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PREVIEW

**Group Psychotherapy Following Repeat
and Delayed Decision Abortions: Demographic and
Personality Factors Associated with Self-Selection and Responsiveness**

by

Cheryl J. Blonstein

**A Doctoral Project Submitted in Partial Fulfillment of the
Requirements for the Degree of Doctor of Psychology in the
Department of Psychology at Pace University**

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TABLE OF CONTENTS

Chapter	Page
Acknowledgements	v
List of Tables	vi
Abstract	viii
I. Introduction	1
Review of the Literature	8
Personality Characteristics of Women Studied	13
Group Interventions with Women Studied	19
II. Method	35
Participants	35
Sampling Plan	42
Materials	44
Procedures	47
Short Term Group Psychotherapy Process	49
III. Results	51
Phase 1	52
Phase 2	58
Phase 3	66
IV. Discussions	71

	Limitations of the Present Study	78
	Directions for Future Research	79
	Contribution of the Study to School-Community Psychology .	80
V.	References	83

PREVIEW

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LIST OF TABLES

Table	Page
1. Demographic Characteristics of the Sample	34
2. Marital Characteristics of Subjects	35
3. Geographic Characteristics of Subjects	36
4. Religious Affiliation of the Sample	37
5. Type of Contraception Used by the Sample	39
6. Demographic Characteristics Related to Group Participation and Group Refusal	49
7. Personality Characteristics Related to Group Participation and Group Refusal	51
8. Blatt Maternal Representations Scores Related to Group Participation and Group Refusal	52
9. Blatt Paternal Representations Scores Related to Group Participation and Group Refusal	53
10. Blatt Self Representations Scores Related to Group Participation and Group Refusal	54
11. Pre and Posttest Scores on Washington University Sentence Completion Test for Group Participants	55
12. Pre and Postgroup Scores on the Loevinger Washington University Sentence Completion Test for Group Participants	56
13. Frequencies and Percentages of Levels of Change for Ego Development of Group Participants	57

14.	Zuckerman Multiple Adjective Check List Scores Pre and Post Group	58
15.	Blatt Maternal Representations Scores Pre and Post Group	59
16.	Blatt Paternal Representations Scores Pre and Post Group	60
17.	Blatt Self Representations Scores Pre and Post Group	62

PREVIEW

ABSTRACT

The present study explored predictors of self-selection and responsiveness to short term group psychotherapy following an abortion in a three phase series of investigations. In the first phase, discriminant function analyses were carried out separately for demographic, life circumstance, and personality factors to determine whether there were any variables that would differentiate women who elected to participate in short term group psychotherapy from those who refused. Results of these analyses revealed that group refusal was associated with higher numbers of previous abortions, higher levels of reported depressive affect, and representations of paternal figures as less punitive. In the second phase, one-way repeated ANOVA revealed that women who participated in the group had significantly higher scores on Loewinger's Washington University Sentence Completion Test, a measure of ego development, at the end of the group than they had at the beginning of the group. Significant changes were also found with respect to representations of both maternal and paternal figures. The third phase of the study, which explored whether level of ego development would differentially predict response to intervention failed to reveal any significant effects.

CHAPTER I

Introduction

Each year somewhat less than 1.6 million American women choose to have an abortion (Henshaw, 1991). While this number represents a general decline since 1981 (Henshaw & Van Vort, 1994), it may reflect factors such as an increasing lack of accessibility to abortion services and the changing age-structure of the American population, rather than a response to broader family planning education. While the overall rate of elective abortions has remained relatively constant each year, the rate of repeated and second trimester abortions has also remained constant (about 10% of all abortions).

This constant rate seems to show that recent national and local efforts to increase knowledge of contraception has done little to impact on American sexual behavior. In fact, a recent study of contraceptive use and repeat pregnancies among welfare-dependent teenage mothers (Maynard & Rangarajan, 1994) suggested that a modest level of family planning is not likely to significantly reduce the incidence of repeat pregnancies. This conclusion follows many attempts to improve contraceptive knowledge, provide expanded curricula in human sexuality and implement programs with the express purpose of reducing teenage pregnancies.

The present study represents an effort to provide effective, efficient treatment to women who have had repeated abortions or who have delayed their

decision to have an abortion until the second trimester of pregnancy. It was felt that having the opportunity to discuss issues other than those connected specifically with the experience of having had an abortion with other women in similar circumstances could increase self awareness including insight into repetitive patterns of interactions. Though there are large numbers of women who have repeated or delayed decision abortions, it has been difficult to determine what factors might help to predict who might choose to participate in or best respond to an offer of short-term group psychotherapy. The present investigation looked at both demographic and personality factors in an attempt to provide additional information about these questions.

For most women, the decision to have an abortion is the result of many factors, both situational and psychological. A review of research studies of women who have had abortions have demonstrated that there are no severe emotional or physical consequences for the vast majority (Romans-Clarkson, 1989). A study conducted by Adler, David, Major, Roth, Russo & Wyatt (1990) reviewed results of 304 anonymous self-report questionnaires completed by women who were 6 to 12 weeks pregnant prior to having an abortion. The researcher designed questionnaires focused on affective symptoms and assessment of family relationships and found that the women reported moderately depressed mood and moderate dissatisfaction with components of family function. They concluded that a legal abortion in the first trimester does not pose a psychological hazard for most women.

A review of studies of U. S. women after they had had an abortion indicated that their distress was generally greatest before the abortion. It seemed that the risk of negative responses to an abortion were consistent with those found in other stressful life events (Adler et al., 1990).

Wilmoth, de Alteriis & Bussell (1992) found studies that showed that psychological risks following an abortion were similar to those following childbirth. A review of studies from 1966 to 1972 of women who had had abortions (Smith, 1973) showed no new or lasting psychiatric illness resulted. A small percentage of women described having feelings of guilt or depression. However, it was also found that women may express feelings of relief from the emotional distress of an unwanted or unplanned pregnancy. Smith concluded that having an abortion either had a positive effect or no effect at all. A review done by Dagg in 1990 of 225 studies of psychiatric consequences of induced abortion found that most women reported feeling relief and reduced distress. Again, it was found that some depression and anxiety were also experienced after the abortion procedure. While distress may be diminished following an abortion, guilt and depression may also be experienced, though not at diagnostic levels.

Posavac & Miller (1990) have offered several hypotheses to consider about the psychological implications for women having abortions. One hypothesis looked at the relationship of stress and anxiety involved in an unwanted pregnancy, with resultant feelings of relief following the procedure. While some studies have used these results to demonstrate a positive consequence of abortion,

the relief experienced may reflect a return to normal adjustment. Another hypothesis is termed the dissonance process, where women change their attitudes about having an abortion to fit their actual experience. This change in attitude then protects the women from having dissonant feelings and may look superficially as though they have had a positive reaction to the abortion. A further factor to consider is that women may portray themselves as in danger of potential future harm as a result of a pregnancy to convince others as well as themselves that an abortion is necessary. This is termed the dissimulation hypothesis.

There are several factors which seem to contribute to a woman's adjustment to the abortion procedure. A study done by Major et al. (1990) showed that perceived social support from a partner, family, and friends enhanced women's adjustment indirectly through its effects on self-efficacy for coping. Higher self-efficacy also predicted better psychological adjustment, but had no effect on physical complaints. However, these effects were indirect, as no direct effect between social support and adjustment was found.

There are, however, a smaller subgroup of women who find themselves having repeated abortions or making the decision to terminate their pregnancy in the second trimester (after twelve weeks). Henshaw (1991) reported that the most common reasons for delay in seeking an abortion are: late realization or miscalculation of the length of pregnancy, fear of telling one's partner or parents

about the pregnancy, taking time to decide how to resolve the pregnancy, having difficulty finding a provider, making arrangements and obtaining enough money.

These women run an increased risk of having physical complications or emotional reactions to the abortion experience. For example, Freeman et al. (1980) found that women who have had more than one abortion have reported more distress in interpersonal relationships after having the procedure than women having their first abortion. Further, the decision to have an abortion appears to be more difficult for those seeking termination later in the pregnancy. As a result, Adler et al. (1990) found that second trimester abortion patients reported more emotional distress after the abortion than those who had abortions in the first trimester.

With large numbers of women choosing to have abortions each year, it might be thought that there would be a diversity of approaches offered to provide services both before and following the procedure. Previous psychotherapeutic interventions used with women who have had abortions have included prescreening interviews and postabortion counseling sessions which focus primarily on the abortion experience. Most abortion providers offer brief educational supportive counseling with a focus on the abortion experience, contraceptive knowledge and conscious decision making. Much of the counseling given is done individually or in anonymous groups where the treatment lasts one session. There have been few efforts to provide a therapeutic experience for women who have had repeated or delayed abortions in a setting where the focus

of treatment is not limited to pregnancy termination, but rather encompasses discussion of life circumstances and relationships, both past and current.

There appears to be a need to study factors which may contribute to this situation, along with the factors which may lead some women to be responsive to treatment opportunities. The importance of considering psychological factors in women who have had repeated or delayed decision abortions becomes increasingly relevant when seeking to develop treatment programs to promote better understanding of these behavior patterns.

Many studies have focused on demographic factors found in women who have had repeated or delayed decision abortions. These women have been described as generally young, unmarried, uneducated, childless and often, black (Bracken & Swigar, 1972). However, these factors are merely descriptive, and do not provide the basis for an understanding of why some women find themselves in the position of having several abortions or waiting until the second trimester to make a decision to have an abortion.

Studies have shown that there are important psychological factors which may contribute to women having repeated or delayed decision abortions. For example, it was found that women who delayed their abortion decisions showed greater disturbance in their basic sense of self and had a lower achievement orientation (Cancelmo, Hart, Herman, Rashbaum, & Stein, 1992).

Dixon, Strano & Willingham (1984) reported that women who delayed the decision to have an abortion until their second trimester were found to use denial

as a defense mechanism. They expressed hopelessness in the decision-making process and viewed themselves as procrastinators. Many women reported that they hoped that someone else would make the abortion decision for them. An early history of disturbed relationships with their parents was also reported.

Women who have had repeated or delayed decision abortions seem to have personality differences along the dimension of locus of control and impulsivity. Those who make the decision to have an abortion early in their pregnancy were found to feel significantly more in control of their personal lives than those who delayed the decision. The women who waited to make a decision about having an abortion were found to feel that events in their lives were more due to chance, fate or luck (Kaltreider, 1973) .

The importance of considering psychological factors in these women becomes increasingly relevant when seeking to develop treatment programs to provide the opportunity to develop better understanding of these behavior patterns. Any study of clinical treatment needs to consider how its findings can be generalized, through the development of an informed, effective choice of psychotherapeutic technique.

This study will discuss the personality characteristics of women who have chosen to have repeated abortions and those who delayed the decision to have an abortion beyond the first trimester. Special attention will be given to features of ego development, object representations, and associated affective states. Following a discussion of these central organizing constructs, relevant research

pertaining to group interventions for these women will be presented with an emphasis on the viability of short term interventions. Factors that might predict a woman's willingness to participate in a short term psychotherapy group following repeated or delayed decision abortions will also be considered, along with potential outcome measures reflecting the results of participation in such a group.

Review of the Literature

There are several difficulties that are encountered in reviewing previous studies of women who have had abortions. It appears that it is difficult for research to be conducted in an area such as abortion, as this is a medical "procedure with deep personal meaning which occurs in a context of moral controversy" (Posovac & Miller, 1990, p.19). Sample sizes vary widely, from small numbers of case studies to larger groups of women. Many studies focus on women from different settings; some from urban clinics and hospitals, others from private doctors' offices. Some women were followed over time, both before and after the abortion procedure, whereas others were seen for one-time interviews. Often, it was difficult to obtain the cooperation of potential research participants. The controversy surrounding abortion, seen in continuing media coverage, tends to establish an atmosphere of avoidance in discussing the topic.

Research into this area has been hampered by the reluctance of women to participate in studies related to the abortion experience. There have been estimates of up to 40% refusal rates by women who are potential respondents

(Adler, 1975; Cohen & Roth, 1984). It has been extremely difficult to do follow-up studies for potential long-term effects as women may give false personal information to researchers (Barnard, 1990).

Posovac & Miller (1990) reviewed 24 empirical studies on the psychological impact of abortions. They sought to determine whether there were characteristics of the research procedures which were related to the research outcomes. There was found to be a strong relationship between effect size and whether a pre/post test design or a comparison group design was used.

While it is not in itself uncommon to find such research variations on a particular topic, the conclusions drawn from some investigations seem to vary according to the particular point of view of the reviewer. At times, it seems that characteristics of the research procedures are related to the outcome of the research (Posovac & Miller, 1990). For example, the literature surrounding physical/psychological effects of abortion on women often seems demarcated along strong political and philosophical lines. Pre/post test designs appear to show that abortions lead to improved psychological states while comparison group designs show little change or slightly negative outcomes.

Often the same information is used to substantiate a particular opinion. Those who describe themselves as prochoice cite former Surgeon General Koop's letter to then President Reagan that abortion produced no evidence of negative health effects on women (Koop, 1991, p. 277). Others who take a prolife position, use the same report to conclude that abortion results in negative effects for

women. In fact, it seemed that Koop's conclusion was that "the scientific evidence was inadequate to say whether abortion did or did not cause psychological harm" (Wilmoth, 1992, p.1).

Those who are prolife advocate the establishment of a Post-Abortion Syndrome (PAS), a form of Post-Traumatic Stress Disorder (Speckhard & Rue, 1992). Others who are prochoice actively resist the notion that by having abortions, women will necessarily be included in a psychiatric diagnostic category.

Most of the available literature deals with the question of whether abortion has positive or negative psychological impact on women. As mentioned, this debate often seems to lose sight of the women involved, as political and philosophical viewpoints provide the impetus for study. There appears to be no empirical foundation for believing that choosing to have an abortion will routinely have negative consequences. Koop (1989) reported that "obstetricians and gynecologists had long since concluded that the physical sequelae of abortion were no different than those found in women who carried to term or who had never been pregnant" (p. 201). It is generally accepted that the physical (and emotional) health of the mother is more likely to be negatively impacted by the effect of repeated full-term pregnancies than by the effect of repeated abortions.

However, there is agreement that having an abortion beyond the first trimester is likely to have negative physical consequences. The further result of

a combination of repeated and delayed abortions can be seen as increasing potential negative effects.

From a psychological standpoint, there has been some discussion of the emergence of negative symptoms, i.e. guilt reactions, flashbacks, extreme grief reactions. Others have highlighted the positive outcomes that are possible following an abortion decision, i.e. feelings of relief, of having personal control.

A study conducted by Congleton & Calhoun (1993) compared 25 women who described themselves as having responded in an emotionally distressed manner to abortion with 25 women who reported having more relieving/neutral reactions. This comparison looked at both current and initial stress reactions to the abortion, along with general mental health, demographic characteristics and subjective perceptions. As was expected, women who described themselves as distressed had significantly higher initial and current stress responses to the abortion, often feeling less confident about making the decision to have an abortion. In addition, these women were also more religious and were frequently affiliated with conservative churches. It was also found that these women had less social support than the other group. Almost half of the distressed group reported experiencing feelings of loss immediately after the abortion, while none of the other women reported experiencing feelings of loss.

The importance of considering the social context in which women's reactions to abortions was shown by Wasielewski (1992). She looked at 25 personal testimonials and books describing women's experiences of abortion. It

was found that the social context promoted both positive and negative definitions of the situation as well as the emotions that were expected. Generally, women who have had an abortion experience mixed emotions about the process. However, the social context seems to strongly account for whether women report many emotional reactions along with a resulting ambivalence about what they should feel. The women reported that they developed strategies to live with their mixed emotions.

While many women strongly advocate their right to have an abortion, there appears to be an equally strong desire to maintain silence about their decision. In addition to the large percentage of women who refuse to participate in studies about abortions and their effects, those who have agreed to cooperate in abortion research have indicated their reluctance to discuss their decision with others close to them, i.e. partners, families, and friends. Perhaps some of this reluctance can be explained by the study of Major et al. (1990) which revealed that women who told close others of their abortion, but perceived them as less than completely supportive, had poorer post-abortion psychological adjustment than those women who either did not tell others or women who told others and perceived them as being completely supportive.

However, a study conducted by Burnell, Dworsky and Harrington (1972) revealed that of nearly 1,000 abortion patients, over one-fourth indicated a need for psychotherapeutic help. The authors stated that the experience of an unwanted pregnancy, followed by making a decision to have an abortion and

then having the procedure itself led to an "intense emotional crisis that reactivated underlying conflicts about femininity, motherhood , self-esteem, self-control, and acceptance or rejection" (p.222).

Following an examination of women's experience of pregnancy and abortion, Londono (1989) recommended that comprehensive services be provided for women, including psychosocial counseling to help women cope with social pressures and experience abortion as an act of self-affirmation.

Still, Steinberg (1989) notes that both the legal and health care professions have neglected women's needs for counseling before, during and after an abortion. Steinberg recommends an expanded role for abortion counseling which would be provided before the day of the abortion and continue until a woman emotionally recovers.

Personality Characteristics of Women Studied

As mentioned above, some studies have considered demographic information as well as attitudes about abortion and contraceptive knowledge with few significant findings that shed light onto the reasons why women may find themselves having repeated abortions or delaying their decision to have an abortion until the second trimester of their pregnancy. Analysis of personality characteristics may be especially relevant for these women.

One possible way of understanding the process of repeated abortions can be considered from an interpersonal perspective. "The price of unresolved, repeated interpersonal conflicts is a reinforcement of stereotypical thinking and