.

Brittany:

> "I feel like it impacted my relationships with my family because I spent a lot of time deciding whether or not I was willing or not to be honest with them. And I don't think any of them would know that it affected our relationship because they have no idea it ever happened. But it gave me a new perspective like, I love these people unconditionally, and I do believe they love me unconditionally. But then there's those conditions where you're like, I don't think that you'll still look at me the same way if I tell you this. So it made me feel a little bit more, unfortunately, aware of where we stand with one another as a family in terms of acceptance, and not judging one another and just being supportive.

Megan:

"…the guy, who was my sexual partner at the time, was not supportive. He in fact made things worse, and ya know, wasn't helpful in any regard. My mom was there, but she made me regret even telling her. I didn't tell anybody else and I couldn't talk to my best friend because she was out of the country. So, I just felt very alone, very much in pain, and just very guilty for everything that was happening. So it was just a very isolating experience…

> …I felt so ashamed of everything that I kind of withdrew from any form of religion just because I kind of felt like this outcast… And that if I told somebody who had those beliefs, they were going to look down on me…I was afraid to even disclose to my counselor because I was afraid of what values she had."

For other participants, where church used to be an outlet for support, they refused to go back due to guilt and shame. For the majority of these participants, long-term isolation has been a part of their lives to avoid judgment from their family or their church.

Linda:

> "Okay, so Catholics say no birth control, no sex before marriage, and like, but then you do that. So you already sinned. And then you go on to an abortion, and so you sinned again. And for me that was very much a part of where I just kind of went through a time where I was like, I don't want to affiliate myself with the church at all. Because like to me, I didn't necessarily agree with all the beliefs. Like I always felt guilty, that I was doing something wrong. And in order to justify, I had to completely remove myself from it."

Leslie:

"Because I have a disabled child, and because of the abortion, I still don't feel comfortable totally going to church."

Ashley:

> "… Because there is no way I would have gone to confession to one, ya know, one of our priests. Because they were just very judgmental, and all of my experiences with confession were horrendous."

For Ashley, judgment and stigma was initiated by her partner, who was equally as responsible for the pregnancy.

Ashley:

> "But then when this guy found out, oh my gosh, he called me and told me I was a slut and that I slept with somebody else… So I got verbally abused by him quite badly for a few years."

When attempting to start a family down the road, some participants had to relive the stigma that they faced during their original experience.

Kelly:

> "… Good people don't do this. And this doesn't happen to good.. ya know what I mean? It was that kind of stigma with it. When like if you do that (have an abortion), you're a murder, and you're a terrible person."
>
> "I recently had a miscarriage and my mother-in-law was really supportive… and he asked me (her doctor) if I had been pregnant before, and I said yes. And she pipes up with, "oh, how old were you when you miscarried then? "and I had to like, come out of the closet so

to say... and admit what had happened. And it just.. you could visibly like see it in her face. Like it was just.. almost like she was disappointed."

Participants illustrated the need to separate or remove themselves from their past choices. Many participants felt shamed or stigmatized by their decision and did not want to associate with their former selves. Due to hiding this vulnerable part of themselves, participants like Kelly, used terms like "come out of the closet", when disclosing their abortion years later.

Viewing the Experience as Traumatic

The way trauma is experienced is different for everyone, and symptoms can differ for each individual. Several participants in this study described their experience plainly as traumatic, or shared traumatic stress symptoms related to their after-care process.

Heather:

> "…it was a rollercoaster of emotions… it was a little scary. Slightly traumatizing. Something that didn't exactly go away overnight. And then, in fact later, when I got pregnant again, it kind of brought all of that back."

Brittany (when asked to describe her experience terminating her pregnancy):

> "Terrifying and traumatic. I went through it alone, because I was terrified to tell my at-the- time partner. He now knows. I waited longer than I should have, because I don't think going through it alone was necessarily a healthy decision. I mean the people that I interacted with medically were very nice and supportive. But it's not the same as having someone that you have that close relationship with. So it was really hard.

Megan:

> "…the way I would describe it was life-changing…I had a really difficult time, and I would say it was really traumatic just because, I didn't have a lot of support when I was going through it…I would, ya know go out with friends and pretend like it never happened. But it did, and it would ya know, come back in like nightmares and stuff."

Linda also recalled traumatic stress related to her pregnancy. Linda's situation is unique to this study in that she had an appointment to terminate her pregnancy, but ended up following through with the pregnancy last minute:

> "…So for me that was a big thing, was like using the pregnancy as like a positive thing. So honestly, I didn't even think or talk about it until like probably the last year and a half. Because I recognize that I had really bad post-partum after her (her daughter), which I didn't even recognize until recently. So I mean for me, it was like I totally dove into the fact that she was a positive, and I didn't even think about things that I was scared of or anything like that. I dove into it being a positive and completely ignored that I had those feelings…"

As illustrated, participants who suppressed their emotions tended to have memories or unpleasant feelings associated with their experience "come back". Some participants did not associate these symptoms with trauma, but a part of their recovery process. These women described their experience as "hard to get over" and some feel that they still have not been able to do so effectively, suggesting residual traumatic stress.

<u>“Moving Away” from Religious Affiliation</u>

In sum, all participants agreed that they have steered away from their religion at some point or another, because of maturing and not agreeing with every rule or practice from their particular church. This theme of “drifting” was very common with all participants during their young adulthood, even if they once were committed to Catholic rules and faith through institutions such as church and Catholic school.

Leslie:

> “I was born into Catholic faith, baptized- we used to go to church. Then probably around high school- started drifting away. Ya know, we’d pretend we went to church… I probably drifted away in high school. And then- I would just go on holidays…they’re really conservative. I did not follow, I did what I wanted, ya know?”

Linda:

> “So I went to Catholic school from preschool through 8th grade and attended church like twice a week, pretty much during that passing. My family was always super religious. I was always in like youth group and stuff, but once I got into high school I didn’t do very much with it… In like middle school-before, when I was having like my consideration (to terminate her pregnancy), by that time I had steered away from following everything that the church says.”

For some, as a family, there were exceptions made for what their church considered “sins.”

Brittany:

> “I guess when I was younger I don’t necessarily know if when I was making decisions it was like my parents raised me right and wrong versus- I don’t really remember if I was

ever like 'God would be so mad at me!' But then as I got older, from my perspective of religion and the way that I felt about it I started, probably like mid high school, feeling like I'm supposed to have these certain life experiences that my religion says are terrible. Like you shouldn't do these certain things, and that there are very set guidelines that I just didn't necessarily agree with the conformity of. My parents are divorced, and that's against the Catholic Church. My oldest sister is marrying her female partner of 13 years in September, and that's very against the Catholic Church."

Megan:

" I think what really kind of changed for me was the fact that my parents got divorced after 4th grade, and I think I made that connection that like, okay, if my parents can do this and they're not going to be damned to hell, then maybe this isn't a bad thing. And maybe there's other things that I can do where God won't punish me, sort of a thing."

Along with the theme of moving away from religious affiliation, and creating their own religious identity, which is developmentally appropriate for this age group, was the further removal post-abortion. This became an issue when those who once felt like they belonged and could seek supports in church, no longer found it as comfort.

Leslie:

"I think it turned me away from the church because I knew how they felt about it (her abortion), and it took me a long, long time before I could go back."

Ashley:

> "I don't want my kids to have to go through what I went through, with those extreme feelings of guilt and shame that the Catholic Church puts on you. They're not understanding about life in general, and that (abortion)."

Megan:

> "I would say that I kind of pushed away and started identifying myself as like a darker person after that, even though that's not how I see myself now. And it took me awhile to get to this point. Just because I wanted to make it almost like, 'you can't say I'm not good enough, God. I'm going to tell you that I don't want to be part of your rules and the way that you kind of conduct everything.'"

Brittany:

> "…were like 'God's going to see you through it'. And I'm more so, No Kim's going to see me through it! And I guess if God's seeing you through it and you're seeing me through it, maybe by proxy He's involved. ..But that's the kind of thing that at the end of the day as much as I question my faith sometimes- I was really, really pissed at you because you're putting me in this situation. But, as hard as it is, and I feel that it's almost kind of twisted, you have to find the silver lining because it just doesn't feel that there is one- but sometimes you have to even in the worst of situations. So it was like, I found myself in this terrible situation and I was really unhappy and I needed someone to blame so I was blaming a higher power…"

It is clear that participants had a sense of not belonging or feeling unworthy to set foot in church. Because of this feeling of being an "outcast", there were many undertones of resentment and anger in the participants' narratives.

Feeling Punished by God

Independently, or with the influence of others, all participants in this study felt that at one point or another they were punished for terminating their pregnancy. Their actions conflicted with their church's belief system, so many believed that there were consequences related to their actions. Some believed their "punishment" was unfair or unjust, or were uncertain what was to come or what their punishment would look like.

Brittany:

> "Well, clearly there's nothing. Because, why would you do this? Why would you do this to someone who really would love to have babies? And ya know, there are medical reasons that I had been told a long time ago, that I maybe wouldn't be able to have babies. So I had this opportunity and you took it from me… Like clearly there can't be a God because if there was, he wouldn't of let something so terrible happen in a situation where I didn't really feel like I deserved the terrible."

Megan:

> "So it really came in after I terminated (the pregnancy). And the way it came in was from my mom. I hadn't really thought like this before and it never really crossed my mind, but as I was struggling physically to get better, I had spent a week with my mom. And she would just cry and be like 'ya know, God's going to punish you now. And I just hope you know your life's going to get really bad now.' And just all of these things, and then I just

> kind of had that circling in the back of my mind that ya know, maybe that's true. Like maybe now, I have to suffer because of what I did."

When difficult circumstances arose down the road for participants, they felt as though God was condemning them or punishing them for their sin. A couple of participants shared the difficulty they experienced when trying to become pregnant again.

Leslie:

> "I mean, I think there are situations where God like, punishes to teach people lessons and things like that. And I do believe my life has gone the way that is has because of the choices that I've made. And that's a big one (her abortion). Especially with her (her daughter diagnosed with cerebral palsy). And even with a miscarriage making me appreciate a pregnancy. And how I chose to get rid of one, and like it's a blessing but I chose to end it…And actually after she (her daughter) was born, I found that like basically I'm going to have this child that's going to be a cross for the rest of my life."

Kelly:

> "Like when I had a recent miscarriage, the first thing that I thought was , you're being punished for what happened ten years ago."

Heather:

> "…whenever something (sighs deeply), something bad would happen where it would be like six months down the road after it happened, after the abortion, I would immediately go to the place of God's punishing me for having an abortion. That was a thought that came into my mind almost every time something bad happened, for a long time after the abortion. Especially after I had a miscarriage, after my second pregnancy, I was like okay

this is my punishment now.. like in God's eyes I killed a child, so now he's taking this one from me. "

Disclosing to Someone of the Same Faith-Base Used as a Protective Factor

For those who described healing in a healthy way from their abortion experience, they also illustrated the importance of disclosing to someone who shared the same beliefs. Some examples given by participants were priests, spouses of the same faith, or friends of the same faith. Participants who had these experiences recalled feeling "relieved" or feeling it was "helpful".

Ashley:

"And one of my friends' moms was Catholic, and she was very supportive and kind and her brother was a priest so I was able to go to confession to him instead of going to my own church…and he was very kind and compassionate about it. And I felt okay. …Her mom helped me out a lot. She was really good because she knew my dad, but she also knew my step mom and my mom, and she knew the whole- and basically she was like my mom. I spent a lot of time at their house and those kinds of things. So she was there for me for support. She wouldn't take me (to have an abortion) and she wouldn't tell me what to do because she had gotten pregnant when she was a teen and had her daughter Katy…it wasn't a choice that she would have made, but she didn't hold judgment on me and she understood my situation and where I was at, and why I was doing what I was doing. I think she felt very bad for me but she loved me and helped me through that."

Leslie:

> "And I just had a huge breakdown. And my sister- I told her. Now she was going to church.. She was the only one in the family that like was still going with her kids. And she was like you have to go to the priest, you will feel better. You're carrying this around with you... And I did. I didn't go to like confession, I went to the rectory and I sat down with monsignor. And I did feel better. And I absolutely- I did feel better. And I wished that I would have gone years and years ago. It kind of was just like a release.
>
> …my husband now, is very- we're on the same page religious wise. We both grew up in Catholic schools, Catholic parents, ya know, both grew up doing the little rituals. The first husband, he was Catholic, but he didn't have a clue about the religion and he wasn't raised like a strict Catholic. And actually my current husband is more accepting and understanding like, because he knows what a big deal that was…"

Brittany:

> "I reached out to my old youth minister who was a woman who I had a phenomenal relationship with for a long time… and she's like 'Well, do you remember when you went through what you went through in high school and how we got through it together?' And I was like, yeah you made me write a notebook and every day there were three really crappy things and three really good things. And then every day you flip the page and paperclip it and you're not allowed to ever look back…
>
> but her perspective was really helpful in the kind of healing and moving on process. She's a really great lady."

Results from an Attachment Lens

In order to view the results from an attachment lens, it is important that we separate attachment to parents and attachment to God. As mentioned previously, in adulthood, based on narratives, there are three types of attachment. These types include secure, avoidant, and anxious-ambivalent. Unfortunately, a theme for all participants was suggested insecure attachment to one or both of their parents.

Linda:

> Speaking about her biological father "… he has his own problems going on. So, I mean, if I do talk to him I'm more his support system than him being any kind of support system to me. I feel like I could talk to him about anything, but not really going to be a supportive figure. Like was not for me having my daughter, or anything like that." (anxious-ambivalent)

Kelly:

> " They're my parents, I love them. They're my parents but, they weren't- they weren't really my parents. I was the parent as a kid…when I was little; I would say I was probably closer to my dad if I had to choose one. Because they were just never there. I would say my dad just because when my mom was there it was never pleasant…" (anxious- ambivalent)

Ashley:

> "There never really was much of a relationship. My mother – she has a mental illness…11 is when my parents got divorced… so I don't have a relationship, or I don't

see her now… And then my dad and I talk maybe, I don't know, four times a year. And we live in the same town." (avoidant)

Leslie:

"My dad and I kind of have an estranged relationship. Because he just- he tries to stay out. He just wants to stay out of both of his daughters' lives. Like, any business he just tries to lay low. So in the daily minutia of my life, I'm very involved with my mom." (avoidant)

For the majority of participants, their relationship with God was described as anxious-ambivalent. Many participants described yearning for a good relationship with God, but constantly struggling or feeling unsure of His presence or love.

Kelly:

"I want to have like, that connection that everybody talks about. Like, 'my relationship with God is so great!" I just, I don't have that. I don't feel that. I feel like it's very judgmental. Ya know, a lot of things that have happened- happened in my life and the way things have played out, and just things in my family in general. I just, I just don't feel that. I don't feel that it's loving…" (anxious- ambivalent)

Leslie:

"Yes, I feel like its better (her relationship with God). I feel that it's probably stronger because of her (her daughter with cerebral palsy)." (anxious-ambivalent)

Brittany:

"Confusing (describing her relationship with God). I feel like for the rest of my life I will go back and forth in uncertainty." (anxious-ambivalent)

However, for one participant, she continues to still show signs of a secure attachment with God highlighting protective factors for this participant.

Ashley:

> " It's pretty strong (her relationship with God). It always is. I just don't go to church. I say my prayers at night, we pray at dinner. But for the most part he's there, guiding me… I kind of knew that I had a strong bond with God, and I think that I really knew that I had to forgive myself. 'Cause I knew that he was going to forgive me…
>
> And even when bad stuff happens, ya know, we all have free will. It's our choice. We deal with the consequences. And sometimes, our consequences affect other people. Or, ya know actions, and then it trickles down. For the most part, God's there to help guide you and have faith that you'll make the right decision and stuff."

CHAPTER 5

DISCUSSION

To recapture the major findings from this qualitative study that focused on the relationship between Catholic affiliation and traumatic stress post-abortion, results indicated the importance of secure attachments to God and parental figures as well as disclosing to someone of the same faith-base as significant protective factors. Feelings of secure attachment (with God and parents) were suggested to play a significant role in the process of women in recovery from an abortion experience, as well as security in decision making during their contemplation stage. Furthermore, results placed emphasis on how disclosing to a supportive figure within the same faith-base played an important protective factor in the recovery portion of their experience. All of these concepts are essential in the process for women to make a critical decision related to their unplanned pregnancy.

Effects of Parental Attachment

The average age of women in this study at which they terminated their pregnancy was 18 years old. This is an age of growth, development, and the emergence into young adulthood. With this, comes natural and developmentally appropriate uncertainty with the "adult changes" they may be facing. When an unplanned pregnancy becomes part of their experience as a young adult, it is important that they have a secure relationship with one or both parents to ensure ease of making a decision as well as feeling confident about their decision upon reflection post-abortion. In this study, a factor related to why traumatic stress was so prevalent in this sample was the reluctance to seek help and guidance from and explore options with parents, which may result

from an insecure attachment to parents. Because of the suggested insecurity and inconsistency of their relationships with their parents, this important decision was the responsibility of the parent or kept from a parent in order to feel secure in an unstable circumstance. This often led participants to feel that perhaps the decision was not ultimately theirs, or they were in constant fear of their parent finding out their "secret."

This finding is supported by current research that suggests if women feel that the decision to terminate their pregnancy was not primarily their own or was made under duress, emotional difficulties were reported (Kimport, Foster, and Weitz, 2011). Research has also demonstrated that "security priming", or strengthening feelings of security a person has with their attachment figure, eliminated effects of attachment anxiety on moral choice, making it less necessary to use moral choices as a defense against viewing oneself as deficient (Shaver & Mikulincer, 2012). This helps emphasize the importance of secure attachment when making a difficult decision with dilemma, and how this plays a role on how a person may view themselves during their period of reflection post-abortion.

Effects of Attachment to God Post-Abortion

Attachment security to God was suggested primarily to be an important component post-abortion, or upon reflection of their experience. Attachment plays a role when specifically looking at how a woman can begin to feel "forgiven" after an abortion experience. Many women expressed the need to be accepted by God after their decision to terminate their pregnancy. Those that disclosed signs of secure recovery methods identified that because God could forgive them, they could forgive themselves, or find meaning in the experience. This finding is consistent with

research by Miner (2009) who suggested that the security of a person's attachment to God has a small yet significant association with well-being and anxiety. This suggests that one's spiritual attachment can influence psychological adjustment beyond effects of parental attachment.

In another recent study that focused on attachment to God and forgiveness found that those that fit into "dismissive" and "secure" categories of attachment had higher reported levels of forgiveness than their fearful or preoccupied counterparts (Hall, Fujikawa, Halcrow, & Hill, 2009). It appeared, in the current study, that when participants described their relationship with God as punishing or confusing, it illustrated signs of fearful or preoccupied attachment to God. This is furthermore supported in research that found Catholic doctrine exacerbates shame and guilt experienced by this population as well as the fear of divine punishment (Sorhaindo, Juarez-Ramirez, Olaverrieta, Aldaz, Mejia Pineros, & Garcia, 2014).

Disclosure and Recovery

The final piece that aided in the insight of significant protective factors that play a role from an attachment standpoint, was having the ability to disclose to a supportive figure, who is also someone of the same faith-base. Participants in this study who were able to utilize this outlet felt a sense of relief, or recalled "wishing they had done it a long time ago." Results suggested that for these women, by disclosing to a supportive figure, it was much more reassuring if they were aware and part of the same faith-base, so they could understand "the true gravity of the situation." If this figure was supportive and understanding, participants were able to feel a greater sense of comfort, support, and security. This echoes the finding that fear of unsupportive reaction prompted participants to hide their abortions, which often had negative consequences

(Kimport, Foster, and Weitz, 2011). Alongside the idea of people of the same faith-base showing support and empathy, is the idea of also using these people as means to learn how to seek spiritual growth by moving on from negative feelings related to their terminated pregnancy. In one study it was found that religious coping was shaped by spiritual support more than emotional support from church members or emotional support from clergy (Krause, Ellison, Shaw, Marcum, & Boardman, 2001). This furthermore reflects the importance of secure attachment to God, which can be demonstrated through the spiritual growth one goes through when repenting and seeking guidance from other religious followers who have secure attachments to God. This study also suggests that perhaps if the main focus of disclosure was how to heal or repent for a "sin", in the eyes of the church, then the individual can begin their journey of their recovery by following certain spiritual steps or practices.

Implications for Clinicians

This study has very important implications for professionals' awareness. One important implication illustrated by participants, is the need for women to talk to someone of their same belief system for support and comfort during after-care. Most women wished to have done this during their experience as opposed to many years post-abortion. Women sought out priests, family members, or friends who shared their belief system and recalled feeling very relieved, and wishing they had done so a long time ago. A beneficial idea that was also suggested by participants, if they do not have the means to talk to someone of their same faith base, is to immediately get in touch with a mental health professional. Some suggested that it might be

helpful to have clinic workers keep contact cards of therapists in the surrounding area or have a therapist on staff to meet with the client after their procedure as part of follow up. It is also strongly suggested to meet with a mental health worker, first, before meeting with a priest to avoid stigma from those who might further isolate the client.

Effects of Parental Attachment

This study also paints a picture of the importance of secure attachments and early intervention that therapists can mediate to strengthen attachment bonds. Perhaps, if attachment bonds are strengthened, there will be a decrease in the need for women to isolate themselves to feel a false sense of safety or control. Therapists should also be open to discuss a family's religious convictions and how to strengthen the relationship they have with God as a family and through their particular church. If a therapist is integrated into a family system post-abortion, it would be critical to begin repairing attachment injuries and building trust within significant relationships the client(s) may have.

If working with a client who is in their contemplation stage of abortion it is important for the therapist to provide themselves as a temporary secure base for the client to explore the client's options and emotions related to their decision. A significant finding in the current research was that many women felt that the decision what not theirs if action was taken by a figure that they showed signs of insecure attachment with. A key component to healthy and secure decision making for women, is careful reflection and supportive, nurturing behaviors from an attachment figure. It is important for the therapist to be able to deliver these behaviors and supports as their temporary secure base.

For the current sample, the majority of participants showed signs of insecure attachments with both parental figures. When working with a population similar to the participants in this study, it is important for clinicians to explore if perhaps clients need to strengthen their attachments to people they consider a supportive figure outside of their family or biological parents. It would be important to integrate this figure into therapy and also help create a place of safety within the therapy room to discuss vulnerable emotions and cognitions related to the client's abortion experience. Therapists can also serve as a temporary secure base until client's attachment bonds can be strengthened with a more permanent attachment figure. Women can feel comfortable and secure under these conditions to disclose their experience in a warm, nurturing environment that will aid the recovery process.

An unfortunate common occurrence within this study was the finding of repeated pregnancy becoming an emotional trigger, especially if it resulted in miscarriage. If a woman has an abortion experience that they view and conceptualize as traumatic, it is important that they seek clinical services individually and with their partner during their pregnancy. To have maternal attachments severed prematurely is an unnatural experience and it is important that a clinician can work with a client to establish a secure attachment with their baby. It would also be important to work with the client after their child is born to track possible post-partum depression symptoms. Furthermore, if the pregnancy results in a miscarriage, it is important that attachment figures' supports are strengthened and nurturing during this time period to ensure that the client does not go into isolation or unhealthy externalizing/ internalizing coping strategies.

Limitations

This study cannot be generalized to all women who fit criteria of this population, and had several limitations. One important limitation to this study was lack of diversity. The sample was predominantly Caucasian women living in the Midwest. It would be essential for further research to explore other ethnicities, cultures, and socioeconomic statuses to have a more robust sample and significance. Another limitation to this study was the lack of participants willing to complete interviews. This could possibly demonstrate the fear, social stigma, and potential traumatic stress these women conceal even in a setting with utmost confidentiality and professionalism. Because of this attrition within the study, the sample size was greatly influenced. This is important to highlight, and perhaps in future research, researchers can increase anonymity somehow to make participants feel more comfortable disclosing their abortion experience. The last limitation of the study would be the focus on strictly Catholicism. Although this was the specific topic of the current study, there are other religions and practices that are against abortion. Perhaps members of these groups who have experienced an abortion have had similar outcomes and can be the focus of research in future studies.

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APPENDIX A

INSTITUTIONAL REVIEW BOARD APPROVAL

NORTHERN ILLINOIS UNIVERSITY
Office of Research Compliance and Integrity
Lowden Hall 301 · DeKalb, IL 60115-2584
815-753-8588 · Fax 815-753-1631 · www.niu.edu/orci

December 13, 2014

MEMORANDUM

TO: Lauren Rodman
School of Family, Consumer, and Nutrition Sciences

RE: Research involving the use of human subjects for the project titled ***Relationships between Catholic affiliation and traumatic stress post-abortion*** **#HS14-0400**

This is to inform you that the above-named application for human subjects research has been approved by Subcommittee Review. The rationale for expedited review is section 45 CFR 46.110 and 21 CFR 56.110, **Categories 6 & 7**. Although you may begin data collection immediately, please be advised that federal regulations require that the Institutional Review Board (IRB) be made aware of all research activities that place human subjects at maximum or minimum risk. Your application will be brought to the attention of the IRB at its next meeting.

This approval is effective for one year from the date of this letter. If your project will continue beyond that date, or if you intend to make modifications to the study, you will need additional approval and should contact the Office of Research Compliance for assistance. **Continuing review of the project, conducted at least annually, will be necessary until you no longer retain any identifiers that could link the subjects to the data collected.**

Unless you have been approved for a waiver of the written signature of informed consent, I have enclosed a date-stamped copy of the approved consent form for your use. NIU policy requires that informed consent documents given to subjects participating in non-exempt research bear the approval stamp of the NIU IRB. **This stamped document is the only consent form that may be photocopied for distribution to study participants.**

It is important for you to note that as a research investigator involved with human subjects, **you are responsible for ensuring that this project has current IRB approval at all times, and for retaining the signed consent forms obtained from your subjects for a minimum of three years after the study is concluded.** If consent for the study is being given by proxy (guardian, etc.), it is your responsibility to document the authority of that person to consent for the subject. Also, the committee recommends that you include an acknowledgment by the subject, or the subject's representative, that he or she has received a copy of the consent form. In addition, you are required to promptly report to the IRB any injuries or other unanticipated problems or risks to subjects and others. Please accept my best wishes for success in your research endeavors.

APPENDIX B

CONSENT FORM

Appendix B

Consent Form

I agree to participate in the research project concerning if and how affiliation to the Catholic Church is related to levels of traumatic stress symptoms post-abortion conducted by Lauren Rodman, a 2nd year graduate student enrolled in the Marriage and Family Therapy program at Northern Illinois University. I have been informed that the purpose of the study is to help mental health clinicians as well as health professionals gain the knowledge of how to help the mental health of women post-abortion to the best of their ability, and explore how religious affiliation affects coping mechanisms.

I understand that my participation is voluntary and may withdraw from this study at any time without penalty or prejudice. I understand that if I agree to participate in this study, I will be asked to do the following: 1) complete a brief questionnaire regarding some demographic information and basic circumstances surrounding my terminated pregnancy(ies) and 2) participate in a 60-75 minute interview in order to share about my experience of how religion played a role in my terminated pregnancy(ies). I understand that the interviews will take place at a mutually agreed upon location where I would feel most comfortable and confidential.

I am aware that if I have any questions concerning this study, I may contact Lauren Rodman, at 847-915-1372 or Lin Shi, LMFT, Ph.D, at 815-753-6349. I understand that if I wish further information regarding my rights as a research subject, I may contact the Office of Research Compliance at Northern Illinois University at (815) 753-8588.

I understand that the intended benefits of this study include: 1) significantly contributing to the understanding of professionals so that they can better assist women post-abortion and 2) offering me the opportunity to explore what coping mechanisms are beneficial for me in times of stress.

I have been informed that potential risks and/or discomforts I could experience during this study. I understand that during the interview when I share about my abortion experience, there is a possibility that I may have strong feelings and memories associated with my experience. If I desire to seek supportive services to help process these feelings, I can use one of the suggested agencies given to me at this interview including The Couple and Family Therapy Clinic (815) 753-1684, Ben Gordon Center (815) 756-4875 and The National Hotline for Abortion Recovery (866) 482- LIFE, or I can seek help from my own preferred counselor or agency. I understand that I do not need to answer any questions that I am uncomfortable with and if I choose not to answer certain questions I may do so without penalty or prejudice.

I understand that all information gathered during this study will be kept confidential and that when interviews are transcribed all identifying information will be altered to protect the confidentiality of my responses.

I understand that this interview will be audio recorded and that the audio files will continually be kept under password protection on a secured computer in order to preserve my confidentiality. In the event that any information from this interview is written or published, I understand that all

Appendix B

identity sensitive information (names, locations, etc.) will be altered to protect my confidentiality.

I understand that my consent to participate in this project does not constitute a waiver of any legal rights, and I acknowledge that I have received a copy of this consent form.

____

Signature of Participant Date

I have agreed to have this interview audio recorded.

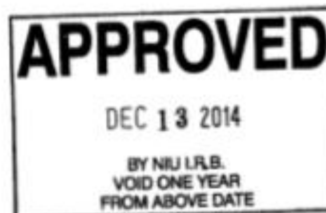
____

Signature of Participant Date

I have agreed to have this interview video recorded.

____

Signature of Participant Date



APPENDIX C

DEMOGRAPHICS QUESTIONNAIRE

<u>Demographic questions</u>

Age:

Location:

Ethnicity:

A. African American

B. Hispanic

C. Caucasian (non-Hispanic)

D. other ___________

Yearly income:

A. $0-$29,999

B. $30,000- 49,999

C. $50,000- $69,999

D. $70,000- $99,999

E. other

What religion do you affiliate with?

A. Methodist
B. Protestant
C. Catholic
D. Jewish
E. Baptist
F. Atheist
G. Buddhist
H. Other________

What religion does your family affiliate with?:

I. Methodist
J. Protestant
K. Catholic
L. Jewish
M. Baptist
N. Atheist
O. Buddhist
P. Other________

Education level:

A. Some high school
B. High school diploma/ GED
C. Two year program (associates)
D. Bachelor's degree
E. Master's degree
F. Doctorate

Current work status:

A. Employed Full time
B. Employed Part time
C. Unemployed
D. Stay at home parent/ caregiver (not employed outside the home)

Current Relationship status (If more than one applies to you, please explain briefly):

A. Single
B. In a serious relationship
C. Married
D. Divorced
E. Separated
F. Widowed

Age of pregnancy termination:

Number of pregnancy terminations:

Parents’ relationship status at the time of abortion:

A. Married
B. Divorced
C. Re-married
D. Single
E. Unknown