AMBIVALENCE IN THE ABORTION DECISION

by

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STATEMENT BY AUTHOR

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ABSTRACT

This study focused on eliciting expressions of ambivalence from the woman faced with an unwanted pregnancy following an initial counseling session. Twenty clients from Planned Parenthood of Tucson met the established criteria of under 12 weeks gestation. All agreed to participate by answering an open-ended questionnaire, following a routine counseling session. A descriptive data analysis was done by the researcher for the findings of the study. The researcher compared questions and counter-questions for the final analysis of the data. The information sought from the subjects included: when her decision to have an abortion was made, how her pregnancy affected her everyday living, how other people including counseling influenced her decision, and if there were any reservations by the subjects at the end of the counseling session. The data concluded that ambivalence was expressed by the subjects in the study. The researcher recommended that the study be duplicated with a larger sample population and that guidelines be developed to evaluate the specific needs of the individual clients with regards to counseling.
CHAPTER I
INTRODUCTION

On January 22, 1973, the United States Supreme Court (Roe v. Wade, 314 Fed. Supp. 1217) issued an opinion stipulating that it is unconstitutional for states to interfere with a woman's decision to have an abortion during the first trimester of pregnancy. The court's decision placed a new demand on the effort to promote comprehensive health care delivery in many states where pre-existing laws considered abortion procedures illegal under most circumstances.

The American Public Health Association supports the implementation and practice of abortion procedures and recommends that every woman desiring to terminate an unwanted pregnancy has prompt, dignified, and humane access to a medically safe abortion. In August of 1970, the American College of Obstetricians and Gynecologists put forth their position on abortions by stating that the policies covering abortion services should be designed by the medical staff to safeguard the patient's health or improve her family life situation. Some other examples of associations in support of liberalized abortion services are the American Psychiatric Association, the National Council on Family Relations, the National Association of Social Workers, the American Nurses Association, and the Planned Parenthood Federation of America.
The laws providing for abortion have changed, gradually progress is being made toward social acceptance, but the existing dilemma to continue or to terminate an unwanted pregnancy will probably never change.

Carmen and Moody (1973:18) discussed the reasoning behind previous anti-abortion views. A point was made that the procedure was damaging to one's mental health. Many psychiatrists upheld the view without reference to the social context in which the abortion actually occurred, (1) "unwanted pregnancies were really 'wanted' in order to hurt somebody or to punish someone, (2) so-called unwanted pregnancies were forms of acting out anti-socially or rebelling against parents." Through their work with the Clergy Counseling Service of Los Angeles, Carmen and Moody concluded that very few psychiatrists were willing to admit that the reasons a woman became pregnant when she preferred not to be had to do with a whole complex of problems. These problems related to unsatisfactory sex education, inadequate birth control measures, the heavy moral burden placed on the single woman if she performed sexually out of marriage, and most importantly related to a way in which men looked at women and put them in their place.

Israel (1971), an obstetrician and gynecologist, stated the dangers, physical and mental, of abortion have been grossly exaggerated and are certainly more often related to the consequences of self-induced and criminal abortions. Data collected from countries in which abortion has been legalized for many years does not support the viewpoint that there are ego-damaging consequences to voluntary termination of pregnancy. There are on the other hand several psychiatric investigations that have
led to the conclusion that forcing a woman to continue a pregnancy to childbirth "is indeed very likely to be detrimental to her mental health as well as to that of her prospective child" (Israel 1971, p. 119).

White (1970) believes that a woman's emotional response to induced abortion depends largely on her conscious and unconscious motives for seeking it; her conscious and unconscious feelings toward pregnancy, the father of the baby, herself, and the physician who performs the abortion; and upon the emotional tone of the context in which she receives it.

Dauber, Zalar and Goldstein (1972:23) believe that "the enormous relief a woman feels when she learns that a pregnancy she does not want and did not intend can be terminated safely and legally does not mitigate the fact that abortion always represents a crisis in a woman's life." The nurses and physician who composed the previous statement also feel that counseling is necessary to bring the woman through this crisis period with the least amount of trauma. The counseling will hopefully help her to gain an understanding of the circumstances which led to the unwanted conception and to action which will prevent the need for a repeat abortion.

As a counselor to the woman faced with an unwanted pregnancy at the Planned Parenthood Center of Tucson, the author became interested in investigating the decision of the woman who chose to terminate her pregnancy.
Significance of the Problem

The problem this research seeks to investigate may be helpful to health practitioners, social workers, the clergy, and to others involved in the field of family planning. Due to the new openness of the subject of unwanted pregnancies and to the legal acceptance by society to the alternative of abortion, an increasing demand for therapeutic intervention and prevention is being placed on those involved in the delivery of care to the woman with an unwanted pregnancy. The availability of the literature and research studies is limited in providing adequate information and education for those who will encounter those women in search of help.

The investigator believes the problem is indirectly significant to the woman with the unwanted pregnancy. As an example of the number of women served by just one agency in Tucson, the Planned Parenthood Center of Tucson counseled 1,046 women in 1972 and had estimated the number of 1,322 women who will be counseled for an unwanted pregnancy in 1973. The care and understanding which the women receive during this time may be a determinant of how she will respond to the situation at the present time and hopefully prevent the need for another abortion.

Legislation has chosen to legalize abortion which indicates interest in the subject. If this approach to providing abortion services is to prove beneficial, a continuous effort to improve methods and standards of care must be carried out. One way to demonstrate improvement is through research.
Statement of the Problem

Is there evidence of ambivalence during an initial counseling session which can be elicited from clients who wish to terminate an unwanted pregnancy?

Assumptions

The following assumptions were made for this research study:

1. An unwanted pregnancy can be regarded as a life crisis.
2. Counseling is a necessary intervention in delivering care to a woman seeking an abortion.
3. Ambivalence can be elicited from the woman during an initial counseling session for an unwanted pregnancy.

Definitions

For the purpose of this study, the following definitions of terms are used.

Ambivalence: The combination of positive and negative feelings toward the same person or situation.

Unwanted pregnancy: A pregnancy which presents conflicts to the woman bearing the child to the point where the woman no longer wishes to continue with her pregnancy. The conflicts may be due to socio-economic, health, religious, or moral reasons.

Life crisis: An upset or interruption in the everyday functioning with which an individual is unable to cope.

Counseling: A session arranged by the woman who considers her pregnancy to be unwanted and is seeking help to resolve the problem and
its associated conflicts. It is the policy of Planned Parenthood of Tucson that each client who regards her pregnancy as unwanted to have one counseling session with a staff counselor before any information can be given for termination of a pregnancy.

Termination of pregnancy: Voluntary interruption of the pregnancy by means of a legally and medically safe abortion.

Limitations

The limitations in this study were as follows:

1. The sample population was limited to the clients of one planned parenthood clinic in a southwestern urban community.

2. The population included in the study met the criteria of 12 weeks gestational period from the last menstrual period.

3. The number of women included in the study was limited to 20 who presented themselves.

4. The number of counselors in the study was limited to two.

Theoretical Framework

The general framework within which the research was conducted was the theory of crisis intervention as it related to the decision-making process of the woman with an unwanted pregnancy. The general theory and its application to the specific research situation are described in the following section.

General Theory

Interest in crisis intervention has arisen partly because it is felt that the consequences of the management of such periods of stress
often include significant and long-lasting changes in the level of adequate mental functioning. As a result of a life history of crisis, many workers applying public health concepts to the field of mental health provide therapeutic intervention to people while they are in crisis, the incidence of subsequent mental disorder in these persons may be significantly reduced (Bloom 1965).

Caplan (1964, p. 30) describes crisis in its simplest terms as "an upset in a steady state." This definition rests on the postulate that an individual strives to maintain for himself a state of equilibrium through a constant series of adaptive maneuvers and characteristic problem solving activities through which basic need fulfillment takes place. In a state of crisis, by definition, it is postulated that the habitual problem solving activities are not adequate and do not rapidly lead to the previously achieved balanced state (Rapoport 1965).

According to Caplan (1964:40-41) there are four developmental phases in a crisis as follows:

1. There is an initial rise in tension as habitual problem solving techniques are tried.
2. There is a lack of success in coping as the stimulus continues and more discomfort is felt.
3. A further increase in tension acts as a powerful internal stimulus and mobilizes internal and external resources. In this stage emergency problem solving mechanisms are tried. The problem may be redefined or there may be resignation and giving up of certain aspects of the goal as unattainable.
4. If the problem continues and can be neither solved nor avoided, tension increases and major disorganization occurs.

Whenever a stressful event occurs, there are certain recognized balancing factors that can effect a return to equilibrium; these are the perception of the event, available situational supports, and coping
mechanisms. Figure 1 presents a paradigm of the effects of balancing factors on a stressful event as determined by Aguilera. A stressful event is so seldom clearly defined that its source can be determined immediately. Internalized changes occur at the same time as the externally provoking stress, and as a result, some events may cause a strong emotional response in one person and leave another apparently unaffected. Much is determined by the presence and/or absence of factors that can effect a return to equilibrium (Aguilera, Messick and Farrell 1970).

W. I. Thomas, a social theorist, saw crisis as a catalyst that disturbs old habits, evokes new responses, and becomes a major factor in charting new developments. A crisis is a call to new action; the challenge it provokes may bring forth new coping mechanisms which serve to strengthen the individual's adaptive capacity and to raise his level of mental health (Rapoport 1965).

Crisis intervention extends logically from brief psychotherapy. The minimum therapeutic goal of crisis intervention is psychological resolution of the individual's immediate crisis and restoration to at least the level of functioning that existed prior to the crisis period. A maximal goal is to improve the level of functioning to above the pre-crisis level (Aguilera et al. 1970).

Caplan (in Rapoport 1965) maintains that the crisis period is the period of time in which the individual does not have the ability to respond to the situation with adequate coping mechanisms and that this crisis period can last from one day to six weeks.
Figure 1. Paradigm: Effect of Balancing Factors in a Stressful Event. -- Taken from Aguilera et al. 1970, p. 52.
Tyhurst (as quoted by Rapoport 1965) states the person or family in crisis becomes more susceptible to the influence of "significant others" in the environment. The degrees of activity of the helping person do not have to be high. A little help rationally directed and purposefully focused at a strategic time is more effective than more extensive help given at a time of less emotional accessibility. In addition, the helping person needs to view himself as intervening in a social system, a part of a network of relationships, and not as a single resource person.

The framework of crisis intervention has been developed to establish a background theory for understanding the decision-making process of women in search of help with an unwanted pregnancy. An inability to cope with the decision represents a life crisis. As a result of this crisis, the woman experiences stress which in turn may cause a strong emotional response leading to distortion of the event as the woman perceives it, thus further decreasing her ability to cope with the problem. The counseling process is defined as a therapeutic intervention. The purpose of counseling is to assist the woman in perceiving and defining her problem(s), drawing on the individual's existing coping resources and supports, and to return her to her level of mental functioning which existed prior to the crisis period.

The investigator used the theory of crisis intervention to establish a background theory for eliciting ambivalence from the individual clients included in the study. Ambivalence was defined as the combination of positive and negative feelings toward the same person or
situation. The positive and negative feelings are the balancing factor as to whether the individual is experiencing ambivalence.
CHAPTER II

REVIEW OF THE LITERATURE

The review of the literature has been subdivided into three main sections. The first section presents a brief summary of events leading to the present-day abortion laws in the United States. Studies of data collected on abortion from other countries as well as the United States on the emotional sequelae of abortion is contained in the second section. The third section reviews viewpoints of physicians, psychologists, nurses, clergymen, psychiatrists, and social workers on the impact which abortion has on the woman faced with an unwanted pregnancy.

History of United States Abortion Laws

The main deterrent to permitting abortion on demand were the laws which previously ruled on abortion just as they do on crime. Abortion laws were not under the jurisdiction of the federal government but were regulated by each individual state. The first law regarding abortion to appear in the United States was in the state of Connecticut in 1820 which permitted abortions during the early months before "quickening." This law was repealed in 1860. In 1828, New York permitted the abortion procedure on the grounds of saving the life of the mother.

The century following the Connecticut law of 1820 posed numerous problems and conflicts for the state legislatures. No significant resolution to the question of whether the decision to have an abortion could
be legally sanctioned by the states was made. It was not until the 1960's that pro-abortionist began to make headway in the state legislatures to liberalize and repeal the existing restrictive laws. Despite the previous restrictions on abortions, it was estimated that there are one million illegal abortions performed in the United States every year (Polsky 1971).

In 1962 the American Law Institute recommended that abortion be permitted under the following circumstances: "... if the mother's physical or mental health will be impaired; if the child will be born with serious physical or mental defects; or if the pregnancy was the result of rape or incest" (Westoff and Westoff 1971:138). By 1971, seventeen states (Arkansas, California, Colorado, Delaware, Georgia, Illinois, Kansas, Maryland, New Mexico, North Carolina, Oregon, South Carolina, Virginia, Washington, Alaska, Hawaii, and New York) had adopted legislation in accordance to the American Law Institute's recommendation. Colorado was the first state in 1967 to accept the code while Alaska, Hawaii, and New York went beyond the suggested code allowing for abortions for all reasons.

Although the goal of abortion on demand was becoming more feasible there still existed many restrictions in the laws. In many states there was the requirement that the woman in search of an abortion obtain a psychiatric evaluation, travel great distances, pay exorbitant fees, or resort to an illegal abortion procedure. Then on January 22, 1973, the Supreme Court of the United States issued an opinion stipulating that it is unconstitutional for states to interfere with a woman's decision
to have an abortion during the first trimester of pregnancy. It now appears that the goal of abortion on demand has been achieved, but the goal will not be fully reached until medically safe abortions provided with dignity to the individual are available to all.

Abortion Studies

Since the options to unwanted pregnancy were formerly therapeutic or illegal in the United States, literature and research on the subject of abortions as the situation exists now is limited. Both therapeutic abortion, requiring diagnosis of illness substantiated by consultation with several doctors, and illegal abortion performed under stigmatized and furtive conditions, might possibly be expected to result in different psychologic responses and sequelae than legal abortion. Similarly, procedures performed in other countries with different cultural traditions and patterns might possibly be anticipated to have somewhat different outcomes than those performed in this country (Osofsky et al. 1971).

Studies have been undertaken in the Scandinavian countries where the abortion situation is relatively liberal in comparison to the pre-existing situation in the United States. Ekblad (as quoted by Osofsky et al. 1971) studied 479 women in Sweden who had undergone abortions on psychiatric grounds and found that 65 percent were satisfied with the procedure, 10 percent felt no self-reproach but felt the procedure was unpleasant, 14 percent felt mild self-reproach, and 11 percent felt serious self-reproach or regretted having the procedure. Ekblad (in Peck and Marcus 1966:418) also stressed that "guilt was greatest in
women influenced by others to submit to abortion and least in those who clearly wanted the abortion themselves."

Osofsky et al. (1971) cited a study by Kolstad which was performed in Norway and had findings similar to Ekblad's. Of the 135 patients followed three to 16 years after a therapeutic abortion, he concluded that 82.8 percent were happy without reservations, 9.8 percent were satisfied but with some reservations, 3.7 percent were not happy but knew the abortion was necessary, and 3.7 percent felt repentant.

Mehlan (1957) did a study on 248 East German women and concluded that 90 percent of the patients felt that the abortion was the best solution. Information was not detailed on the rest of the population in the study.

Gebhard, Pomeroy and Martin (1958) collected data on the abortion experience of 442 women. Since most of the abortions performed in this study were illegal abortions, data had to be collected through case histories from college students, small groups and professional organizations and institutions. The findings demonstrated "only rare significant physical or emotional sequelae."

In a more controlled study undertaken by Peck and Marcus (1966:417) in New York, it was suggested that "psychiatrically 'normal' women may indeed show a mild self-limited depression, but without any significant sequelae." During this study, 50 women were interviewed prior to surgery as well as after the abortion was performed. The researchers experienced only one case of an acute negative reaction which was quickly relieved and 20 percent of those interviewed experienced
mild guilt which was short lived and had disappeared by the time of the follow-up interview. Of the 50 women interviewed, 98 percent of them stated that if they had to make the decision again, they would still have the abortion.

**Emotional Considerations for Legal Abortion**

The following section of the review of the literature is for the purpose of exploring the hypothesis that the request for an abortion may be a sign of a life crisis and that there are definite indications for therapeutic intervention during a crisis period. The intervention, in the context of the subject at hand, is to determine how the problem(s) associated with crisis may be resolved and that intervention is indeed appropriate and necessary to ensure favorable results.

In recent years approximately 90 percent of all legal abortions performed in the United States were justified on psychiatric grounds. Psychiatric evaluation is no longer mandatory for a woman who chooses to terminate her pregnancy legally. The new approach in providing services to these women is through private and public counseling services. Abortion counseling is very different in philosophy and method from the psychiatric examination which has previously been used to justify legally therapeutic abortions on psychiatric grounds (Leiberman 1972). The therapeutic abortion can be defined as one which preserves the physical or mental well-being of the mother.

Reverend J. Hugh Anwyl, Director of the Clergy Counseling Service for Problem Pregnancy of Los Angeles, believes that in order to consider the psychological effects of a pregnancy that one must begin
with the fact that it is a biological event and that one of the most common elements associated with an unwanted pregnancy is fear. He goes on to state that the fear arises not only from anxiety over the physical changes but also over the attitude and response of those people with whom the woman is immediately involved. Anwyl (1971:1226) also states:

Along with fear comes ambivalence, the wish to be and the wish not to be pregnant. The impact of pregnancy upon the emotions is not fully understood, but we must take the opportunity to help a woman cope with the problem it poses, to determine as well as we can its effects upon her, and to assist her in coming to a decision about what she wishes to do.

Leiberman (1972:117), a psychiatric consultant, also believes that every woman seeking an abortion should be regarded as an ambivalent person. He also states, "that a counselor must assess the forces, internal and external, which drive the pregnant woman away from parenthood at this particular time." Ambivalence must be considered the key factor in the assessment of the individual seeking the abortion. Leiberman (1972:117) says, "Strong positive feelings and strong negative feelings about the same thing do not add up to zero but rather to conflict."

Many medical and social workers in the field of family planning have come to feel there is no such thing as a totally unwanted pregnancy. As a result, Gutcheon (1973:23) states,

No matter how firmly a woman feels abortion is the best choice for her, she almost surely will feel some resistance to the idea, consciously or unconsciously, and if she is not aware that this ambivalence is totally natural, she can let it build up in her until she feels she is being torn apart.

One study done by Bragonier and Ford (1971) demonstrated that women seeking help with an unwanted pregnancy had many other problems such as relationship problems and character disorders. Many of the
women who were interviewed were found to have become pregnant not by accident. For reasons such as these, Bragonier and Ford point out the importance of counseling sessions.

One opposing view to the concept of counseling in some instances has been presented by a nurse. Cleveland (in Marx 1971) does believe that some prospective mothers are dependent and are in need of counseling just to let them vent their feelings and to consider the alternatives to pregnancy. There are those women who may be effected in such a way that Cleveland (in Marx 1971:17) states, "counseling might cause anxiety and guilt where previously there had been none."

White (1970) considers the consultation process to be an on-going one. The process should include all aspects of the woman's needs and does not end when the final decision has been made by the consultee. In an article discussing abortion and psychiatry, White (1970:57) presented the following view:

Any woman who, upon adequate reflections and with an opportunity to explore her feelings with a sympathetic physician, wants to terminate her pregnancy because of significant threat to her welfare or her family's welfare from physical, emotional, social, or financial problems should be granted that abortion provided such counseling shows that her conclusion is thoughtful and considered, and provided further that an adequate plan can be worked out for follow-up consultative help so she can cope with later conflicts.

Lebensohn (1972), a psychiatrist, points out some of the key factors which he feels should be considered in the evaluation and consultation of the woman with an unwanted pregnancy. He believes that if the following factors are fully evaluated, that they may provide information to the counselor as to which, if any, of the clients are more likely candidates to develop emotional sequelae (Lebensohn 1972:55-56):
1. **Motivation**—rarely, if ever, does one encounter psychiatric sequelae in a woman who is strongly motivated. In a woman whose motivation is weak or ambivalent, the possibility of sequelae should be seriously entertained.

2. **Woman's feelings toward 'the man' responsible for the pregnancy**—if the woman has little or no feelings for him, there is little likelihood of complications. On the other hand, strong positive feelings for the man (especially when unrequitted) should be a danger signal.

3. **Psychiatric illness, past or present**—in general, the more healthy the patient is both physically and mentally, the less danger there is of any psychiatric consequences.

4. **Ego strength**—women who have established their independence, and have been reasonably successful in school or work, and who have developed a good sense of self-esteem, should have no difficulty.

5. **Period of gestation**—in general, the earlier the pregnancy, the less danger there is of psychiatric sequelae.

6. **The setting in which the abortion takes place**—if the abortion occurs in a well appointed clinic or hospital, where the personnel have an enlightened attitude toward women who are about to be aborted and where counseling is available, then the likelihood of sequelae is greatly diminished.

7. **Physical complications**—should infection, sterility or other complications follow an abortion, in susceptible individuals, it may well serve as a serious physical focus in the development of a sense of guilt and subsequent depression.

8. **Religious factors**—the climate of public opinion in this regard seems to be more significant than the pronouncements of the Church in the case of the Catholic woman faced with an unwanted pregnancy.

**Summary**

The review of the literature was derived primarily from studies done on abortion procedures performed on women who had experienced an unwanted pregnancy. The literature verified the fact that the abortion issue, its legal implications as well as its social, medical, and emotional considerations, has brought about new demands on the delivery of health care to women confronted with an unwanted pregnancy.

As the literature demonstrated, the counseling process is an important component in the delivery of abortion services. It was the
concern of the researcher at this time to devise a tool to be used during the counseling session to elicit the expression of ambivalence by the consultee.

The studies on emotional sequelae cited in the review have not indicated any severe consequences to the legal and medically safe abortion procedure. In order to provide better understanding and care to the woman with an unwanted pregnancy, the researcher intended to further investigate the presence of ambivalence. Using the guidelines presented by Lebensohn (1972), as quoted in the review of the literature, the researcher devised a tool for her investigation.
CHAPTER III

METHODOLOGY

This chapter describes the research design, the tool, the population and sample, the method of data collection, and the categorization of the data.

Research Design

This study is a description of twenty responses to selected open-ended questions related to the expression of ambivalence following a scheduled counseling session for an unwanted pregnancy. The study was conducted at a Planned Parenthood Clinic in a southwestern urban community. The investigator and one other counselor interviewed the clients as a routine process. Following the general interview, with permission of the client, additional information was recorded on a questionnaire (Appendix A) developed by the researcher.

Permission to conduct the study was obtained from the Director of Planned Parenthood of Tucson. A nurse educator and counselor employed by the agency assisted in the collection of the data. Permission was obtained before the data collection began. Verbal permission was obtained from each subject participating in the study. Each subject was assured that all information would be kept strictly confidential and that no names would be used in the study.
The Sample

A convenience sample was selected from the clients of a Planned Parenthood Clinic. The number of clients in the study was limited to 20 women. Each woman presented herself at the clinic for a counseling session for an unwanted pregnancy. Only those clients who were 12 weeks pregnant or less were included in the study. Candidates for saline infusion abortions were not included in the study due to additional emotional considerations regarding the saline procedure.

The Data Collection Instrument

The data collection instrument used in this study was a questionnaire designed by the investigator. The data was collected from written responses to open-ended questions presented to the subjects at the end of her counseling session. Open-ended questions were selected to eliminate limitations on the response which the subject would give. The form "Pregnancy Counseling" (Appendix B) was used to obtain subjective information from the counselor of that particular session. Information included the counselor's opinion as to whether ambivalence was presented by the client, as presented on the second page to Appendix B.

The questionnaire was designed to have one factual question to be used for additional information in identification of the client's problem. Ten questions were designed to elicit expressions of ambivalence from the subject. Five of the questions had "counter-questions" designed to ask the same question in a different way. Each question and its counter-question were separated in placement in the questionnaire.
Data Collection

Before the data collection began for this study, a time limit of one month was allowed for the data collection. The researcher believed one month to be sufficient to obtain responses from eligible clients. This decision was based on the number of clients who attended the clinic for pregnancy counseling every month for six months prior to the initiation of the research study. Only 13 questionnaires were obtained in the determined time. The small sample was due to cancellations and clients failing to appear for appointments, as well as those clients who did not meet the criteria of the study. In order to have a larger population, the study continued until questionnaires were obtained from 20 subjects.

Each counseling session was arranged by appointment by the client. Each counselor informed the personnel of the clinic of the times she was available for counseling appointments and a record was kept of those times. The investigator arranged times for six counseling sessions per week for four weeks. The other counselor in the study made arrangements for her own counseling sessions.

Only the client and the counselor were in attendance at the session. Each counseling session was directed to the individual needs of the client as evaluated by the counselor. The clinic had established guidelines for the counseling sessions. The session consisted of discussing the client's pregnancy, how she felt about her pregnancy, her individual situation, and the available alternatives to the pregnancy if the client so desired. If the client stated that she wanted an abortion, information was provided concerning the abortion procedure, possible
complications, availability, cost, and future contraceptive plans. When the client desired an abortion she was directed how to make the final arrangements for the procedure as this clinic did not provide abortion services.

**Method of Data Analysis**

The questionnaire devised for this study was developed on the guidelines presented by Lebensohn which included factors for consideration of the emotional response of women deliberating the decision to have an abortion. The areas considered for eliciting ambivalence in this study were motivation, ego strength, setting, woman's feelings for the man responsible for the pregnancy, and the woman's personal values.

The method of data analysis was a descriptive comparison of the questions included in the questionnaire. Based on information gathered during a pilot study, pre-determined categories were developed for evaluation of the individual's response. A total of 29 categories were developed for this purpose. Each response was categorized accordingly and placed in graph form found in Appendix C. The following is a description of the categories as they relate to their areas of consideration.

**Motivation**

The investigator was interested in determining when the subject had made her decision to have an abortion. As recorded in question two, the categories include: having the decision made before becoming pregnant, making the decision at the time of pregnancy confirmation, and making a
decision some time between pregnancy confirmation and the counseling session. When the same subjects were asked if they had made their decision prior to the counseling session in counter-question seven, the responses were placed in the categories of a definite or an indefinite decision.

**Ego Strength**

The purpose of this area was to determine what influence the pregnancy had on the everyday functioning of the individual. For question three, the categories included physical symptoms, emotional effects, or no effect in their everyday functioning. The categories for counter-question eight indicated what other persons had influenced their decision. These categories included: no one else, friends and family (other than partners), or the influence of society.

**Setting**

The effects of the counseling session on the subject's decision was the interest of this area. In question four the subjects were given the choice to respond to "easier" or "harder." For counter-question nine the investigator was able to use the same categories for the responses to the question which asked how the session had influenced her decision.

**Woman's Feelings Toward the Man**

The investigator was interested in eliciting ambivalence with regards to the subject's feelings toward the man responsible for her
pregnancy. Question five asked what alternatives to the abortion were discussed by the subjects and their partners. The categories included discussing some alternatives or not discussing any alternatives to the abortion. Three categories were developed for the counter-question ten which asked how the pregnancy had affected their relationships with their partners. The categories include: the pregnancy had no effect on the relationship, the pregnancy had weakened the relationship, or the pregnancy had improved the relationship.

Personal Values

The purpose of this area was to give the subjects an opportunity to reveal any feelings or questions they may have had regarding the abortion which were not fully answered or discussed by the end of the counseling session. For question six the categories included: the presence or absence of questions or feelings. Counter-question eleven asked the clients if they had any reservations regarding the abortion procedure. The clients indicated the presence or absence of reservations.

The next step in the analysis of the data was the description and comparison of each question to its counter-question. The 20 responses to each question were categorized and compared collectively. The counselor's subjective opinion as to whether ambivalence was presented during the counseling session was also included in the analysis of the data.
The following chapters included the presentation of the collected data, the findings of the study, recommendations for further study, and a final summary.
CHAPTER IV

PRESENTATION OF DATA

This chapter presents the data collected from the written responses to the questionnaire distributed and the analysis of this data.

Data from Questionnaire

Twenty eligible clients from a family planning clinic were included in the study. Of the 20 women, 18 had never had an abortion while one client had one abortion and another had two previous abortions. The data collected on each client included her response to the individual questions and the counselor's subjective opinion as to whether the woman exhibited ambivalent feelings toward the abortion procedure.

In order to present the analysis of the data, the researcher developed two or three categories for each question. The following included the categorization of the responses and interpretation with examples of how the categories were chosen.

The first question was designed to provide additional information as to why the client had come to the clinic for counseling. The categories included: information about abortion or alternatives to abortion, interpretation that counseling was an agency policy, or an expression of personal needs. Eleven of the clients stated that they came to the counseling session for information on the abortion procedure or
alternatives. Seven responses were categorized as agency policy and two expressed personal needs for the counseling session. An example of a response given in the agency policy category was "because I was told that was the only way that I could get an abortion at Planned Parenthood of Tucson." Of the two responses included in the personal category, one client stated that she needed help in making her decision while the other was quoted as stating, "I needed someone who would understand my problems, 90 percent of my friends (I'm 21) are married with children or expecting. My mother, who is my best friend, just wouldn't understand why I would want an abortion although I am happily married."

The second question asked when the client made her decision to have an abortion. Two of the clients responded that they had made their decision before becoming pregnant. Fourteen stated that their decision was made as soon as they found out that they were pregnant. Four made their decision during the interval of their pregnancy confirmation and the counseling session.

The third question asked how their pregnancy had affected their everyday living. The purpose of this question was to determine ego strength. Seven of the clients responded as being physically ill or nauseated during the day. Seven clients indicated an emotional response and six stated that their everyday living had not been affected. Three of the six clients who had not been affected stated that they had not been affected "yet." One of the clients whose response was categorized as an emotional response, stated, "I am more nervous and anxious and I
still wake up at night worrying about it." Others included in the emotional category responded as being depressed, nervous, upset, and worrying whether or not they will be able to get the abortion.

The fourth question which related to the setting asked if the counseling had made their decision "easier" or "harder." Sixteen responses indicated that the counseling session had made the decision easier, none responded to harder, and four stated that the session had not influenced their decision.

The responses to the fifth question were evenly divided. This question was designed to elicit feelings toward the man responsible for the client's pregnancy. Ten of the clients had discussed alternatives to the abortion and ten had not. One client responded by stating, "We did not discuss any because we both believe that over-population should cease and we are not planning to ever have children." Continuing the pregnancy, whether keeping the child or giving it up for adoption, was mentioned by ten of the clients.

When the subjects were asked if they had any questions or feelings concerning the abortion that were not discussed or answered during the counseling session, 20 responded "no."

Questions seven through eleven were the counter-questions to two through six. The questions were similar to the previous five and were similarly categorized. The comparisons of the questions will be discussed in the findings of the study.

Seventeen of the subjects responded "yes" to question seven. The question asked if the client had her decision made as to what she planned to do about her pregnancy before she came to the counseling session.
"Not too much of a decision," "somewhat," and "no, but I was thinking of abortion," were the responses of the remaining three subjects.

The categories of no one, family or friends, or society were developed for question eight. The subjects were responding to the question which asked which people other than their boyfriends or husbands who had influenced their decision to have an abortion. Six of the subjects responded that the decision was totally their own. Twelve stated that their family or friends had some influence, and one stated that "all the people with more than two children" had influenced her decision.

Question eight asked "What effect has the counseling session had on your decision?" Twelve responded that the session had made the decision "easier." Eight answered that the session had no effect on their decision. Some of the responses which indicated that the session had made the decision "easier" included: "it made me more sure of myself," "strengthened my decision," and "it made me more relaxed ... I was scared."

When the subjects were asked in question nine how her pregnancy had affected her relationship with her partner, fifteen answered that there was no change in the relationship, two stated that there was an improvement in the relationship, and three indicated that their relationship had been weakened by the pregnancy. In the cases of the weakened relationships, one subject was being threatened by divorce if she had the abortion. One subject had ended the relationship before pregnancy
confirmation. A third subject was in the process of a divorce and the pregnancy was prolonging the proceedings.

Question eleven asked the subjects if they had any reservations concerning the abortion. Twelve of the subjects stated they had none. The remaining eight indicated having personal values which gave them some reservations. Some of the responses included in the personal category were "Maybe I could be a good mother and be happy with a child and maybe God won't give me another chance to conceive," "cost mainly," "I'm just afraid of any kind of pain or discomfort," "being raised a Catholic, I feel I have a responsibility to uphold the beliefs of my religion, however, I feel I have a greater responsibility to the overpopulated world," and "that I am taking another person's life."

Following each counseling session the counselor is required to fill out an agency form (Appendix B) on each client. For the purpose of the study, the response of the counselor as to whether the client seemed "sure or ambivalent" was included in the data collection. The counselors based their subjective opinion on how the client handled herself during the counseling session with regards to the questions, responses, and expressions of feelings. Only two of the subjects were regarded as ambivalent.

Analysis of the Data

As a method of analyzing the collected data, the researcher described the comparisons of the responses to the questions two through six with their counter-questions seven through eleven. As a means of eliciting ambivalence from the subjects, each question had a
counter-question which asked the same question in a different way. The present section describes the comparison of the responses. The presence of ambivalence is discussed in the findings of the study.

Questions two and seven determine when the subject made the decision to have the abortion. Twenty subjects indicated that they had made their decision prior to the counseling session. When asked in question seven if they had their decision made before they came to the session, 17 of the 20 gave a definite "yes" for an answer while three of the subjects expressed ambivalence by indicating uncertainty with their decision.

Questions three and eight were designed to determine if there was any interruption in the everyday functioning of the subjects. The interruptions included physical, emotional, and social as they were asked what other persons had influenced their decision. Fourteen of the subjects stated that there was some interruption, either emotionally or physically. Thirteen stated that they were influenced by other in making their decision. There were six responses which indicated that the pregnancy had no effect on their everyday functioning. Seven subjects indicated that they had not involved anyone other than their boyfriend or husband in making the decision.

Questions four and nine were included to determine the strength of the subject's decision. For question four, the subjects were given the choice to answer "easier" or "harder." Sixteen subjects indicated that the counseling session had made their decision easier while four stated that the session had not influenced their decision. When asked
the second time for the effects of the counseling session, only twelve indicated that the counseling had made the decision easier while this time eight stated that the counseling had not influenced their decision.

Questions five and ten were designed to determine what influence the relationship between the subject and her partner had on the abortion decision. Ten of the clients stated that they did discuss alternatives to the abortion while ten did not. When asked how their relationship had been affected by the pregnancy, seventeen stated that the pregnancy had no effects or had improved the relationship. Three of the subjects indicated that the relationship had been weakened by the pregnancy.

Questions six and eleven gave the subjects an opportunity to present any feelings or questions they may have had unresolved at the end of the counseling session. When asked directly for any feelings or questions, each of the 20 subjects responded that they had none. When asked if they had any reservations concerning the abortion procedure, eight responded to having at least one reservation.

At the end of the questionnaire the subjects were asked if they would be willing to be contacted for follow-up purposes. Each subject responded by writing their name and a telephone number by which they could be contacted.

The following chapter presents a discussion of the findings.
CHAPTER V

DISCUSSION OF THE FINDINGS

Twenty clients from a family planning clinic met the criteria of twelve weeks' gestation and indicated a desire to terminate her pregnancy with an abortion. Each subject verbally agreed to participate in the study. Two of the subjects had one or more previous abortions. Prior to filling out the questionnaire developed for this study to elicit ambivalence, each subject was interviewed and counseled according to agency policy, and every effort was made to meet the individual needs of the clients as evaluated by the counselor.

The purpose of the study was to investigate the decision of the woman who desires to terminate her pregnancy. Eliciting expressions of ambivalence from open-ended questions was the focus of the study. Included in the present chapter are the findings, conclusions, and recommendations for further study.

Findings

The questionnaire devised for this study was based on the guidelines presented by Lebensohn (1972). Lebensohn's interest was in developing guidelines to evaluate the emotional stability of the woman desiring to terminate her pregnancy. The factors used for eliciting ambivalence in this study were motivation, ego strength, setting,
woman's feelings toward the man responsible for the pregnancy, and the woman's personal values.

For the factor of motivation, ambivalence was elicited from three of the subjects. The questions included for the purpose of determining motivation asked the subjects when they had made their decision to have an abortion. If the subject was highly motivated to have the abortion there should have been no discrepancies in the responses of the counter-questions. In fact, three subjects stated that they made their decision to have the abortion some time prior to the counseling session in one question then in the counter-question they indicated they had not made a definite decision to have the abortion. From this small population sample, it appeared that approximately 20 percent of the sample did indicate a trend toward ambivalence by different responses to counter-questions relative to motivation.

In order to elicit ambivalence according to ego strength, questions concerning the subjects' everyday living were included. If the subject had developed a good sense of independence and was able to function without a great emotional interruption in her everyday living, then a good ego strength was presumed to be present. There should be little evidence of ambivalence among those subjects demonstrating a good ego strength. Fourteen indicated some interruption in their everyday living. The interruptions were evenly divided between emotional and physical reasons. Of the six subjects who had not experienced any interruptions, three of these six stated that there were no interruptions "yet." Ambivalence was more strongly indicated by those seven
subjects who experienced an emotional interruption in their everyday functioning. Emotional responses tend to produce stress and become an opposing factor to a person's ability to resolve the problem at hand.

The counter-question for ego strength also demonstrated expressions of ambivalence. Thirteen of the subjects were unable to make the decision to have an abortion without the influence of persons other than their partner. Ambivalence seemed to be indicated during the decision-making process of these individuals who had not established a strong independence.

The question of extent of interruption in everyday living would have given more specific indication of ambivalence than the present responses of the clients. No firm trend can be demonstrated at this time with the present wording of the question.

The setting in which services are provided is a factor which must be considered. Lebensohn pointed out that if abortion services are provided with an enlightened and knowledgeable attitude and where counseling is available, then the likelihood of sequelae is greatly diminished. Each subject in the study was counseled according to the policies established by the clinic. The researcher was interested in investigating what influence the counseling would have on the subject's decision. The purpose of the question was to evaluate the strength of the decision and whether the counseling session would influence the final decision. When asked if the session had made the decision easier or harder, sixteen stated "easier" while four stated that the counseling had no effect on their decision. When asked the second time, thirteen
indicated that the session had made the decision easier. There was only one subject who indicated that the session had influenced her final decision. Ambivalence was elicited from that subject whose final decision was influenced by the counseling session. The majority of the subjects indicated that the decision was made easier because of the information that they received on the procedure itself and its availability.

There was little evidence of ambivalence related to the relationships of the subjects and their partners. Lebensohn believes that the stronger the woman's feelings for the man, the greater the chance there will be for complications. The researcher could not totally accept this belief of Lebensohn's. If the relationship between the woman and her partner is strong and they are supportive and in agreement with the decision to have the abortion, then there is no reason to consider the procedure more detrimental to that woman than to the woman who has little or no feelings toward the father of her child. Each subject was asked how the pregnancy had affected her relationship with her boyfriend or husband. Only one subject was threatened with divorce by her husband which may produce feelings of ambivalence. One subject had broken off her relationship with her boyfriend prior to their pregnancy confirmation. One subject was continuing with divorce proceedings which had begun before her pregnancy. Fifteen clients stated that the pregnancy had no ill-effects on their relationships while two stated that their relationships had improved with the pregnancy.

The study population was evenly divided in their responses as to whether alternatives to the abortion were discussed with their
At one time during the decision-making process, ten of the subjects discussed the possibility of continuing a pregnancy and ten did not. Ambivalence was indicated by those ten subjects who considered the positive and negative feelings with regard to the alternatives to abortion.

It was found that when the subjects were asked directly for questions or feelings they may have about the abortion, there were no responses. When the question was asked if they had any reservations regarding the abortion, eight responses were obtained. The reservations included financial, moral, and religious reasons. Each of the reservations other than the one stated for financial reasons were not discussed by the individual subject during the counseling session. The researcher believes this question to be the most significant in eliciting expressions of ambivalence from the subjects in the study.

From responses to the open-ended questionnaire of the clients presenting themselves for abortion counseling, it appeared that a "crisis" state in most circumstances had been resolved before the formal counseling session. There did seem to be a greater trend of ambivalence indicated when personal values were questioned than for motivation, ego strength, woman's feelings for her partner, or setting. According to Aguilera et al. (1970), the participants in the study had a realistic perception of the event and adequate situational support either from their partners or significant others. Counseling appeared to give strength in developing coping mechanisms toward resolution of the problem in the decision-making process.
Ambivalence was expressed in responses to the questionnaire's counter-questions which were not evident in the subjective opinions of the counselors at the time of the interview. The extent of using a written form in addition to verbal expressions needs to be explored.

Conclusions

The following conclusions were drawn from the findings of the study:

1. There is a definite need for counseling services for the woman with an unwanted pregnancy. The service should be available to all. Provisions should be made for further counseling when ambivalence is expressed.

2. Pregnancy does cause an interruption in the everyday functioning of many women who are faced with an unwanted pregnancy. This interruption may be a sign of a life crisis and counseling is an appropriate intervention.

3. Counseling indirectly influences the decision of the woman who indicates the desire to have an abortion. The study concludes that counseling is sought mainly for information giving purposes, but it also provides outside support for the woman during a crisis period.

4. At the time of the interview it was found that pregnancy does not necessarily cause a breakdown or disruption in the on-going relationship of the woman and her partner. The data indicated that the motivation to obtain an abortion is not directly influenced by the strength or stability of the relationship.
5. Expressions of ambivalence can be elicited from clients during a counseling session for an unwanted pregnancy.

6. There are definite limitations of available literature regarding abortion services and counseling techniques. The findings of this study are in conflict with the concept that comprehensive individual counseling is not necessary for all clients who are making the decision to terminate a pregnancy.

Recommendations for Further Study

Recommendations for further study include:

1. Repetition of the study over a longer period of time in order to obtain a larger sample population to further verify the validity of the questionnaire used in this study.

2. Investigate the decision of the woman who decides to terminate her pregnancy during a second counseling interview prior to the abortion procedure.

3. Develop and test guidelines to determine which women with unwanted pregnancies actually need counseling for making their decision and which women need only information on obtaining an abortion.

4. Study the effects of the abortion on a follow-up basis with varying time intervals.
CHAPTER VI

SUMMARY

This study focused on eliciting expressions of ambivalence from 20 women faced with an unwanted pregnancy following an initial counseling session.

Data was obtained from an open-ended questionnaire presented to the client at the end of her counseling session. The criteria established for each subject included that the woman be no more than 12 weeks pregnant, that she was attending the session of her own free will, and that she agree to participate in the study. Twenty clients from a planned parenthood met the criteria and were included in the study.

Crisis intervention was the theoretical framework for the study. The framework supported the assumptions of: an unwanted pregnancy can be regarded as a life crisis, counseling is an appropriate intervention in delivering health care to a woman seeking an abortion, and expressions of ambivalence can be elicited during the decision-making process.

The data was collected and analyzed in a descriptive manner. The individual questions from the questionnaire were categorized into two or three categories developed by the researcher on the basis of a pilot study. The questions were designed to have five questions with five counter-questions which were similar but asked in a different way. Each question and its counter-question were compared for the final analysis of the data.
The factors used for eliciting expressions of ambivalence in this study were motivation, ego strength, woman's feelings toward the man responsible for the pregnancy, and personal values. The data collected indicated that ambivalence was expressed by some subjects in each of these areas.

The conclusions drawn from the study include that there is a need for counseling services for the woman making the decision to have an abortion, pregnancy does cause an interruption in everyday functioning, counseling indirectly influences the decision to have an abortion, and that an unwanted pregnancy does not necessarily cause a disruption in the on-going relationship of the woman and her partner nor does a strong relationship need to be considered detrimental to the woman who desires an abortion. The main conclusion drawn from the study was that even with counseling ambivalence can still be elicited at the end of the counseling session.

The recommendations for further study made by the author include increasing the population size of the study, investigating ambivalence during a second counseling session and following the abortion, and developing guidelines to determine which women need counseling services and which women are information seekers only.
APPENDIX A

DATA COLLECTION INSTRUMENT

1. What were the reasons that you came in for counseling?

2. When did you make your decision to have an abortion?

3. How has your pregnancy affected your everyday living?

4. Has the counseling session made your decision easier or harder?

5. What alternatives to the abortion did you and your boyfriend or husband discuss? Were you both in agreement with your decision?

6. If you have any questions or feelings concerning the abortion that were not answered or discussed during the session, what are they?

7. Did you have a decision made as to what you plan to do about your pregnancy before you came to the counseling session?

8. What persons other than your boyfriend or husband helped or affected your decision to have an abortion?

9. What affect has the counseling session had on your decision?
10. How has your relationship with your boyfriend or husband been affected by your pregnancy?

11. If you have any reservations concerning the abortion, what are they?

If you would be willing to be contacted by the author of this study for follow-up purposes will you please write your first name and a telephone number where you may be contacted. Thank you.
APPENDIX B

PREGNANCY COUNSELING FORM FROM
PLANNED PARENTHOOD CENTER OF
TUCSON, INC.

Name___________________________Date________________

Address__________________________

Street City State Zip

Telephone: Home__________________Business________________

How to contact in case of emergency or follow up:________________________

Age____________________________Birthdate________________________

Ethnic________________________Religious Background________________

Occupation____________________Years of School______Student____Where?__

Marital status: Single____Married____Divorced____Widow____Separated____

No. of Children______Previous AB______Spont. miss?____________________

Date L.P.________________________No. of weeks pregnant________________

Has pregnancy been medically confirmed?_______________________________

Where?________________________Date________________________

How (pelvic/gravindex)?________________________________________________

Patient's reason for considering AB:

1. Socioeconomic____2. Health____3. Too many children_______________

4. Other (explain)____________________________________________________

_______________________________________________________________

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Was patient using a method of Birth Control? _____ If so-what? ______

How?_________________________________ Correctly?_________________________________

If a minor, are parents informed? ______ Will they be? ______________

Boyfriend or husband involved __________________________________________

Reaction positive? ________________ Negative? _______________________

Financial picture: _______________________________________________________

Your impressions of patient's feelings: _______________________________________

Has patient carefully considered adoption, marriage, etc.?____________________

Does patient seem "sure" or very ambivalent? ______________________________

Patient's future plans: PMD ______ PPCT ______ Sterilization ___________

Other (explain) ________________________________________________________

Patient referred to: _____________________________________________________

What does interviewer think patient will do: ________________________________

************************

Have the following been explained to patient?

Possible complications? ______

RH Neg problems? ______

Alternatives of private care in L.A.? ______

Alternatives of private care in Phoenix? ______

Airline arrangements? ______

Post-op problems and what to expect? ______

Future contraceptive plans? ______

Mechanics of an AB? ______

Procedure at hospital? ______

M.D.'s in Tucson capable of sound follow-up ______

Procedure in calling PP/LA ______
APPENDIX C

CATEGORIZATION OF CLIENT’S RESPONSES TO STUDY QUESTIONNAIRE
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