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Men's Experience of Elective Abortion: A Mixed Methods Study of Loss

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Abstract

A mixed methods approach was utilized to investigate men's experience of their partners' elective abortions. Data were collected through in-depth, semi-structured interviews and men were evaluated for occurrence and degree of anxiety, anger, and grief using clinical measures. Male participants were found to demonstrate clinical levels of anxiety, higher than normative anger scores, and greater levels of grief than men who experienced involuntary pregnancy loss. The primary meaning ascribed by the men to abortion was profound loss. Men experienced multiple losses following abortion that were associated with relationship difficulties, helplessness, grief, and guilt.

Key Words: men and abortion, men and pregnancy loss, male partners and elective abortion, psychological distress

Introduction

The purpose of this mixed methods study was to explore and assess men's reactions to their partners' elective abortions by converging qualitative data obtained through interviews with quantitative data obtained from clinical assessment instruments. The rationale for using a mixed methods approach was to enable investigators to triangulate results obtained (Denzin, 1978) and to use methods which would complement or offset each other's weaknesses (Creswell, Plano Clark, Guttmann & Hanson, 2003; Greene & Caracelli, 1997; Jick, 1979). Furthermore, the use of mixed methods may facilitate the development of inferences that confirm one another (Greene, Caracelli & Graham, 1989), thereby strengthening the validity of conclusions.

While a good deal of research has been published concerning women's mental health and abortion (see Coleman, Reardon, Strahan, and Cougle, 2005 for a comprehensive review), few studies have focused on male responses to abortion. A review of the limited

research pertaining to men (Coyle, 2007), revealed the following commonalities: 1) abortion is not perceived by men to be a benign experience, 2) an expressed need or desire for post-abortion counseling is not unusual among male partners of women undergoing elective abortion, 3) ambivalent and painful emotions may be experienced by men after abortion, 4) the abortion decision is often deferred to female partners with concomitant repression of men's own emotions as containment of emotion is viewed as consistent with men's perceived role as one of support, and 5) relationships may be stressed by abortion.

Review of the Literature

Psychological Reactions to Abortion

Based on interviews with 50 men in abortion-clinic waiting rooms and with 100 more men in a subsequent study, Shostak (1979; 1983) found that 72-75% of the men disagreed when asked "if males generally have an easy time of it, and have few, if any, lingering disturbing thoughts" about the abortion (Shostak, 1979, p. 571). In the largest study done to date on men and abortion (N=1000 males at 30 abortion clinics), Shostak & McLouth (1984) noted that abortion was perceived by men as a "death experience" and one that is more emotionally trying than expected. Another reported consequence of abortion was the persistence of occasional thoughts about the fetus among 75 post-abortion men interviewed by Shostak and McLouth (1984). Less than one-third (31%) of the men reported having no thoughts about the fetus and 9% reported having frequent thoughts. Given that the vast majority of participants in these studies were surveyed on the day of abortion, findings are not particularly informative concerning the long-term effects of abortion on men. Furthermore, participants were not interviewed in depth to ascertain their perceived meanings of abortion nor were they assessed using clinical measures with established validity and reliability.

One of the few studies that did explore the effects of abortion over time was that by Buchanan and Robbins (1990) who investigated the consequences of adolescent pregnancy and its resolution in adulthood. As hypothesized, the psychological distress scores were lowest among those adult males who had never experienced an adolescent pregnancy.

However, an unexpected finding was that men whose partners had abortions during adolescence were more distressed in adulthood than the men who became fathers during adolescence. While this study found evidence of long-term psychological stress among men whose partners had abortions, the researchers assessed general psychological distress rather than specific emotional outcomes.

Others (Gordon & Kilpatrick, 1977; Shostak & McLouth, 1984; Speckhard & Rue, 1992) have identified specific emotional reactions to abortion among men including anxiety, guilt, regret, confusion regarding responsibility, sadness, a sense of loss, and perceived threats to masculine identity. In a case study of a post-abortion male, Holmes (2004) proposed that, following abortion: "some men may relive traumatic childhood experiences and struggle with hopes and fears for families of their own" (p. 115). Still another case study (Robson, 2002) described psychological stress in a male who accompanied his partner during the entire abortion procedure. Subsequent to the experience, the man suffered from traumatic symptoms involving re-experiencing the event. Similarly, Lauzon, Roger-Achim, Achim and Boyer (2000) noted that 21.3% of those men who remained with their partners during the abortion procedure described it as a traumatizing experience.

Ambivalence

Men's responses to abortion may reflect society's considerable ambivalence on this topic. Shostak and McLouth (1984) noted that: "many men discovered they somehow agreed with two *opposing* positions. While 39% believed the fetus was a human life, and 26% felt that abortion was the killing of a child, 83% did *not* want abortion outlawed" (p. 38). In fact, "only 15% believed the fetus was not human until birth and ... as many as 60% were troubled by the irrevocable ending of the life they had helped set in motion" (p. 162). Ambivalent reactions among men following abortion have also been reported by others (Kero & Lalos, 2000). Kero and colleagues (1999) found that more than half of the men they studied "chose both positively and painfully charged words to describe their feelings in connection with abortion. Abortion as a solution to the problem of an unwanted pregnancy was expressed in such words as relief, release and responsibility but simultaneously the consequences

of the choice were expressed in such words as anxiety, anguish, grief, and guilt" (p. 2674). In a follow-up study, Kero and Lalos (2004) observed that even among men who described themselves as satisfied with the decision to abort, many concurrently "expressed contradictory feelings in relation to the abortion both before, and 4 months and 1 year after," (p. 141).

Men's Perceived Role

Gordon and Kilpatrick (1977) reported that many of the men accompanying women to an abortion clinic "said they did not express their feelings to their partners and instead felt the need to be a source of support by presenting a strong front" (p. 293). This desire to support their partners by suppressing their own emotions was also observed by Shostak and McLouth (1984) who noted: "the typical man rushes to placate his partner, repress his emotions, and take his cues from an environment that others structure for him" (p. 22). Patterson (1982) corroborated this observation and found that 77% of the men present at an abortion clinic believed that the most valuable way they could help their partners was by maintaining control over their own emotions.

Those who have studied the male reaction to *involuntary pregnancy loss* due to miscarriage have also observed a tendency among men to assume roles of support and protection (Puddifoot & Johnson, 1997). Murphy (1998) concurred and found that "for men...there is an expectation that they should be stronger and tougher in order to support their partner and have no need to grieve or share their feelings," (p. 329). Likewise, McCreight (2004) observed that men "confirmed the importance of having to be strong for their partner," (p. 345).

In addition to not expressing themselves to their partners, there is evidence that men are unlikely to share their abortion experience with others (Reich & Brindis, 2006; White-van Mourik, Connor & Ferguson-Smith, 1992). White can-Mourik and colleagues suggested that "58% of the men were potentially at risk of prolonged or unresolved grief" as they did not "discuss their feelings or complaints with anyone," (p. 200).

Relationship Stress

The failure rate of relationships after abortion has been reported to be from 25% (Shostak & McLouth, 1984) to 70% (Milling, 1975). Mattinson (1985) observed the following effects of abortion on marriage: inability to conceive, emotional withdrawl, sexual and interpersonal conflicts, and a loss of trust. Sexual difficulties, such as impotence, have also been reported to occur after abortion (Mattinson, 1985; Rothstein, 1977; White van-Mourik et al., 1992).

The process of abortion decision-making may also stress relationships between partners. Reich and Brindis (2006) reported that men tend to feel excluded during the decision-making process and, when abortion occurs against the man's wishes, he may experience extreme feelings of helplessness and anger (Myburgh, Gmeiner & van Wyk, 2001; Naziri, 2007). Coyle, Coleman and Rue (2010) found that incongruence between partners concerning the decision to abort predicted symptoms of intrusion and hyperarousal as well as meeting the diagnostic criteria for PTSD among men. Even when couples agree to abort, relationships may be stressed (Naziri, 2007).

Coleman and Nelson (1998) surveyed college students and found that of those with a prior history of abortion, 51.6% of the male students reported feeling regret following abortion. These authors suggest that men may "be more inclined to experience pronounced post-abortive effects than women, because the decision to abort is ultimately the female's and the final decision opted for may not be congruent with the male's choice" (p. 428).

To summarize, those few who have studied the effects of abortion on men have found that such effects may include avoidance of and/or preoccupation with thoughts of the fetus (Shostak & McLouth, 1984), grief, anxiety, guilt, helplessness (Gordon & Kilpatrick, 1977), anger (Naziri, 2007; Shostak & McLouth, 1984), ambivalence (Kero, Lalos, Hogberg, & Jacobsson, 1999; Kero & Lalos, 2000, 2004), worthlessness (Holmes, 2004), sexual difficulties (Mattinson, 1985; Rothstein, 1977b; White van-Mourik et al., 1992) and psychological trauma (Coyle, Coleman, & Rue, 2010). The unequal power distribution concerning abortion may intensify negative emotions and contribute to relationship difficulties or relationship failure (Coleman,

Rue & Spence, 2007; Milling, 1975; Shostak, 1979; Shostak & McLouth, 1984). The fact that men tend to repress their emotions may also make their resolution more difficult (Rue, 1996).

The majority of studies reviewed here involved men who were waiting in clinics during the procedure or men who had only recently experienced a partner's abortion. Therefore, our understanding of men's reactions to abortion over time is severely limited. Nonetheless, based on the literature concerning men and abortion, it appears that abortion may pose significant psychological risk for some men. Many of the published papers on this topic have been qualitative investigations, clinical observations, case studies, or quantitative survey studies. A minority of studies employed a mixed-methods approach. Most studies utilized surveys or interviews that did not comprehensively address the variety of potential psychological reactions to abortion and, instead, focused on only one or two such as depression or sadness. While reliable and valid clinical measures are necessary to determine emotional problems that reach clinical significance, only four studies used such measures. Those measures included the MMPI (Blumberg, Golbus & Hanson, 1975), the Ilfeld Psychiatric Symptom Index (Lauzon et al., 2000), the Spielberger State-Trait Anxiety Inventory (Gordon, 1978), the Spielberger State Anxiety Inventory, the Spielberger State-Anger Scale, and the Perinatal Grief Scale (Coyle & Enright, 1997).

To date, research has not given much attention to men's desires concerning pregnancy outcome and how those desires may influence their post-abortion interpretations of the experience. Neither has previous research explored whether the degree of commitment between men and their partners or men's family history may affect post-abortion adjustment. Finally, no research has investigated the spiritual or existential challenges that abortion may pose for the men involved in spite of the fact that elective abortion involves a deliberate decision to end life.

In an effort to add to the small existing body of literature and to fill some of the gaps of prior research, the goals of this study were to explore the meaning of elective abortion among men who self-identify as having been harmed by the experience and to assess men's anger, anxiety, and grief using established measures that detect clinical

levels of these psychological states. A mixed-methods approach was employed to answer the following research questions which coincide with stated goals:

1) What are the subjective experiences and personal meanings of elective abortion among men who describe themselves as "hurt by a partner's abortion?" (qualitative exploration)
2) Do men who describe themselves as having been "hurt by a partner's abortion" demonstrate clinical levels of anger, anxiety, and/or grief? (quantitative assessment)

Methodology

The mixed methods design utilized in this study was that of "Concurrent Triangulation" as defined and described by Creswell et al. (2003). This design involves the collection and analysis of qualitative and quantitative data concurrently with both data types being given equal value or priority. This design was chosen as it is "useful for attempting to confirm, cross-validate, and corroborate study findings," (Creswell et al., 2003, p. 229). Thus, the method serves to provide a richer description of human experience via a qualitative investigation and to increase objectivity via quantitative assessment.

The qualitative aspect of this study utilized a phenomenological approach to explore the meanings of abortion as a "lived experience" (Speziale & Carpenter, 2007) among ten adult men. The primary objectives of phenomenological research include "addressing, identifying, describing, understanding and interpreting the experiences people have in their day-to-day lives," (Crotty, 1996, p. 14). Given the scant research concerning the effects of abortion on men, this approach offers a means to delve more deeply into the experience of men whose partners undergo elective abortion. However, a risk of the phenomenological approach is that the researcher's professional knowledge or biases could influence both the understanding and the interpretation of the phenomena under study (Dowling, 2004). Therefore, it behooves the researcher to practice bracketing. Bracketing "involves the researcher setting aside preconceptions and personal knowledge when listening to and reflecting on the lived experiences of those being studied," (Penner & McClement, 2008, p. 96). The additional use of valid and reliable clinical measures served to increase objectivity, accuracy, and thus the validity of this study.

Sample

The ten men referred to in this report were participants in a previously published intervention study which tested the efficacy of a clinical intervention program for men who identified themselves as suffering from an abortion experience (Coyle & Enright, 1997). The decision to reexamine data from the original intervention study is based on the facts that a great deal of qualitative data was collected but never analyzed and little research has been done on this population.

Participants were recruited through a newspaper ad seeking adult male volunteers who had "been hurt by abortion." The purposive sampling used in this study is appropriate as the researchers' goal was to "understand and describe a particular phenomenon from the perspective of those who have experienced it," (Penner & McClement, 2008, p. 97). Twenty-four males responded to the ad and 14 of them were deemed ineligible for the study due to their geographic distance from the study site or to their intention to move prior to completion of the study. The men ranged in age from 21 to 43 years. Six identified themselves as Christian, one as Muslim, and three as agnostic. Eight of the participants were Caucasian, one was Pakistani, and one was biracial (Caucasian and African-American). Seven of the men were working full-time and three were working part-time while attending college full or part-time. The time lapse between the abortion and initial contact with the first author ranged from 6 months to 22 years. Half of the men were opposed to their partners' abortions from the time they learned of the pregnancies. One of the men was supportive initially and one was not told of the abortion until after it occurred. The rest of the men described themselves as feeling ambivalent or confused at the time the decision to abort was made and passively left the decisions to their partners.

Procedure

Each participant was interviewed by the first author, a Caucasian female who has had professional, clinical training. Interviews included questions to gather information concerning demographics (age, race, occupation, education, marital status, religion), family of origin, time since the abortion, agreement with the abortion decision, motivation if opposed to the abortion, nature (e.g. casual, committed, or conflicted)

of and duration of the relationship with partner, current status of the relationship, and whether counseling had been sought concerning the abortion. While the interviews included specific questions asked of each participant, they were "semi-structured" in that the interviewer was free to ask more in-depth questions for clarification or to follow-up when participants chose to share additional information. In-depth, individual interviews have been demonstrated to be effective in the exploration of sensitive topics (Hutchinson, Marsiglio & Cohan, 2002) such as abortion and sexuality.

The broadest interview question asked the participant to provide a narrative account of his personal experience with abortion including how the pregnancy came about, abortion decision-making, effects of abortion on various relationships, and his perceptions of how his abortion experience had affected him as an individual. These narrative accounts were summarized and recorded in writing. In addition to the initial interview, each man met with the first author weekly for a total of twelve weeks during which they continued to discuss the abortion experience. During each weekly session, detailed notes pertaining to participants' communications were hand-recorded. Direct quotes from participants were also recorded to more accurately illustrate their lived experience.

Notes from narrative accounts obtained during interviews and from weekly discussions concerning the psychological impact of abortion were read multiple times over a period of several months to identify critical themes or meanings ascribed by each man to his abortion experience. The notes were then reviewed further to ascertain recurrent patterns of themes or meanings.

Clinical Assessment

At the time of the interview, each participant completed three clinical measures: Spielberger's State Anxiety Inventory, Spielberger's State Anger Scale, and the Perinatal Grief Scale. These standardized clinical measures have well-established reliability and validity (Spielberger, 1983; Spielberger, 1991; Toedter, Lasker, & Janssen, 2001). Each man was asked to respond to the measures as "you recall your personal abortion experience."

The Spielberger State Anxiety Inventory is comprised of 20 items with a potential range of scores from 20 to 80. Higher scores indicate greater state anxiety. The Spielberger State Anger Scale is a ten-item scale with a scoring range of 10 to 40 with higher scores indicating greater state anger. The Perinatal Grief Scale (PGS) was developed for research on pregnancy loss (Potvin, Lasker, & Toedter, 1989). The scale consists of 33 items divided equally among three subscales with a total scoring range from 33 to 165. The three subscales of the PGS are intended to measure "progressively more severe responses to the loss," (Lasker & Toedter, 2000, p. 354). The *active grief* subscale reflects an open expression of grief. Authors of the scale state that "this subscale coincides with the DSM-III R definition of uncomplicated bereavement," or what may be considered as "normal" grief (Stinson et al., 1992, p. 220). The *difficulty coping* subscale reflects difficulty experienced in daily activities and with other people while the *despair* subscale indicates "feelings of worthlessness, guilt and vulnerability, and suggests the potential for serious and long-lasting effects from the loss," (Stinson et al., 1992, p. 220). In assessing these ten post-abortion men, the PGS was slightly altered with one item on the first subscale being eliminated. As a result, potential total scores among these men could range from 32 to 160.

Results

All of the men verbally described various losses which they attributed directly to their abortion experiences. The major, overarching theme of *profound loss* was related to and evident in several subthemes including: relationship problems, helplessness, grief, and guilt.

Relationship Problems

All ten of the men described relationship problems with loss of trust in women as the primary reason for such problems. Two men reported symptoms of sexual dysfunction in the form of impotence after abortion. One of those men, who had no prior history of homosexuality, chose to become involved in a homosexual relationship stating that he "felt safer with another man" after his abortion experience. Abortion as a potential etiological factor in homosexuality has been previously discussed by Berger (1994). In the present study, three men described promiscuous behavior following abortion as

demonstrating their lack of regard for women in general. The rest of the men avoided relationships in varying degrees as they associated intimacy with emotional pain. This hesitancy regarding relationships was revealed in remarks such as:

"I don't want to get close emotionally."

"I can't be with a woman again because of the risk, because of the anger, because I don't need this headache...because this could happen again."

Many of the men also discussed a loss of trust in themselves, particularly in their ability to choose a partner who could be relied on. Lacking trust in themselves to identify dependable partners and unable to trust women, many simply chose to avoid intimate relationships. None of the men's relationships with their partners survived after the abortion and they unanimously identified the abortion experience as the cause of their relationship failures.

Helplessness

All of the men also reported feeling helpless. Their sense of helplessness was conveyed in such comments as the following:

"There was not a damn thing I could do. She told me over and over, 'this is not your body.'"

"My first child is gone and I can't bring it back."

For a majority of men, helplessness was directly related to their inability to chose or reject abortion, confirming the observation of Myburgh, Gmeiner, and van Wyk (2001). However, feelings of helplessness were also reported by men who either agreed to abortion or who did not actively oppose it. While feeling helpless is not surprising given the unilateral power accorded to women in terms of abortion decisions, the intensity of the men's feelings was striking. Helplessness was a direct threat to their masculine identity and to their expectations of themselves as men. Having little or no power in the decision-making process and feeling powerless to perform according to socially prescribed and/or personal masculine expectations, the men suffered loss of both self-worth and self-efficacy.

The men's acute sense of helplessness was related to their frustration at being unable to act on their desire to protect. This frustration was clearly illustrated in the following statement:

"You want to be able to do something, you want to be able to save the baby and there's just nothing you can do."

Still another stated:
"Men experience a strong paternal instinct yet are powerless to demonstrate that instinct. When I think about the abortion, I feel enormously helpless; the helplessness sometimes brings tears to my eyes, angry tears."

Helplessness as related to Anxiety and Anger

Several men noted the connection between anger and helplessness. Anger was perceived by them as a means to counter the anxiety that accompanied helplessness. The inability to decide for or against abortion and the inability to protect that which they had co-created generated feelings of helplessness among these men. Helplessness, in turn, produced considerable anxiety.

Normative data for the anxiety inventory (Spielberger, 1983) indicated State Anxiety mean scores of 35.72 (SD = 10.40) for working adult males and 36.47 (SD = 10.02) for male college students. Participants in this research demonstrated a much higher state anxiety mean score of 58.60 (SD = 5.66). Furthermore, the men's mean anxiety score was greater than the state anxiety means reported by Spielberger (1983) for samples of depressed (x = 54.43) and anxious (x = 49.02) male patients suggesting a clinically significant level of anxiety among these post-abortion men.

In an effort to ameliorate this vulnerable state created by dual feelings of powerlessness and anxiety, the men resorted to anger. While anger was the more obvious surface emotion, underlying feelings of helplessness and anxiety were also experienced. As one of the men insightfully explained,

"For me, anger is a defense. Anger is a way for me to take control [when I'm feeling helpless]."

The expression and targets of the men's anger varied. Some expressed anger in their relationships with others, both with those they knew and with strangers. Some were especially angry at women who espoused "feminist" opinions as they equated the feminist view with men's exclusion from abortion decisions and with their personal losses due to abortion. Others turned their anger inward and half of them attributed their frequent or occasional substance abuse to the emotional impact of the abortion. As one of them observed,

> "After the abortion, it started a downhill slide for me. I engaged in a lot of self- destructive behaviors. I acted angry, but there was grief there. People can be depressed and not know it."

Anger then would seem to be most accurately described as a type of defense mechanism used by these men as a means to avoid other powerful, painful emotions such as helplessness, anxiety, and sadness.

Compared to normative data for the Spielberger State Anger Scale (Spielberger, 1991) which reported State Anger mean scores of 11.29 (SD = 3.17) for adult males and 15.89 (SD = 7.28) for male college students, these men demonstrated a mean anger score of 22.40 (SD = 8.04). The mean score for participants in this study was considerably higher than those reported for the normative samples and suggests that anger, like anxiety, was a common and intense response among this group of post-abortion men.

In spite of the helplessness and anger experienced by these men, they saw their primary role as one of support which necessitated the repression of their own feelings to varying degrees. Even those men who didn't agree with their partners' choice to abort expressed a desire to support them as demonstrated by their attempts to 'be there' for their partners and as illustrated by the following statement:

> "I did everything I could to stop her from getting the abortion but afterwards I just tried to be supportive. I didn't want to add to her guilt."

For some men, being supportive simply meant being physically present, taking her to the clinic, and staying with her after the procedure. For others, support meant deflecting unwanted questions

or intrusions from others and trying to provide emotional support. In any case, the men tended to suppress their own needs and emotions as they tried to be supportive at least during the period of time in which their partners seemed to be most vulnerable. Men's motivations seemed to include both genuine compassion for their partners and a desire to live up to masculine expectations by being 'helpful' rather than helpless. While their efforts to be helpful did not appear to entirely mitigate feelings of helplessness and failure, being helpful did seem to function as a healthy means of coping.

Grief

Each of the men stated that he had frequent thoughts about the lost fetus. They unanimously and consistently referred to the fetus as "my child" or "the baby" clearly indicating their perceptions of themselves as fathers who had lost a child. Further exploration of loss revealed that the men viewed themselves as having suffered multiple losses including loss of the relationship, of the child, and of their hopes for the future. As one of the men explained,

> "I thought here was this person I loved and here I thought I'd finally be having my family. Now I lost that person, the child, and that family."

Some men expressed an acute loss of self in the sense that the baby represented a part of themselves. Others viewed their inability to save their partner or the baby as a threat to their masculine identity and, in effect, suffered loss of self-image particularly their image of themselves as strong, capable men.

Four of the men grew up without their fathers being present in their lives and each of those men perceived the abortion as indicative of their own personal failure as a father. One man interpreted the abortion experience as evidence that he was "an even worse father than my own." For these men, even unplanned pregnancy presented an opportunity to be the kind of father they lacked as children. Abortion denied them that chance.

On the PGS, the men's total average score was 101.20 (SD = 17.33). According to the authors of the scale (Lasker & Toedter, 2000),

"for normative purposes, a score greater than 91 can be considered to reflect a high degree of grief," (p. 354). "What does it mean to indicate that a score above 91 on the total PGS may be reason for concern? Simply that 97.5% of people studied so far have scores that are lower than that number. Practitioners may find it helpful to attend particularly to people who have this score or higher, as they may indeed be particularly vulnerable because of the loss," (Toedter, Lasker, & Janssen, 2001, p. 220). This point is given greater credence by the high correlations found between both the total PGS (r = .785) and the "difficulty coping" subscale (r = .798) with a measure of depression (Potvin, Lasker, & Toedter, 1989).

The men's subscale mean scores were as follows: 36 on the active grief subscale, 34.30 on the difficulty coping subscale, and 30.90 on the despair subscale. Based on both PGS total and subscale scores, one may reasonably conclude that these men were suffering severe responses to their perceived losses and may be at risk for long-lasting effects without appropriate support or clinical intervention. Given the high correlation between the "difficulty coping" subscale and depression, the possibility of clinical depression following abortion was of particular concern for these men.

Guilt

Nearly all of the men expressed guilt in varying degrees, even those men who were adamantly opposed to their partners' abortions. Besides guilt for the actual abortion, some men felt guilty for "getting involved" with their partners, for impregnating them, or for their inability to save the fetus. Some men expressed vague fears of retribution for their part in the pregnancy and/or the abortion. Interestingly, holding a religious view, the passage of time since the abortion, and the nature of the men's relationships with their partners did not seem to intensify or alleviate guilt or any other emotional response to the abortion.

Guilt was apparent in comments which identified specific behaviors that were deemed as wrong or as evidence of personal failure. For example, one young man stated:

> "I messed up that time because I got involved with someone and had sex and we weren't being responsible."

Some men seemed to view their personal failure as indicative of a character flaw rather than as an instance of bad behavior. For those men, guilt and shame were inseparable as the following comments reveal:

> "I was her husband, I was her protector, I was her provider, and I let this happen."

> "Was it me? Did I do anything to cause this?" (from a man who was opposed to the abortion)

These expressions of shame related to personal responsibility are consistent with findings from a study of men's appraisals of unplanned pregnancy and abortion (Major, Cozzarelli, Testa & Mueller, 1992). Those investigators reported that "men blamed the pregnancy more on their own character than did their partners," (p. 599).

Men's expressed guilt had both psychological and spiritual connotations. Their guilt was associated with a loss of peace within themselves, with their God, or with a higher power. While some men did not feel guilty about the abortion itself, those who did struggled with intense self-condemnation and had great difficulty forgiving themselves. This was the case even among Christian men who believed that they had received God's forgiveness. Another man who characterized himself as "agnostic at best" and who agreed with the abortion decision shared the following insight:

> "I know that I need forgiveness from a higher power before I can forgive myself ...but since I don't believe in God, I'm stuck."

Self-forgiveness was a much more difficult task for these men than was receiving forgiveness from another. Forgiving themselves was also more difficult than offering forgiveness to their partners even when their partners had chosen abortion against the men's wishes.

Discussion

Our findings concur with those of others who have reported relationship problems (Berger, 1994; Coleman, Rue & Spence, 2007; Coleman, Rue, Spence & Coyle, 2008; Lauzon, 2000; Rothstein, 1977; Rue, Coleman, Rue & Reardon, 2004; Shostak, 1979; Speckhard &

Rue, 1992;), helplessness, (Gordon & Kilpatrick, 1977; Myburgh, Gmeiner & van Wyk, 2001; Poggenpoel & Myburgh, 2002), anger (White-van Mourik, Connor & Ferguson-Smith, 1992), grief (Coleman & Nelson, 1998; Kero & Lalos, 2000; Mattinson, 1985; Myburgh, Gmeiner, & van Wyk, 2001; Poggenpoel & Myburgh, 2002; Robson, 2002; Rue, 1996), and guilt (Gordon & Kilpatrick, 1977; Rothstein, 1991) following elective abortion. Also, confirming the findings of others (Robson, 2002; Shostak & McLouth, 1984), these men believed that their appropriate role was to support their partners and that support tended to include repression of the men's own emotions. We did not observe any evidence of ambivalence among the men in this study although ambivalence has previously been reported by others (Kero & Lalos, 2000, 2004; Shostak & McLouth, 1984).

In addition to confirming previous research findings concerning men and abortion, this study adds new depth to our understanding of this neglected population. The recurring meaning of abortion for the men in this study was that of *profound loss* and a common reaction to that loss was anger. The men experienced significant, multiple losses related to relationships with their partners, their masculine identity, their sense of self-esteem or self-worth, and fatherhood. For some men, the abortion raised issues related to disappointment in their own fathers as well as to perceptions of themselves as fathers. For all of the men, abortion entailed a much more complex loss than has generally been recognized.

Some studies have found men's grief after abortion to be even more pronounced than that of women (Kero & Lalos, 2000; Lauzon et al., 2000) and a comparison of men in this study with those who have experienced *involuntary* pregnancy loss suggests that elective abortion may be a more difficult experience than miscarriage for some men. Participants in this study evidenced greater anxiety than that observed among men within three weeks after their partners' miscarriage and at one-year post miscarriage (Johnson & Baker, 2004) as well as higher grief scores than those reported for males at both two months and two years after pregnancy loss due to miscarriage, ectopic pregnancy, stillbirth, or neonatal death (Stinson, Lasker, Lohmann & Toedter, 1992).

For men, loss experienced through a partner's abortion may be thought of as an "ambiguous loss" in that the loss is "not that clear-cut and must be endured without community validation or official verification," (Boss, 2004, p. 237). The effects of ambiguous loss may include depression and anxiety (Boss, 1999). These negative emotions contributed to the anger observed among the men who participated in this study.

Since abortion continues to be portrayed and debated as solely a women's issue, the male partners of women who undergo elective abortion are seldom acknowledged and men's experience of loss and subsequent grief are not validated. This suggests another similar framework in which men's losses from abortion might be understood, that of "disenfranchised grief" which is grief due to a loss "that is not or cannot be openly acknowledged, publicly mourned, or socially supported," (Doka, 1989, p. 4). Further complicating their grief is men's tendency to grieve privately or in more instrumental ways than women (Martin & Doka, 2000). These combined factors contribute to a "double disenfranchisement" (Martin & Doka, 2000) of men's post-abortion grief. Society's failure to recognize men's grief and men's concealment of their grief bring about a situation in which men are deprived of the right to grieve.

The cumulative impact of double disenfranchisement is the increased likelihood of men not receiving adequate counseling to help them deal with their multiple losses and feelings of isolation. Men may be discouraged from seeking mental health care for fear of appearing weak and needy in general, and vulnerable and victimized by their abortion experience in particular. Indeed, many men describe their abortion experience as a failure on numerous levels. In addition, society has discounted any adverse, long-term psychological sequelae from abortion for women, and has largely ignored men. Thus, there has been little to no encouragement for men to seek post-abortion counseling.

Theories pertaining to gender may also facilitate our understanding of men's reactions to induced abortion. One potentially useful model is the "gender role strain paradigm" (Pleck, 1981). From this perspective, men's psychological distress following abortion may best be understood as a violation of men's expectations of themselves as masculine beings

or perhaps, more specifically as fathers. In this context, men's losses may be related to their perceptions of themselves as having failed as men. Gender may also influence reactions to abortion when "men are taught and sanctioned to transmute a variety of feelings into those of anger and rage," (Sternbach, 1990, p. 30). An inclination to express anger rather than anxiety may also be due to the power associated with anger vs. the perceived threat inherent in anxiety. Feeling even a pseudo sense of power may be preferable to feeling fearful. When anger is perceived as a more socially acceptable emotion, it may be the most evident of the variety of emotions being experienced but is likely a camouflage for other painful emotions.

Strengths, Limitations, and Future Research

The major limitation of this report is that the sample was small and self-selected. Thus, one would expect the men who volunteered to participate to be deeply affected by their partners' abortions. In fact, the men were recruited by identifying themselves as "hurt by abortion." This may or may not represent a minority of men, since the prevalence of men who experience significant psychological sequelae after abortion is not known at this time. Another valid concern is whether the abortion, other life events, or the passage of time influenced the men's responses to the interview questions and to the clinical measures. However, given that the men were asked to respond specifically in terms of their abortion experience and to identify the emotions they attributed to it, trusting their assessment of its effects would seem to be reasonable.

While our sample size was adequate for the qualitative aspect of this study (Speziale & Carpenter, 2007), it was too small to do parametric analyses of the quantitative data and further research is needed to draw any definitive conclusions concerning the effects of abortion on men. Such research should involve large and diverse samples of men to increase generalizability. Attention should be paid to factors that may logically influence reactions to abortion such as: reasons for abortion, abortion decision-making, meaningfulness of pregnancy, family history, and psychiatric history. Ideally such studies should incorporate both qualitative data and quantitative data utilizing valid, reliable clinical measures. Comparisons of men who support their partners' abortions with those who do not and of those who

experience elective abortion with those who experience involuntary pregnancy loss may further our understanding of potential risks posed by induced abortion.

Research from a developmental perspective might explore the influence of both planned and unplanned pregnancy on identity development and on the transition to fatherhood. Such a perspective could also be utilized to investigate the relationships between developmental stage (e.g. adolescence, young adulthood, middle age) or family history with psychological responses to abortion.

A primary strength of this study is the utilization of both interviews and objective clinical measures to explore the participants' abortion experience. Few studies of post-abortion men have been published and even fewer have used this combination of methods which adds to the validity of findings. The collection of qualitative data occurred over a three-month period allowing for a broad and deep exploration of the men's experiences. The majority of previous studies assessed men on only one occasion and often on the day of the actual abortion. The use of objective measures served to confirm the emotional meanings observed and to identify emotional states of clinical significance.

Another strength of this study is the inclusion of men who recently experienced abortion (six months) as well as men who experienced abortion many years ago (22 years). Previous research tended to focus on men during the abortion procedure or soon after without consideration for the effects of time on the intensity of emotions. Our findings suggest that the passage of time alone does not necessarily alleviate post-abortion grief.

Exploration of the men's family of origin was also an asset of this investigation. Particularly, exploration of the men's history with their own fathers revealed the salience of this relationship when the men were confronted with pregnancy and termination. Further research in this area from a developmental perspective may be very enlightening and add to our understanding of what constitutes healthy, effective fathering.

Finally, this report may serve to raise awareness of an understudied and underserved population. Based on findings reported here, some men may need and benefit from psychological counseling following elective

abortion. In their study of men and women involved in first-trimester abortion, Lauzon, Roger-Achim, Achim and Boyer (2000) noted that "one third of the men expressed a need for some form of counseling," (p. 2039). Lasker and Toedter (1991) postulated that men may be at greater risk than women for developing a chronic grief response simply because they are less likely to receive the support and understanding made available to women post-pregnancy loss. Yet, few programs are available to help men dealing with pregnancy loss whether it is elective or involuntary loss. Findings of this study suggest that some men may need counseling concerning multiple losses experienced with elective abortion. Further research may help to clarify men's specific needs after abortion and to develop effective counseling programs for them.

Counseling Implications

Given that more than 45 million elective abortions have been performed since legalization in 1973 (Guttmacher, 2010) and that each conception and termination involves a man as well as a woman, there may be large numbers of men in need of mental health outreach who are suffering in silence. Men are nearly four times more likely to die from suicide than women (CDC, 2009) and an estimated six million men in the U.S. suffer from a depressive disorder (NIMH, 2008) with men being more likely to exhibit symptoms of anger or irritability than women. Abortion may be a factor contributing to men's depression. If so, a logical means by which to screen these men and to offer them help is to include them in both pre- and post-abortion counseling. Other venues for screening and counseling might include primary care visits or pastoral care contacts. Further research with this population may provide guidance concerning both the content and the delivery of counseling services geared to men's specific needs.

Even if abortion counseling programs for men were to become available, men may be disinclined to take advantage of such programs unless their emotional responses are validated and they are encouraged and given permission to share their emotions. "There is a price to both men and women when men don't feel supported or safe to talk about their experiences with a partner's abortion. Men can be pushed further into anxious masculinity, subconsciously convinced that if the world acts like their feelings don't matter, they'll just pretend not to have them," (Martin, 2007, p. 2).

Routine health care visits can provide a valuable opportunity to question male clients about their reproductive histories and identify men who are suffering or at risk of emotional suffering after abortion. Male clients who acknowledge an abortion experience in the past may then be asked general questions related to the nature of their primary relationships, how the abortion decision was made, and how their lives have been affected by abortion. Such open-ended questions offer men the opportunity to 'tell their stories' as they give a narrative account of their experience. As McCreight (2004) observed, "Narration, for men, may be a powerful tool for accessing hidden grief, as the telling offers men a way into discussion of the experience which does not compromise their male roles," (p. 332). Furthermore, there is evidence that narration or forming a coherent story of one's experiences is associated with improvements in both psychological and physical health (Pennebaker & Seagal, 1999). Thus, providing men with an opportunity to share their stories related to abortion may bring the following benefits: 1) a safe context in which to disclose their experience, 2) recognition of their loss and grief as legitimate, 3) normalization of their emotional reactions to abortion, 4) catharsis as painful emotions are given expression, 5) general enhancement of men's mental health, and 6) an opportunity for referral for specialized counseling if needed.

While the aforementioned psychological benefits are of considerable value, professional Christian and pastoral counselors are in a unique position to provide men with counseling that embraces their relationship with God. Abortion involves a human death experience and multiple losses. The findings of this study suggest that induced abortion may raise important existential and spiritual challenges for the men and women involved. In man's search for meaning, fear and deep anger at injustice, and grief from profound losses can be mitigated through spiritual renewal and connectedness (Frankl, 1984). It is well established that religion and spirituality offer multiple benefits in times of crisis, trauma, and grief (Weaver, et al., 2003). Thus, for clients who suffer from self-condemnation, an assurance of God's love and forgiveness may be critical in terms of restoring self-worth and hope for the future. Furthermore, an exploration of the spiritual aspects of abortion may help to address questions concerning the child's continued existence and raise hope of a future father-child reunion.

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