

2019

An Exploration of the Lived Experience of Women who had Abortions and the Effects of the Abortion Secret on their Relationships: An Interpretive Phenomenological Analysis

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An Exploration of the Lived Experience of Women who had Abortions and the Effects of
the Abortion Secret on their Relationships: An Interpretive Phenomenological Analysis

by

Marckdaline Johnson

A Dissertation Presented to the
College of Arts, Humanities, & Social Sciences
In Partial Fulfillment of the Requirements for the Degree of
Doctor of Philosophy

Nova Southeastern University

2018

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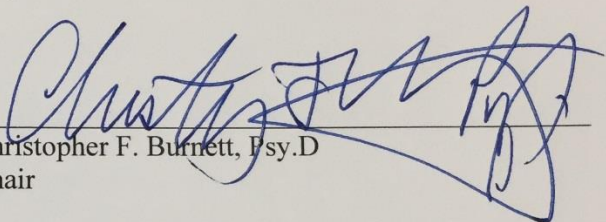
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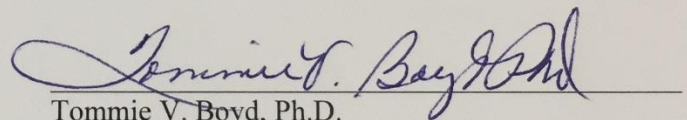
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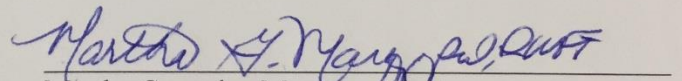
This dissertation was submitted by Marckdaline Johnson under the direction of the chair of the dissertation committee listed below. It was submitted to the Graduate College of Arts, Humanities and Social Sciences and approved in partial fulfillment of the requirements for the degree of Philosophy in the Department of Family Therapy at Nova Southeastern University.

Approved:

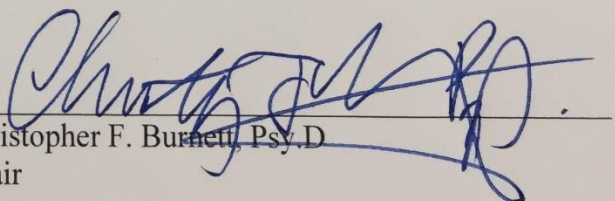
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Dedication

This dissertation is in honor of my unborn son, Dominick Pierre-Louis, who in April 2001 was born by abortion. After giving you up, the silent mark of my decision compelled me to seek forgiveness from you, God, and myself. Through forgiveness, I've learned that you are safely at home, in Heaven. This, alone, is the encouragement I need reminding me that your existence was not in vain as I strive to meet you again. Thank you for changing my life forever.

Acknowledgments

I would like to thank my beloved parents, Gertrude St. Fort and Ulrick Notrez, for your dedication and many sacrifices to ensure I was raised with morals, values, and strong work ethic. I would not be who I am today without your guidance. I thank my sister, Natalie, and my brother, Ulsadat, for your love, patience and faith in me, especially as I battled through my secrets. To my friend, “hunk-of-a-man,” and husband, Michael Johnson, there is no way I could have come this far without your support and dedication to our marriage and family. Thank you for being my cheerleader, my confidant, a believer of my abilities (even when you did not understand all this journey entailed), and a listening ear and shoulder to cry on as I learned to openly process past shame and guilt. Through your nonjudgmental presence, I’ve come to know unconditional love and the magnificent healing power of trusting relationships.

Over the course of my doctoral journey, I have received invaluable support and encouragement from a number of individuals. I am immensely appreciative to my committee, Dr. Tommie Boyd and Dr. Martha Gonzalez Marquez. To Dr. Boyd, you demonstrated love and patience to me at a time when I was forced to face one of my family’s many secrets. You went beyond your role as my professor to meet me at my point of need, and for this, I am profoundly indebted to you. To Dr. Marquez, I thank you for your direction and availability to me. Your professionalism, attention to detail, and eloquence motivates me to confidently own who I am. I would like to express my deepest appreciation to my chair, Dr. Christopher Burnett, who has the calmness and poise of a Bowen guru. Thank you for your endless wisdom and patience as I sifted through family secrets to discover who I was and am becoming. Your expertise in Bowen Family

Systems Theory has not only aided in my maturity (and the ongoing development of my differentiated self) but, it has brought me to this research study. Without your guidance, this wonderful research study would not have morphed into what it is today.

To my supportive group of friends, colleagues, and leaders, you all have kept me inspired and hopeful in my pursuit of self-actualization. To my academic colleagues—Yolle-Guida Dervil, Brittany Henry, Tequilla Hill, Daphney Lundi, Shawyna Murray, Tracy Oliver, and Nozomu Ozaki—I sincerely thank you for walking this journey with me. I owe you a wealth of gratitude. To my friends and past spiritual leaders who are too numerous to name, I thank you for seeing greatness in me, despite my past.

To my spiritual leaders in Columbus, GA—Dr. Ann L. Hardman and Bishop Michael Grant—the trajectory of my mindset and my life has been profoundly touched by you. Although Dr. Hardman is no longer with us, she continues to inspire me. Never have I ever witnessed a woman and spiritual leader with your level of power. Your bold approach to life, your love for your family, and your candid confession of a past abortion encouraged me to tackle this project without shame and to be the woman God has called me to be. To Bishop Michael Grant, your radical approach to life coupled with your spiritual teaching has me determined to conquer any and everything God allows me to touch. I thank you for pushing me to see beyond what I see.

To the participants of this study, I am so honored and privileged that you allowed me into such a vulnerable piece of you in order to complete this project. I thank you for your remarkable bravery. Because of you, our field now has a different set of lenses through which to understand abortion and secrecy. Above all, I am forever grateful to my God—Him who knew I would make the choice to abort my first pregnancy, yet still

loved and forgave me. You have strengthened and healed me as I learned to become transparent about my experience with an unintended pregnancy, abortion, and years of secrecy. I thank You for believing in my ability to successfully conquer such a sensitive topic. Moreover, thank You for allowing my life to cross paths with women of indescribable strength and beauty. Without them sharing their unique experiences with me, this would not have been possible.

Now to Him who is able to do exceedingly abundantly above all that we ask or think, according to the power that works in us, to Him be glory in the church by Christ Jesus to all generations, forever and ever. Amen.

—Ephesians 3:20-21

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Abstract

The United States Supreme Court decision in the Roe v. Wade (1973) case provides women with a right to privacy and the liberty to make decisions concerning their reproductive lives. With this, women who become pregnant are offered the right to choose between keeping their pregnancy and terminating the pregnancy by way of abortion. Since Roe v. Wade (1973), many women have exercised their reproductive liberties, as evidenced by the termination of over 60 million pregnancies via legal abortion in the United States. Still, secrecy among women with a history of abortion remains a common phenomenon. Studies conducted on abortion and reasons for abortion are innumerable and literature on reasons women keep abortion secret are readily available. However, research lacks in the area of examining the lived experience of women with history of abortion secret. Thus, this research examines this phenomenon from women's lived experiences and the effects of the secret on their relationship(s) when kept from at least one person(s) with whom the post-abortive women are/were in relationship.

Purposive sampling was used to select five female participants for this study. To examine participants' lived experience with abortion secret history as it relates to its effects on relationship(s), the researcher employed qualitative method Interpretative Phenomenological Analysis (IPA) in conjunction with Bowen Family Systems Theory approach. Seven superordinate themes emerged from the data analysis: self-sacrifice, emotional aftermath of abortion secret; secrecy as protection; dance of anxiety; effects on relationships; generational experiences; and, finding freedom. The collaborative use of IPA and Family Systems Theory provided an understanding of participants' experiences,

the effects of the secret on participants, as well as their emotional systems. The data collected added to the limited research available on this phenomenon providing space for post-abortive women's secrecy experience to be heard.

CHAPTER I

...Every conceivable secret lives in a complicated web of family and social history, past and current relationships, powerful emotions, intense beliefs, attributed meanings, and an imagined future.

—Evan Imber-Black

Over the course of the past ten years, I've experienced an unraveling in my family—more intensely than I have ever experienced before. During these years, I began my tenure as a marriage and family therapy (MFT) graduate student just as my parents were on the brink of ending their 18-year marriage. I found comfort in believing that my mother and father would eventually make amends and reconcile in order to keep their marriage together. This was not the case—two years later—they divorced.

In the process of my parents' separation and divorce, many issues surfaced. It was during this time I came face-to-face with the reality of how much secrecy plagued our family. Imber-Black (1998) explains that during the process of separation and divorce, couples' personal vulnerabilities and shame, once intimately shared as secrets, can become weapons to attack. The substance of such secrets can be very minor, with “no particular consequence” or can be “enormous, as with secrets about illness, infertility, sexuality, or children's birth origins” (p. 209). The latter depicts my experience.

I lived many years believing I was a member of a nuclear family. However, while in the final phase of my undergraduate program, I recall learning about a family secret that left me profoundly devastated. This family secret had everything to do with me; yet, for 21 years of my life, it seemed as if this concealed information was made known to everyone in my family except me (and my siblings).

The truth is, I am the by-product of a blended family: my father and I are not biologically related. He is, however, the biological father to my younger sister and brother. Despite the reasons my mother decided to keep this from me, once I discovered this secret, no amount of discussion, expressed anxiety, hurt, or anger could get my mother to break her silence. Though the discovery of this secret was unplanned and accidental (Imber-Black, 1998), it didn't take away from the fact that I was now intrigued and eager to gather information about my biological father in an effort to learn more about myself and that other side of my family. Hence, required genogram assignments in the MFT program were accompanied with some trepidation but mostly overshadowed with excitement because I knew my father would be willing to educate me on our family history as much as he could. Unfortunately, my mother had no intentions of discussing her past with me. Consequently, the more I sought answers, the more she pushed back.

In the years it took for me to process my emotions and begin the building of my sense of self, I came to realize that I was in the business of keeping secrets as well. My secrets? —An unintended pregnancy and an abortion. At age 19, I had no intentions of living as an unwed, single mother, college student. Therefore, after discovering my pregnancy, I made a conscious decision to not only conceal the unintended pregnancy from friends and family, but I chose to end it with an abortion—further hiding any evidence of ever being pregnant.

A year following my parents' divorce, I stumbled upon a post-abortive support group in Miami, FL and decided to join. I had no idea the significance and impact this one decision to join would have on the rest of my life. The support I experienced from the group's facilitators and members enabled me to gain awareness through honest

conversations (with self and women in the group), self-evaluation, and introspective work. This process of intentional work freed me to uncover years of feeling shame and guilt. It was then I came to the realization that I'd played an active role in doing the same thing I'd hated my mother for doing—keeping significant family secrets. This became the catalyst needed in my quest to better comprehend the meaning of secrecy, the role secrecy plays in the lives of post-abortive women, and how it impacts family and non-family relationships.

Unintended Pregnancy in the United States

Pregnancy describes the period in which a woman carries a developing fetus inside her womb, typically lasting about 9 months, or 40 weeks (National Institute of Health [NIH], 2017; World Health Organization [WHO], 2017). For some women, pregnancy is a time of great joy and achievement (WHO, 2017) while, for others, this period is marked with challenge, feelings of despair, panic, sadness, or insecurities. Although women's reactions to discovering their pregnancy may differ, understanding and measuring the intention of pregnancy has presented challenges for researchers (Finer & Zolna, 2011).

The Alan Guttmacher Institute (2015) determined that, in 2008, an estimated 3.4 million of the 6.6 million pregnancies in the United States were unintended pregnancies. The Centers for Disease Control and Prevention (CDC, 2015) depicts an *unintended pregnancy* as an unwanted or mistimed pregnancy. More specifically, an *unwanted pregnancy* refers to when no child, or no more children are wanted; however, a *mistimed pregnancy* is just that—mistimed (CDC, 2015). Although a woman desires pregnancy in the future, a mistimed pregnancy means that the pregnancy occurs beforehand—at a time

when the woman had no desire to become pregnant (CDC, 2015; Guttmacher Institute, 2015c).

In 2006, nearly half (49%) of all pregnancies in the U.S. were unintended (CDC, 2015; Finer & Zolna, 2011) while the remaining half of pregnancies classified as mistimed (31%) and unwanted (20%) (Guttmacher Institute, 2015c). This rate of unintended pregnancy displays a slight increase from 2001 (48%) (CDC, 2015; Finer & Zolna, 2011). Researchers posit that the rate of unintended pregnancy continued increasing for over a decade (Finer & Zolna, 2011).

According to the National Right to Life Commission ([NRLC], 2016), a woman's unintended or unwanted pregnancy can become a source of intense stress and hardship in many ways. Researchers found that most women and couples want to steer away from unintended pregnancies by planning the spacing and timing of their childbearing for a range of economic and social reasons (Barber, Axinn, & Thornton, 1999; Guttmacher Institute, 2015a; Mayer, 1997; Orr, Miller, James, & Babones, 2000). This suggests that there is an increase of concerns experienced by some women and couples faced with unintended pregnancies (Guttmacher Institute, 2015a). The general assumption is that women utilize abortion procedures as a means to terminate an unintended pregnancy (Rossier, 2007; Santelli, Rochat, Hatfield-Timajchy, Gilbert, Curtis, Cabral, Hirsch, & Schieve, 2003).

Abortion and the Secret

According to the American Pregnancy Association ([APA], 2016), it is essential that woman take time to gain perspective of all the supportive options available when she becomes pregnant. As a pregnant woman in the United States, she is afforded three

options for the pregnancy: become a parent, place the child for adoption, or terminate the pregnancy (APA, 2016). The termination of a pregnancy is known as *abortion*. Unlike when a woman opts to continue a pregnancy or give a child up for adoption, abortion grants women an opportunity to end their pregnancy by accessing an abortion procedure which deliberately induces the pregnancy before the developing fetus has the capacity to independently live outside of the woman (Palo Alto Medical Foundation, 2015). However, APA (2016) explains that a woman's life will be the same no matter the choice she makes about her pregnancy.

For centuries, women have had access to safe and unsafe forms of abortion. *Unsafe abortion* is defined as “a procedure for terminating a pregnancy that is performed by an individual lacking the necessary skills, or in an environment that does not conform to minimal medical standards, or both (WHO, 1993, 2011). Though access to legal abortion in the United States now varies, women still have access to legal forms of abortion, nonetheless. According to the CDC (2016), a *legal induced abortion* is a procedure that terminates an ongoing pregnancy. This intervention is performed by an authorized, licensed clinician to include a physician, nurse practitioner, nurse-midwife, or physician assistant).

Women learn how to conceptualize the world, the political and cultural norms that differ in meaning, and the level of stigma associated with abortion through their personal experiences. In spite of the legalization of abortion and its high frequency in the United States, culturally, abortion remains an experience highly stigmatized (Herold, Kimport, & Cockrill, 2015; Jones & Kavanaugh, 2011; Kimport, Perrucci, & Weitz, 2012; Norris, Bessett, Steinberg, Kavanaugh, De Zordo, & Becker, 2011). While the experience of one

post-abortive woman may look vastly different from the experience of the next post-abortive woman, Vrij, Nunkoosing, Paterson, Oosterwegel, and Soukara, (2002) determined that when a person conceals information as a secret, the individual predominantly keeps secrets as a means to avoid disapproval related to rule violations and taboos. Hence, the odds of a woman sharing an abortion experience with an individual in her life are reduced with the perception of stigma (Cowan, 2014; Herold et al., 2015).

A review of literature revealed that more than half of American women in the United States will experience an unintended pregnancy by age 45 (Guttmacher Institute, 2015c; Jones & Kavanaugh, 2011). The Guttmacher Institute (2015c) reports that of these women, 4 out of 10 will end their unintended pregnancy by way of abortion. Though numerous researchers focus their attention on statistical data and demographical aspects of abortion, other researchers study the factors motivating women's reasons for obtaining an abortion (Finer, Frohwirth, Dauphinee, Singh, & Moore, 2005; Kirkman, Rowe, Hardiman, Mallett, & Rosenthal, 2009; Roberts, Avalos, Sinkford, & Foster, 2012). While few studies explore the experience of women who have kept their abortion secret (Kimport et al., 2012; Norris et al., 2011; Quinn & Chaudior, 2009; Rossier, 2007), no studies have yet been found to reflect the effects of abortion secrets on relationships.

Many women in the United States are well aware that abortion is and has been a legal, viable option to addressing their pregnancy. Still, women often appear shameful about their decision to obtain a legalized procedure. To deal with what appears to be taboo or stigmatized, women resort to secrecy.

What is Secrecy?

Secrecy is a universal practice found in all generations among all walks of life. In fact, Imber-Black (1993) posits that secret-keeping is an unavoidable part of human interaction. It has the ability to protect and enhance or stifle life, spread out of control, invade or guard intimacy (Bok, 1983).

Secrecy can be defined as the habitual act or practice of concealing information or keeping something secret (Merriam-Webster, 2018) from one or more persons. The etymology of *secret* is found in the Latin noun word *secretus*, from the late 14th century, meaning concealed, private, hidden; set apart (Etymonline.com, 2018). *Secretus* comes from the past participle of *secernere*, meaning to divide, separate, exclude, etc., (Etymonline.com, 2018). To put it plainly, secrecy involves an active act of intentionally hiding information or an event from someone who should be made aware (Bok, 1983; Imber-Black, 1998).

Types of Secrets

Secrets are complex, differing in significance (Imber-Black, 1993). The same behavior used to create secrets that produce pain can also be the same behavior to create secrets that facilitate joy (Imber-Black, 1998). Imber-Black (1998) describes different types of secrets distinguished according to their purpose, duration, and outcome.

Sweet Secrets are formed for the purpose of fun and to benefit someone other than self (Imber-Black, 1998). These types of secrets are often used when planning surprise parties, unexpected visits, and gift-giving (Imber-Black, 1998). Sweet secrets are time-sensitive, and last temporarily (Imber-Black). They also have the ability to “protect and

expand our sense of self” (p. 13). When sweet secrets are revealed and discovered, they often provide “a new and positive view of a person or relationship” (p. 13).

Essential Secrets are essential to well-being. These types of secrets help promote and establish necessary relationship boundaries or relationship “contracts” (Imber-Black, 1998, p. 14). Imber-Black (1998) states that essential secrets have the ability to enhance closeness between people in relationship, creating intimacy and unique sense of knowing a person. Unlike sweet secrets, essential secrets continue for a long time and “are made to enhance the development of self, relationships, and communities” (p. 15).

Toxic Secrets are poisonous and hurtful. These secrets negatively impact the secret-keeper and the person(s) unaware of the secret in various ways. According to Imber-Black (1998), toxic secrets “take a powerful toll on relationships, disorient our identity, and disable our lives” (p. 15). The disadvantages of toxic secrets include disabling a person’s capacity for clear decision-making, effective use of resources, and participation in genuine relationships (Imber-Black, 1998). While keeping a toxic secret may not pose immediate emotional or physical danger, Imber-Black explains that this type of secret will “sap energy, promote anxiety, burden those who know, and mystify those who don’t know” (p. 16). Highlighting the researcher’s interest concerning the anxiety and doubt experienced by women with abortion history, Imber-Black (1998) provides an example of a former client who tells her, “If my husband knew I had an abortion before I met him, he would be disgusted with me” (p. 16). Regardless of where one finds themselves located in a toxic secret—inside or outside—each person’s level of doubt increases (Imber-Black, 1998). Since such secrets often linger, they easily foster a sense of confusion about when, who, or whether to tell (Imber-Black, 1998).

Dangerous Secrets are secrets involving situations where a person is in imminent harm to themselves or others. Imber-Black (1998) explains that dangerous secrets “put people in immediate physical jeopardy or such severe emotional turmoil that their capacity to function is threatened” (p. 18). When a client discloses such a secret in psychotherapy, the therapist has a “duty to warn” which supersedes the parameters of usual confidentiality in order to safeguard life (Imber-Black, 1998). Unfortunately, many people keep dangerous secrets not understanding how to distinguish between secrecy and privacy.

Privacy versus Secrecy

Drawing a clear distinction between secrecy and privacy often presents challenges. One of those challenges is the fact that secrecy and privacy sometimes exist “in a circular and paradoxical relationship with each other” (Imber-Black, 1998, p. 20). Oftentimes, an event deemed as private information for some people may be viewed as secret-keeping to others.

Distinguishing the difference between privacy and secrecy is both slippery and critical (Imber-Black, 1998). According to Berger and Paul (2008), the distinction between privacy and secrecy “lies in the relevance of the information concealed for those who are unaware of it” (as cited in Karpel, 1980, p. 554). When a person makes claim that some information is private, it may be appropriately protective or inappropriately self-serving (Imber-Black, 1998). Nevertheless, what is defined as private and secret changes over time, across cultures and sociopolitical circumstances, depending on what a particular family or given culture values or stigmatizes. Imber-Black (1998) illustrates the following example of a sociopolitical circumstance of privacy versus secrecy:

During the struggle to gain the right to legalized abortion, a struggle that turns on a woman's right to privacy regarding her own body, many women had to go public with the previously long-held secret of their abortion in order to rally pro-choice support. (p. 21)

Imber-Black (1998) defines privacy as information that, if withheld, will not impact the life choices of another person, capacity for decision-making, and well-being. To have privacy suggests an individual possesses an area of freedom and comfort from the unwelcomed entry of another (Imber-Black, 1993). Unlike secrets, when information is truly private, it does not and will not impact one's emotional or physical health (Imber-Black, 1998). Conversely, while privacy serves as a healthy means of protection, secrecy is most often "toxic and dangerous" (p. 21) and connected to anxiety and fear concerning disclosure (Imber-Black, 1993).

By Lane and Wegner's (1995) description, secrecy is "a form of intentional deception" (p. 237). Secret-keeping can potentially complicate matters while negatively affecting the health of the secret-keeper's cognition, self-esteem, emotional state, psychological well-being, social and familial relationships, physical and mental health, and many more areas of their life (Afifi & Caughlin, 2006; Imber-Black, 1993, 1998; Lane & Wegner, 1995; Vrij et al., 2002). Additionally, the keeping of dangerous and toxic secrets hinders, cuts off, and removes the other person's access to resources required to decipher or solve problems (Imber-Black, 1998). As common as pregnancy is, it represents one of various life experiences many people attempt to hide, especially when the pregnancy is one that is unwanted or unintended.

Statement of the Problem

For well over 40 years, women in the United States have been given legal access to obtaining abortion with the landmark Supreme Court case of 1973's *Roe v. Wade*. The *Roe v. Wade* (1973) case gave way to the legalization of abortion nationwide which provided and protected women's constitutional right to privacy, giving women the right to control their reproductive lives. Yet, abortion remains a topic of great argument, politically and socially. Moreover, research indicates that in spite of the high number of abortions obtained within the U.S., abortion remains highly stigmatized (Herold et al., 2015; Jones & Kavanaugh, 2011; Kimport & Cockrill, 2015; Kimport et al., 2012; Norris et al., 2011). In fact, most studies that explored reasons women found it necessary to hide an abortion reported fear of social stigma and anticipated judgment from others (Herold et al., 2015; Kimport et al., 2012; Rossier, 2007).

The political and social perspectives concerning abortion are well documented. Another aspect of abortion well documented is that a vast amount of women still feel compelled to hide their abortion decision and experience—despite its legalization. The idea that so many women continuously choose to live a life of secrecy regarding their decision to abort an unintended pregnancy intrigues me, leading me to believe that the experience of abortion holds greater meaning for post-abortive women—far deeper than a legal aspect.

None of the studies reviewed by the researcher explored post-abortive women's understanding of secrecy through their family of origin's multigenerational perspectives and implications or what the effects of abortion secrets are on relationships. From a research perspective, initiating conversations with post-abortive women becomes an

invaluable asset as exploration would give voice to their experience with secrecy, as well as shed light on how secrecy has served them in the maintenance of their relationships. Though the issue of social and anticipated stigma may pose limitations on the accessibility to post-abortive women, such a study will be vital to post-abortive women, their relationships and family systems, as well as enhancing clinical work in the field of MFT.

Purpose of the Study

Keeping something secret is an essential power and ability “all human beings possess in order to protect themselves” as Bradshaw (1995, p. 5) expresses. Bradshaw posits that self-separation provides human beings the ability to have their own sense of self in order to have their own secrets. An example of exercising such a power is women who terminated a pregnancy and kept this information hidden from their family system, at some point in their lives, until they could come to terms with their decision. Through a process of secretly evaluating their experience, they can learn about themselves and ultimately form a sense of self-identity (Bradshaw). Hence, it was useful to understand how participants made sense of their lived experience as they kept their abortion secret (Smith & Osborn, 2007).

The purpose of this study is to examine the effects of secrecy by:

- Exploring the lived experience of women who had an abortion and kept it secret; and,
- Analyzing the effects keeping the secret had on the women and their relationships.

These relationships were not limited to familial. Rather, this reference to relationship extended beyond a bloodline to include significant others, men whom women were impregnated by, friends, colleagues, co-workers, pastors, etc. Conducting this study contributed to and expanded the literature available on the topic of abortion and secrecy. The hope is that family therapists will find this study helps in their understanding of the effects secrets have on the person keeping a secret and on the relationship with whom the secret is being kept from. To do so, the researcher mapped participants' multigenerational family systems utilizing the genogram and semi-structured interview questions as this aided in further examination of abortion secrets.

Informed by Murray Bowen's (1988) concept of the multigenerational emotional processes, the researcher used an Interpretative Phenomenological Analysis (IPA) design to gain understanding of the lived experiences of post-abortive women as they opened up and revealed details concerning their abortion secret and the implication of secrecy within their relationships with people in their lives. The use of Bowen Family Systems Theory (BFST) gave way for greater examination of secrecy within multiple generations of a family system. In addition, this valuable study proved to be essential in filling the gap that exists in the literature regarding secrecy, abortion, and the impact of abortion secrets on relationships. The aim of this study was to explore open conversations about the personal, familial, and cultural values and challenges that may arise when an abortion occurs. Furthermore, the hope is this study may will help therapists in gaining a more systemic understanding of post-abortive women's experiences in order to better address their individual and family needs.

CHAPTER II: LITERATURE REVIEW

Attitudes toward pregnancy choices are based in part on belief systems, values, as well as circumstances (APA, 2016). Belief and value systems may include, but are not limited to marital status, race, ethnicity or cultural background, and religious, spiritual, or political affiliation. Other circumstances including incest, rape, education level and social and socioeconomic status also play a significant role on attitudes toward pregnancy—especially unintended pregnancy.

Each year, about 3 million pregnancies in the United States are unintended (Finer & Zolna, 2016; Guttmacher Institute, 2015a). While the Office of Disease Prevention and Health Promotion ([ODPHP], 2016) claim that “unintended pregnancies occur among all incomes, education levels, and ages,” more research on this topic reveal demographic disparities in the rate of unintended pregnancies (Finer & Henshaw, 2006; Finer & Zolna, 2011; ODPHP 2016). Finer and Henshaw (2006) suggested further research be conducted to identify the determining factors for higher rates of unintended pregnancies among certain populations of women.

Research finds that many women utilize abortion as a means to maintain secrecy of an unintended or unwanted pregnancy (Rossier, 2007). For some women, their silence surrounding their unwanted pregnancy is typically motivated by the desire to avoid the stigmatization of having a “shameful” pregnancy (Rossier, 2007). What follows is an overview of the literature on women and abortion, which includes the political influence on present abortion laws and the phenomenon of women keeping their abortion experience a secret. Then, an exploration of Bowen Family Systems Theory is discussed as it relates to secrecy.

Women and Abortion

The general assumption concerning women and pregnancy has been that women use abortion as a means to end an unintended pregnancy (Rossier, 2007; Santelli, Rochat, Hatfield-Timajchy, Gilbert, Curtis, Cabral, Hirsch, & Schieve, 2003). A study on incidence and disparities of unintended pregnancy in the U.S. revealed that in 2006, forty-three percent of unintended pregnancies ended in legally induced abortion (Finer & Zolna, 2011). This represents a decline in abortions from 2001 where unintended pregnancies ending in abortion reached 47 percent (Finer & Zolna, 2011). In another study where researchers explored the rate of unintended pregnancies in the U.S. between the years of 2008 to 2011, researchers found that the rate of abortions resulting from unintended pregnancy reached its lowest in 2008 at 40 percent (Finer & Zolna, 2016). This percentage changed slightly to 42% in 2011 (Finer & Zolna, 2016). Despite this small increase of abortions recorded for 2011, for nearly a decade (2001-2011), the U.S. continued experiencing a steady decline in the number of abortions following unintended pregnancies (Finer & Zolna, 2016).

Data from Finer and Zolna's (2016) study found an 18 percent decline in the number of women who experienced unintended pregnancy between the years 2008 to 2011. On a national scale, researchers noticed a significant decrease in the number of girls and women involved in unintended pregnancy (Finer & Zolna, 2016). In 2011, for every 1,000 women and girls ages 15 to 44 years, forty-five were unintended pregnancies (Finer & Zolna, 2016). Whereas, in comparison to 2008, the rate of unintended pregnancy for every 1000 women and girls ages 15 to 44 years was 54 (Finer & Zolna, 2016).

In spite of the notable decline in numbers, national surveys suggests that unintended pregnancy remains a problem largely among low income, low education, and cohabitating women (CDC, 2015; ODPHP, 2016). More specifically, studies reveal the greatest of these incidences and disparities are most commonly found among population subgroups of women age 18 to 24; poor and low-income; less than a high school diploma or fewer years of education; Blacks or African-American; and, unmarried (Finer & Henshaw, 2006; Finer & Zolna, 2011; ODPHP 2016). While unintended pregnancies continue declining, it is important to consider it's prevalence of abortion among subgroups of women.

Demographical characteristics of women (e.g., age, race/ethnicity, income, relationship status, education level, and religious affiliation) obtaining abortions are changing while some characteristics remain nearly the same. The rate of unintended pregnancies by way of abortion for young women under the age of 20 was found to be on a decline (Finer & Zolna, 2014). Woman ages 20 and older accounted for the greatest rate of unintended pregnancies ending in abortion (Finer & Zolna, 2014). For instance, in 2008, women in their 20s experienced majority of abortions (58%) with the second largest (22%) age-group of women being in their 30s (Jones, Finer, & Singh, 2010).

For a number of years, Hispanic and Black women presented the greater number of abortions in the U.S. While no particular racial group make up the majority of abortions, research found women of Black and Hispanic race overrepresented (Jones et al., 2010). However, in 2008, non-Hispanic white women represented 36% of abortions; non-Hispanic black women 30%; Hispanic women 25%; and, non-Hispanic women of other races 9% (Jones et al., 2010).

Finer and Zolna (2014) admitted to disparities in past reports of income among poor, low-income, and better income women. In fact, Finer and Zolna (2011) found “poor and low-income women were less likely to end an unintended pregnancy by abortion” when compared to women with higher-income (p. 482). However, in the past few years, the women found most likely to abort their unintended pregnancy were poor and wealthier women (Finer & Zolna, 2014). Although 66% of the women seeking abortion had some form of health insurance coverage, 57% of them paid for their abortion procedure out-of-pocket (Jones et al., 2010). Of the women covered by private insurance, 63% paid for the procedure out-of-pocket (Jones et al., 2010).

Married and cohabitating women represent another subgroup of women where rates of unintended pregnancy abortions have shifted. Married as well as cohabitating women were found less likely to terminate their unintended pregnancies (Finer & Zolna, 2011). Although cohabitating women are typically as sexually active as married women, they tend to desire pregnancy less than married women (Finer & Zolna, 2011). Literature revealed that despite this fact, cohabitating women reported a significant decrease in aborting unintended pregnancies (from 932 unintended pregnancies ending in abortion per 1000 women in 2001 to 899 in 2008) (Finer & Zolna, 2014). Non-cohabitating, never married women, as well as women who formerly married and not cohabitating accounted for the highest rate of unintended pregnancy abortions (Finer & Zolna, 2014). In 2010, Jones et al. found an overwhelming bulk of abortions obtained by women who were unmarried (85%), including 29% of who were cohabitating. Also, women who had “exactly one previous birth” prior to their unintended pregnancy were least likely to terminate the unintended pregnancy (Finer & Zolna, 2011, p. 482). Researchers note that

women who had abortions in 2008 were less likely to be married or have a religious affiliation (Jones et al., 2010). Additionally, women who identified themselves as Evangelicals were less likely to end their unintended pregnancy (Finer & Zolna, 2011). Conversely, Catholic women and other women who did not identify as having a religious affiliation were found most likely to abort their unintended pregnancy (Finer & Zolna, 2011; 2014). When considering education level, Finer and Zolna (2014) noticed the highest rate of unintended pregnancy occurring among women who did not complete high school. Meanwhile, unintended pregnancies which ended in abortion were found to occur highest in women who earned at least a high school diploma or some years of higher education (e.g., vocational/college).

Abortions (both unsafely and legally induced) occur worldwide as women all across the globe experience pregnancy. WHO approximated nearly 210 million pregnancies occurred globally which includes the developed and developing world (2011). As a result of the worldwide population growth encountered between 2010 and 2014, abortion increased by 5.9 million making the annual global number of abortions 56.3 million (Sedgh, Bearak, Singh, Bankole, Popinchalk, Ganatra, Rossier, Gerdt, Tuncalp, Johnson, Johnston, & Alkema, 2016). This corresponds to more than 153,000 daily abortions worldwide. Despite the vast number of global abortions occurring annually, many countries maintain high restrictive laws on abortion, or make the act of abortion illegal all together (Guttmacher Institute, 2015b; Sedgh, Singh, Shah, Ahman, Henshaw, & Bankole, 2012; WHO, 2011). Researchers found that 21 to 22 million abortions are unsafe abortions (Sedgh, Singh, Shah et al., 2012) as many countries and regions utilize various methods to induce abortions.

Types of Abortions

The APA identifies several forms of legally induced abortion procedures available to pregnant women in the U.S. (2015). Determining the type of abortion procedures accessible to pregnant women depends primarily on how far along the woman is into the pregnancy (APA, 2015). According to APA (2015), pregnant women have a choice between legal medical or surgical abortion procedures (APA, 2015). Surgical abortion procedures include:

1. Aspiration (used during first 6 to 16 weeks gestation);
2. Dilation & evacuation (D&E; performed after 16 weeks gestation); or,
3. Dilation & extraction (performed after 21 weeks gestation) (APA, 2015).

Women also have an opportunity to select an alternative to surgical procedures—a medical abortion. Medical abortions are legalized procedures using medications to terminate ongoing pregnancies (CDC, 2016). The medical abortion procedure entails ingesting of a pill, used up to the first 9 weeks of pregnancy (APA, 2015). This pill is called Mifepristone (Mifeprex) and Misoprostol, also known as RU-486 or “the abortion pill”) (APA, 2015).

Motivations for Abortion

Women seek abortions for a number of reasons and provide an array of explanations for undergoing abortions (Finer, Frohworth et al., 2005; Kirkman et al., 2009; Roberts et al., 2012). Between 1987 and 2002, demographic characteristics of women of reproductive age, as well as, the rate of abortion experienced changed, making reassessment of women’s reasons for having abortions needed. Though an enormous amount of literature is readily available on various aspects of abortion, since 1987 (Torres

& Forrest, 1988), little research has been conducted in the United States to address women's motivations or reasons for obtaining an abortion (Finer et al., 2005).

Much of the previous literature seldom consulted women who sought or experienced abortions to answer the question of the reasons for their abortion. Often, this research consulted with others (physicians' assessments, cultural and moral constructs, and opinions of other people not seeking abortion) to answer this question (Kirkman et al., 2009). As far back as 2003, Finer and Henshaw found that while a small percentage of women abort their pregnancy for fetal anomalies or health concerns, the majority of women choose abortion as a response to an unintended pregnancy Finer & Henshaw, 2003). Despite this fact, Finer et al. (2005) postulated that an unintended pregnancy "does not fully capture the reasons and life circumstances that lie behind a woman's decision to obtain an abortion" (p. 110).

Factors contributing to a woman's decision to have an abortion were found motivated by diverse, yet interrelated reasons (Finer et al., 2005). The most common reasons women reported for having an abortion included:

- Negative impact of pregnancy on woman's life;
- Financial instability;
- Relationship problems or unwillingness to be a single mother. (Finer et al., 2005)

While researchers recognize the aforementioned as common life situations and reasons for abortion, these factors have multiple dimensions which often intertwine with other factors, making it difficult to examine one reason without acknowledging the other (2005).

For instance, researchers indicate that women often opted for abortion to negate the negative impact that keeping the pregnancy would have on their lives (Finer et al., 2005). One of the potentially negative impacts of unintended pregnancy on some women's lives is their education. Finer and Zolna (2011) suggests "Women with some college but no degree were most likely to end an unintended pregnancy by abortion; these women were also more likely to still be enrolled in school" (p. 5). Other women reported already having responsibilities to children and unreadiness for parenthood (2005).

Other concerns women often cite as motivation for an abortion is relationship problems or unwillingness to become a single mother (Finer et al., 2005). While relationship problems can bring some uncertainties, the fear of parenting alone and failure as a parent often arise in the minds of women who find themselves single while pregnant (APA, 2015). Moreover, single mothers will more often encounter the challenge of providing a good home and establishing income source(s) to make up for lost/supplemental income (APA, 2015). Nearly two-thirds of women reported having financial problems limiting their ability to afford to raise a child at the time (Finer et al., 2005). Some of the financial challenges of pregnant women often times are the result of limited resources or no support from their partner (2005).

While, Kirkman et al. (2009) suggests, "women of all socioeconomic levels both abort and continue their pregnancies" (p. 365), in 2008, poor women were perpetually found with increased percentage (42%) of abortion rates among women with unplanned pregnancies (Jones et al., 2010; Finer & Zolna, 2016). Though this reflects the rate of abortion among this population subgroup during a particular period (Jones et al., 2008),

this finding also supports the fact that women's financial and socioeconomic status may continue to serve as motivating factor in deciding to abort their unintended pregnancies.

In spite of the numerous reasons reported for having an abortion, it appears that instabilities of various forms exacerbate financial problems—a common theme found through the study (Finer et al., 2005). Moreover, “Women base their decisions largely on their ability to maintain economic stability and to care for their children they already have” (p. 117). While these studies may indicate the reasons women opt to abort their pregnancy, it does not provide us any information on the experiences of women who keep their abortion secret.

The Politics of Abortion

Decades of unrelenting debates and controversy concerning the topic of abortion mark the United States of America, even today. The focal point of much of this nationwide debate is on the question—Does a woman's right to abort a pregnancy outweigh a fetus' right to life (Abortion, 2014)? Although this question continues to dominate and drive the present debate, this was not always a point of political contention.

During the 18th and early 19th century, abortion was widely practiced in the United States leading to millions of abortions performed nationwide (Reagan, 1996). Throughout this period, laws prohibiting or restricting the practice of abortion were nonexistent (Reagan, 1996). Abortion appeared to be in high demand as this practice continued to occur in large numbers, well into the mid-nineteenth century. However, during the 1880s, a political shift took place which introduced the criminalization of abortion, via nationwide laws and policies (Reagan, 1996).

Advocates of women's rights, the legal community, healthcare providers, and clergy members demanded women be given the right to control their reproductive lives (Planned Parenthood Federation of America [PPFA], 2014; Reagan, 1996). By going to court and through lobbying state legislatures, the persistent outcry from advocates of women's rights provided an avenue for the *Roe v. Wade* (1973) case (PPFA, 2014). As a result of the 1973 *Roe v. Wade* case, the U.S. Supreme Court challenged and struck down a Texas law "that made it a crime to perform abortion unless a woman's life was at stake" (PPFA, 2014). Concurring with a pregnant and unmarried "Jane Roe" who wanted a safe and legal termination of her pregnancy, the U.S. Supreme Court determined that women had a fundamental right to privacy (PPFA, 2014). Hence, for the first time in American history, the Supreme Court recognized that the constitutional right to privacy (PPFA, 2014) "is broad enough to encompass a woman's decision on whether or not to terminate her pregnancy" (*Roe v. Wade*, 1973). Consequently, *Roe v. Wade* (1973) is now known as the case that swung the political abortion pendulum from illegal to the official legalization of abortion (PPFA, 2014; *Roe v. Wade*, 1973) in the U.S. This turn of events took place more than one hundred years post the initial criminalization of abortion. Respectively, laws and policies on abortion changed on the national and state level across America (PPFA, 2014).

A woman's right to safely and legally abort a pregnancy, as desired, created a need for ancillary organizations on both ends of the abortion spectrum: pro-choice and pro-life. Pro-choice organizations such as the National Abortion Federated (NAF) were established to advocate and support women's rights to fully access providers of legalized abortion (2015). Founded in 1977, during the height of active opposition to the

legalization of abortion, pro-choice organizations, such as NAF, identified a need for “a national professional organization to set standards, increase accessibility, and give support to the pioneers of this new branch of medicine” (NAF, 2015). On the opposite end of the abortion argument stands organizations such as the NRLC (2016). Founded in 1968, NRLC’s mission seeks “to protect and defend the most fundamental right of humankind, the right to life of every innocent human being from the beginning of life to natural death” (2016).

The PPFA posits that prior to the U.S. Supreme Court’s 1973 decision, abortion procedures were outlawed in nearly all states (2014). Exceptions to this rule only occurred in a case where abortion would save the life of a woman; or, in limited instances where abortion was necessary for the preservation of a woman’s health; or, in cases of fetal anomaly, incest, or rape (PPFA, 2014; Our Bodies Ourselves, 2016; Reagan, 1996). However, since the *Roe v. Wade* (1973) decision, states’ implementation of abortion laws granted women the right to abort pregnancies along with providing medical entities the legal authority to practice legalized methods of abortion. Accordingly, over the course of the four past decades, millions of abortions have been performed legally (CDC, 2016; NRLC, 2011).

Methods for collecting data on abortion numbers have a tendency to differ among seminal abortion researchers such as Guttmacher Institute and the CDC (CDC, 2016; Guttmacher Institute, 2016a; NRLC, 2017) due to the variation of abortion reporting laws from state to state (NRLC, 2011) and a number of other reasons (NRLC, 2017). For instance, the CDC does not have a “national requirement for data submission or reporting” though states and regional areas are permitted to voluntarily report abortion

statistics to the CDC (CDC, 2016). Meanwhile, reports from the Guttmacher contain data for the states which CDC has missing in their reports (NRLC, 2017). More specifically, R. K. O'Bannon of NRLC posits the following:

Guttmacher is usually recognized as the [abortion] industry standard. Because of their ties to the abortion industry, they have unique access to the hospitals, clinics, and doctors' offices where abortion is performed. The CDC's numbers are useful and more regular, coming out every year, but have been missing data from California and at least two other states since 1998, and are thus recognized as being too low and incomplete (R. O'Bannon, personal communication, March 13, 2017).

Even though years lapse between Guttmacher Institute abortion surveys, these reports are “generally considered more accurate because it surveys abortion clinics directly, rather than merely accept numbers from state health departments” (NRLC, 2017, p. 10). In spite of this caveat in data collection and numbers, literature reveals that since the onset of *Roe v. Wade*, over 59 million abortions have been legally performed in America (NRLC, 2017).

Over forty years after the 1973 Supreme Court ruling (*Roe v. Wade*, 1973), debates concerning abortion rights continue. From a political standpoint, there appears to be a gradual pendulum swing back towards the conservative side. The Guttmacher Institute (2016 a, b, c, d, e) found observable shifts occurring within the United States where more than half of the states are imposing more stringent regulations on abortion clinics, to include prohibited use of state funded Medicaid to pay for abortions deemed medically necessary (Guttmacher Institute, 2016a). Moreover, between the periods of

2000 to 2015, the progression of this shift continues as the number of states in support of abortion rights dropped from 17 to 12 (2016a). While political attitudes toward abortion have been well documented, it is vital to consider the perception among women with abortion experience.

Secrecy of Abortion

It was important to consider the phenomenon of secrecy as it pertained to abortion experiences of women whose stories often remained silent or unheard. Secrecy is a common thread often interwoven within the dominant narratives of women when discussing abortion (Kimport et al., 2012; Norris et al., 2011). Although some women speak openly about their abortion, other women do not speak as candidly on their experience—deeming it necessary to keep their abortion hidden from others’ knowledge (Norris et al., 2011; Quinn & Chaudior, 2009; Rossier, 2007). Interestingly enough, while people who have a secret may choose to keep the hidden information from some, “they share their secret with others in the same situation as them” (Rossier, 2007, p. 231). Then, paradoxically, Rossier (2007) posits that secrecy is partial as secret-keepers tend to share their information among a selected few.

For some women, the possibility of judgment concerning disclosure of abortion remains intense years after the abortion; for others, this can decrease over time (Cockrill, Upadhyay, Turan, & Foster, 2013; Herold et al., 2015). On the contrary, scholars found that even if not publicly shared, a majority of women reveal their abortion experience with select friends and family (Cowan, 2014; Herold et al., 2015; Major, Cozzarelli, Cooper, Zubek, Richards, Wilhite, & Gramzow, 2000). A number of women find that confiding in a relative or intimate friend who will not share their protected personal

information with others outside of that relationship is “the easiest way to protect a secret” (Rossier, 2007, p. 234).

Motivations for Abortion Secrecy

According to Cockrill and Nack (2013), there exists an unmistakable disconnect between abortion statistics in the United States and the lived experience of post-abortive women. While abortion is repeatedly addressed in social science and public health literature (CDC, 2015, 2016; Finer et al., 2005; Kirkman et al., 2009; PPFA, 2014; Roberts et al., 2012; WHO, 2011), very few studies (Cockrill & Nack, 2013; Herold et al., 2015; Kimport et al., 2012; Norris et al., 2011; Rossier, 2007) have done more by highlighting reasons abortions are kept secret among women who have them. Generally, abortion reasons relate to financial, relationship problems, and negative impact on the mother’s life (Finer et al., 2005). However, gaining knowledge of the reasons women tend to keep silent about their abortion presents a difficulty when the literature on private discussions about abortion are scarcely available (Herold et al., 2015).

While it is common knowledge that people keep secrets for various reasons, Ryan and Connell (as cited in Vrij et al., 2002), took this awareness a step further to cluster reasons for secrecy into two theoretical categories:

1. *intrinsic motivations* (e.g., for enjoyment or for fun); and
2. *external forces or external reasons* (e.g., to avoid disapproval; trouble, people not liking them, etc.) (p. 57).

Considering these categories and the aforementioned studies, external forces seems to be the undercurrent of women keeping their abortion secret. One of the well documented challenges often associated with the act of abortion is stigma. Norris et al. postulates that

stigmatization is “related to the disgrace of an individual through a particular attribute he or she holds in violation of social expectations” (2011, p. 3). Similarly, abortion stigma is “a negative attribute ascribed to women who seek to terminate pregnancy that marks them, internally or externally, as inferior to ideals of womanhood” (Kumar, Hessini, & Mitchell, 2009, p. 628). Hence, researchers found women often cite social stigma as the reason they seldom talk about their experiences with abortion (Fletcher, 1995; Herold et al., 2015; Imber-Black, 1998; Kimport et al., 2012; Kumar et al., 2009; Norris et al., 2011; Rossier, 2007; Shellenberg, Moore, Bankole, Juarez, Omideyi, Palomino, Sathar, Singh, & Tsui, 2011; Stanton, 2013).

Rossier (2007) provided the greatest explanation for reasons abortions are kept secret among women who have them. In spite of reports of pre-marital sex, an extramarital affair, familial and cultural values on marital fertility, Rossier found abortion is kept secret “in order to manage their public image in a society where social norms have not caught up with actual behaviour” and because the subject of abortion has not yet reached a “social consensus” (2007, p. 237). In a study where conversations about abortion took place in a number of women’s book clubs across the United States, Herold et al. (2015) found that some women reported keeping their abortion experience hidden from friends based on fear of anticipated judgment. In another study, many women reported they “felt stigma” where they imagined disclosure regarding an unplanned pregnancy and a decision to abort would produce unsupportive and judgmental reactions from certain individuals (Cockrill & Nack, 2013).

None of the studies reviewed by the researcher examined post-abortive women’s understanding of secrecy or how their abortion secret influenced their relationships when

kept from the person. Possessing this level of awareness and understanding can provide post-abortive women with multigenerational perspectives and implications of secrecy, and how unintended pregnancy is discussed—or not discussed—in their family system. Satir, Stachowiak, and Taschman (1975) posits that much of what we learn: our style of communication with others, perceptions, and modes of interaction are shaped within our own family confines during our early experiences.

Bowen Family Systems Theory

Murray Bowen, founder of Bowen Family Systems Theory, provides a framework for understanding human behavior and human relationships in the context of the family (Bowen, 1978). Based on Bowen's theory, the human is an evolutionary product whose "behavior is significantly regulated by the same natural process that regulate the behavior of all other living things" (Kerr & Bowen, 1988, p. 3). Kerr and Bowen (1988) describe the family as a "naturally occurring system," meaning that the natural life forces and process that occur in humans and families form naturally "without human intervention" (p. 24).

Working as a psychiatrist, one of the noticeable differences between Dr. Bowen's clinical approach and that of his colleagues was the level of contact he had with families of his patients (Kerr & Bowen, 1988). It was during this time that Bowen took an interest in his patients' family relationships (Kerr & Bowen, 1988). More specifically, Bowen became intrigued with the emotional impact his patients and mothers had on one another when in contact with their relatives (Kerr & Bowen, 1988). His work with patients and their families allowed him observe the way family members functioned reciprocally, rather than independently of one another (1988). Frequent observations of this repeated

pattern led Bowen to determine that one person's function "could not be adequately understood out of the context of the functioning of the people closely involved with him" (Kerr & Bowen, 1988, p. 7).

Bowen's (1978) theory describes the family as an emotional and relationship unit (system). Uniquely different from other therapeutic approaches, this theory considers the significance of family history and demonstrates this by examining human family functioning across multiple generations (Beal, 2008). Moreover, Bowen Family Systems Theory provides an avenue to enhance comprehension of a family system through utilization of many concepts which explain the individual and family processes. Among these concepts are Emotional System, Chronic Anxiety, Triangles, Individuality and Togetherness, Differentiation of Self, and Multigenerational Transmission Process. These concepts will be discussed for the purpose of this study.

Emotional System

One of the most important concepts of family systems theory is the *emotional system* (Kerr & Bowen, 1988). As a cornerstone of family systems, the emotional system provides a foundation for forming "a *behavioral* link between humans and other animals" (p. 27). Kerr and Bowen (1988) broadly define the emotional system as "the existence of a naturally occurring system *in all forms of life* that enables an organism to receive information (from within itself and from the environment" (p. 27). This particular concept serves several important purposes:

- Assumes that the fundamental "life forces" drives and regulates the behavior of all forms of life;

- Provides *a way of thinking* to possibly help bridge the compartmentalized knowledge presently existing about biological process; and,
- Easily extends beyond the individual to include the relationship system. (Kerr & Bowen, 1988, p. 29).

Among the emotional system, Bowen Family Systems Theory conceptualized two additional concepts (*feeling* system and *intellectual* system) “as important influences on human functioning and behavior” (Kerr & Bowen, 1988, p. 30). This reference to “feeling” is not to be confused or used interchangeably with “emotion.” Kerr and Bowen (1988) assert that the term “emotional” is applicable to all living things, while the concept of “feeling” is limited to humans and human activity. According to Kerr and Bowen (1988), “Feelings appear to be an intellectual or cognitive awareness of the more superficial aspects of the emotional system” (p. 31). Though emotions cannot be felt, examples of feelings people feel and can be aware of include disapproval, shame, guilt, jealousy, anxiety, anger, rejection, sympathy, and ecstasy, just to name a few (1988). Meanwhile, the intellectual system represents human’s nervous system or “thinking brain” (p. 31). This intellectual system highlights the uniqueness of human beings as opposed to any other living beings. In fact, the intellectual system sets man apart from other forms of living being because man has the “capacity to know, to understand, and to communicate complex ideas” surpassing the thinking ability of any other animal (p. 31).

The emotional, feeling, and intellectual systems interplay and mutually effect one another. When human beings have an emotional reaction (including physiologically and behaviorally) to internal and external stimuli, the reaction can manifest on an emotional, feeling, and intellectual level (Kerr & Bowen, 1988). Hence, emotional reactions have the

ability to trigger feeling reactions just as feeling reactions can trigger thoughts shaped by those feelings (1988). While this interplay between the emotional, feeling, and intellectual systems play vital roles in understanding how the emotional system operates, Bowen's family system theory offers the interplay of an even more fundamental aspect of the emotional system referred to as individuality and togetherness (Kerr & Bowen, 1988).

Individuality and Togetherness

Family Systems Theory defines *individuality and togetherness* as the relationship of two counterbalancing "life forces" governing the emotional system (Kerr & Bowen, 1988). From a family system's perspective, the family operates as an emotional system (unit) rather than individuals. Kerr & Bowen (1988) further explain that each member of the family is born into a functioning position in which they occupy within their family. Naturally predetermined, individuals occupy these positions within the family system and these functioning positions "have an important influence on many aspects of their biological, psychological, and social functioning" (p. 50). Furthermore, functioning positions operate reciprocally in relationship to one another (Kerr & Bowen 1988). Consequently, the family emotional "field" or "atmosphere" is generated by the predetermined emotional functioning of family members, which in turn influences each family members' emotional functioning (Kerr & Bowen, 1988, p. 55).

In every relationship where each person has emotional significance to one another, the interchange of individuality and togetherness is important (Kerr & Bowen, 1988). Emotional significance indicates that an individual "is affected on an emotional, feeling, and subjective level by what another person thinks, feels, says, and does or by what is *imagined* another person thinks, feels, says, and does" (p. 64). While Family

Systems Theory does not assume that the interplay of individuality-togetherness governs all relationships (e.g., business, contractual level or intellectually determined relationships), it does, however, govern emotional process of relationships (1988). Accordingly, in a family emotional system, the interplay of individuality and togetherness involves the capacity for a person “to follow its own directives, to be an independent and distinct entity [individuality]” while also being able “to follow the directives of others, to be a dependent, connected, and indistinct entity [togetherness]” (pp. 64-65). An observation of a significantly balanced (or imbalanced) interplay of individuality and togetherness in an emotional system can provide comprehension for the concept of differentiation.

Differentiation of Self

Another essential concept for Family Systems Theory is *differentiation of self*. This emphasis on the “self” addresses human beings’ capacity for altruism, cohesiveness, and cooperativeness (Kerr & Bowen, 1988). More specifically, differentiation of self depicts a person’s ability to maintain their own self functioning (emotionally and intellectually), separate from that of their family or emotional unit (Bowen, 1976).

Differentiation represents the process of managing individuality and togetherness by a person as well as within a relationship (Kerr & Bowen, 1988). Differentiation produces a way of think, which in turn transforms into a way of being (Kerr & Bowen, 1988). The capacity for a family unit or other social group to cooperate, work together, and manage behaviors during stressful periods is predicated on their level of differentiation. For instance, Kerr and Bowen (1988) note that when a group of people or an emotional unit function at a higher level of differentiation, the more capable they are

to “cooperate, lookout for one another’s welfare, and stay in adequate contact during stressful as well as calm periods” (p. 93). As a result, “The more differentiated a self, the more a person can be an individual *while in emotional contact with the group*” (p. 94). Conversely, if operating from a lower level of differentiation, when stressed, the family “will regress to selfish, aggressive, and avoidance behaviors;” hence, leading to a breakdown in “cohesiveness, altruism, and cooperativeness” (p. 93).

Quite naturally, human beings enter the world with a dependence on others for their well-being (Kerr & Bowen, 1988). Usually, the human depends on a primary caretaker who is most often the infant’s mother (1988). A child’s capacity to become more responsible for himself steadily increases during their developmental years as they mature physically, as well (Kerr & Bowen, 1988). Bowen’s theory highlights how instinctually rooted forces of life (individuality and togetherness) exist in every human child and family to:

- Propel a developing child to grow to be an emotionally separate person, an individual with an ability to think, feel, and act for himself (individuality or differentiation);
- Propel child and family to remain emotionally connected and to operate in reaction to one another... to think, feel, and act as one (togetherness) (Kerr & Bowen, 1988, p. 95).

While these counterbalancing life forces are essential to every human being, Kerr and Bowen (1988) admit that “no one achieves complete separation from his family” and the attachment formed early life is “never fully resolved” (p. 95).

There are two different levels of differentiation functioning: *basic* and *functional*.

Basic differentiation does not depend on the relationship process although functional differentiation does (Kerr & Bowen, 1988). At the basic level, differentiation “is largely determined by the degree of emotional separation a person achieves from his family of origin” (p. 98). By the time children reach adolescence, the basic level of differentiation is “fairly well established” and “remains fixed for life” (p. 98). It is possible for a person to successfully modify their basic level of differentiation in relationship to their family system. This achievement requires the person be self-sustaining, living independently from their family of origin (Kerr & Bowen, 1988). At the functional level, differentiation is influenced “by the level of chronic anxiety in a person’s most important relationship systems” (p. 99). During times of low anxiety, are more thoughtful and less reactive. However, in times of high stress and anxiety, the *system* is likely to decline as people tend to become less thoughtful and more reactive. According to Kerr and Bowen (1988), high anxiety “destabilizes individuals and increases relationship focus” (p. 99). However, relationships, along with many other variables (e.g., work, cultural, values, etc.) can enhance the functional level of differentiation. Unlike the basic level, functional level can “rise and fall quickly” or become more stable over long periods of time, largely dependent on central relationship statuses (p. 99).

One of Family Systems Theory two principal variables that provides explanation for functioning is differentiation; *chronic anxiety* represents the other (Kerr & Bowen, 1988). According to Kerr and Bowen (1988), a person’s adaptability to stress lessens the lower their differentiation level. Similarly, “the higher the level of chronic anxiety in a relationship system, the greater the strain on people’s adaptive capabilities” (p. 112).

Bowen's principal components, differentiation and anxiety, share an interdependent relationship with one another. Therefore, if differentiation impacts the level of chronic anxiety within a system, having a clear understanding of chronic anxiety and its function becomes equally vital in order to enhance comprehension of family emotional systems.

Chronic Anxiety

Chronic anxiety represents the other of Bowen Family Systems Theory's two primary variables. Anxiety, itself, is experienced by everyone (Kerr, 1988). Yet, the difference or amount of anxiety a person experiences depends on their response to a threat—real or imagined (1988). These responses are best described as *acute* and *chronic* anxiety (Kerr, 1988). According to Kerr, acute anxiety reflects response to a real threat and is experienced for only a limited time. Acute anxiety is exacerbated by “fear of what is” and people generally adapt to this form of anxiety fairly successfully (Kerr, 1988, p. 47). In both anxious responses, there are elements that are inborn and learned (Kerr, 1988).

Chronic anxiety commonly occurs due to perceived or imagined threats (Kerr & Bowen, 1988). Unlike acute anxiety, the duration of an imagined threat is not time-limited, “having no end in sight” (Kerr, 1988, p. 47). In fact, chronic anxiety is fueled by the idea of what may be; consequently, straining or exceeding the person's ability to adapt (Kerr, 1988). Kerr (1988) suggests that the amount of chronic anxiety a person experiences is primarily a learned response.

While no one thing causes chronic anxiety, many things influence it (Kerr, 1988). Most precisely, chronic anxiety is conceptualized as “a system or process of actions and reactions that, once triggered, quickly provides its own momentum and becomes largely

independent of the initial triggering stimuli” (Kerr, 1988, p. 47). A person’s reaction to a “disturbance in the balance of a relationship system” is the key producer of chronic anxiety (Kerr, 1988). Another influence of chronic anxiety can be viewed from the family from which an individual grew up in. Bowen and Kerr (1988) explain that the nuclear family has the ability to imprint the level of chronic anxiety on the individual, and as anxiety “rubs off” on family members, the chronic anxiety is transmitted and absorbed into the system without thinking (Kerr, 1988, p. 116). Hence, outside of the relationship process, the amount of anxiety an individual attempts to manage (or bind) cannot be sufficiently explained outside of the relationship process context for which the person is a part of (Kerr & Bowen, 1988).

Triangles

Secrecy represents a relational phenomenon that can only exist within social contexts. Relationally, secrets connect two or more people exclusively to a particular content to which others are not privy. Although tightly kept among two people, Imber-Black (1998) explains that, in reality, a secret forms a threesome because while the secret may be kept between two people, “it always excludes another or several others” (p. 29). Likewise, Bradshaw (1995) posits that the creation of secrets affect family patterns. Namely, secrets created among two or more family members produces a *triangle* (Imber-Black).

The triangle is the rudimentary part of an emotional system (Kerr & Bowen, 1988). Described as “the smallest stable relationship unit,” triangles illustrate the facts of human relationship functioning (p. 134). According to Kerr and Bowen (1988), the process of triangles naturally occurs within human relationships. As a result of their

consistent recurrence over time, triangles can become predictable and knowable (Kerr & Bowen, 1988).

Where there is a triangle, there is anxiety. Anxiety is the chief influence on a triangle, explains Kerr and Bowen (1988). According to Kerr and Bowen “Stress triggers anxiety and as it becomes infectious, the triangles become more active” (1988, p. 139). The existence of a triangle provides the necessary symmetry of anxiety in a three-person system (1988). When anxiety increases within a two-person system, a third person is introduced into that system, consequently creating a triangle (Kerr & Bowen, 1988). The mere involvement of a third person provides easement on the twosome as the anxiety is shared among the three parties involved (Kerr & Bowen, 1988). By creating a triangle, or three interconnected relationships, it allows flexibility and stability needed to shift and spread anxiety in the system, as well as hold more anxiety (Kerr & Bowen, 1988).

Triangles live on through multiple generations within families (Kerr & Bowen, 1988). In fact, once a triangle’s emotional circuitry finds place in a family system, it generally outlives the participants of the circuitry (Kerr & Bowen, 1988). When a family member involved in a triangle dies, the triangle does not dissolve. Rather, another person within the family usually replaces that family member (Kerr & Bowen, 1988). This reality supports Kerr and Bowen’s claim that “Triangles are forever” in families (1988, p. 135). Subsequently, present participants of a particular triangle are not necessarily the originator of the triangle, nor does it completely dissolve or produce again base on anxiety level (Kerr & Bowen, 1988). Instead of dissolving, the activeness of triangles can become more or less intense depending on the anxiety level within the system (Kerr & Bowen, 1988).

The characteristics of a triangle changes during different periods of anxiety: low, moderate, and high. If anxiety levels are relatively low in an emotional process of a triangle, two of the three persons in the triangle are close (“the insiders”), making the third person an outsider and less comfortable (Kerr & Bowen, 1988, p. 136). During this calm period, both insiders make adjustments continually, in effort to maintain their “comfortable togetherness” (p. 136). This constant motion of adjustment is an attempt to avoid becoming uncomfortable and forming “a togetherness with the outside” (p. 136). Meanwhile, the outside makes continual attempts to create togetherness with one of the triangle’s insiders (Kerr & Bowen, 1988).

Insiders’ relationship in a triangle changes in periods of moderate anxiety. The comfortable aspect of the insiders’ relationship begins to erode as anxiety levels increase (Kerr & Bowen, 1988). It is not uncommon for one of the insiders to feel more discomfort while the other insider is oblivious to the other’s discontentment (Kerr & Bowen, 1988). Despite the unhappy insider’s attempt to reestablish a more comfortable balance with the other insider, the increased level of anxiety makes this a difficult task (Kerr & Bowen, 1988). Kerr and Bowen (1988) report that the uncomfortable insider will seek to form togetherness with the outsider. Naturally, when the emotional field of a triangle is calm, the insiders work together to exclude the outsider; when in a field of moderate anxiety, one the insiders actively recruit the outsider for more involvement (Kerr & Bowen, 1988).

Ironically, in highly stressful periods, the outsider takes on a different role. In an “overly intense two-person relationship,” each inside member attempts “to get an outside

position in a triangle to escape the tensions of the relationship” (Kerr & Bowen, 1988, p. 138). During these times, the outsider is most comfortable (Kerr & Bowen, 1988).

Kerr and Bowen (1988) posit that undifferentiation in the human process produces triangles. The intensity of the triangling process varies among families and in the same family over time” as a result of undifferentiation (Kerr & Bowen, 1988, p. 139). The role of triangling is very vital in families where the level of differentiation is lower because the triangling process preserves the emotional stability, explains Kerr and Bowen (1988). In a poorly differentiated family, if anxiety is very low, functioning as three emotionally separate persons is feasible for the members of the triangle (Kerr & Bowen, 1988). However, Kerr and Bowen (1988) emphasize that the stress level must be very low in order for this to happen (1988). In a system where family members are well differentiated, amidst high levels of stress, members are able to preserve their emotional separateness (Kerr & Bowen, 1988).

Although anxiety can typically spread or shift when a two-person relationship brings in a third person to form a triangle, the management of the anxiety is not always successful. Kerr and Bowen state, “It is not always possible for a person to shift the forces in a triangle” (1988, p. 139). When this happens, the anxiety spills over into other triangles (Kerr & Bowen, 1988). This process of uncontrollable anxiety of one triangle overflowing into one or more other triangles produces interlocking triangles (Kerr & Bowen, 1988). Interlocking triangles have the ability to reduce the amount of anxiety contained in a family’s central triangle, significantly (Kerr & Bowen, 1988).

Multigenerational Transmission Process

Multigenerational transmission process or *multigenerational emotional process* refers to “an orderly and predictable relationship process that connects the functioning of family members across generations” (Kerr & Bowen, 1988, p. 224). The multigenerational transmission process provides a multigenerational lens to understanding family functioning. Kerr and Bowen (1988) postulate that the emotional system is the pillar of multigenerational emotional process. Family values, beliefs, and characteristics transmit from one generation to the next (Kerr & Bowen, 1988). This process makes it possible for a secret to “silently and unknowingly” pass from generation to generation (Imber-Black, 1998, p. 4). Furthermore, the characteristics and intensity of one generation’s emotional patterns are significantly influenced by the characteristics and intensity of previous generation’s emotional patterns (Kerr & Bowen, 1988).

Each family member functions on “a continuum between extremes of exceptionally stable and exceptionally unstable functioning” (Kerr & Bowen, 1988, p. 221). Kerr and Bowen (1988) further note that, given sufficient generations, every family has the tendency to produce family members “at both functional extremes and people at most points on a continuum between these extremes” (p. 221). One functioning extreme is marked by people with stability in most aspects of their lives, as evidenced by taking advantage of self-improvement opportunities, intact marriages with spouse and children functioning at a similar level, and relocations are goal-oriented rather than motivated by “running away from a problem” (Kerr & Bowen, 1988, p. 221). The other functioning extreme is characterized by people with instability in most aspects of their lives (Kerr & Bowen, 1988). In this extreme, people lack the motivation necessary to take advantage of

available resources and opportunities, and Kerr and Bowen (1988) further note “their geographical relocations are frenzied attempts to find ‘solutions’ to old problems in new places” (p. 221). Family members whose lives range between these extremes experience stable and unstable aspects of functioning (Kerr & Bowen, 1988). For this reason, an evaluation of the multigenerational emotional process is valuable in understanding the management of anxiety in emotional systems and through previous generations (Kerr & Bowen, 1988). For post-abortive women, a multigenerational family evaluation focused on secrecy is useful in understanding how family processes inspire secrecy of their abortions. Involving the use of a genogram for such family processes can serve as an effective evaluation tool (Kerr & Bowen, 1988).

Genogram

The *genogram* or *family diagram* is a useful tool developed by Bowen to provide a visualization of family emotional processes (Kerr & Bowen, 1988; Knauth, 2003). The genogram records information about families and their family relationship over at least three generations (McGoldrick, Gerson, & Petry, 2008). The genogram illustrates the facts of a family, its functioning, structure, and development in picture form (Knauth, 2003; McGoldrick et al., 2008). Kerr and Bowen (1988) explain that the data gathered for structuring of a genogram reflects “basic patterns of emotional functioning and basic intensities of emotional processes present in a multigenerational family” (p. 308). It is also useful in depicting recurring intergenerational problems (Knauth, 2003).

Since “no secret stands alone in isolation,” (Imber-Black, 1998, p. 4), by using genograms, larger cultural and societal contexts imbedded within families are uncovered. For example, Knauth (2003) conducted a study in which Bowen’s family system theory

was incorporated in her nursing practice with families. In Knauth's (2003) case study, utilization of the genogram provided the participant an opportunity for understanding her family's relationship process, allowing the participant "to see more clearly and objectively the system in which this secret had been created" (p. 342).

Knauth (2003) utilized principles of family systems theory to illustrate how the concepts were applied to assessment and intervention of a case involving family secrets. Knauth found the utility of genogram useful in advancing the understanding human behavior, formation of symptoms, and the family (2003). In utilizing the genogram, Knauth (2003) aided the family member in becoming more aware of their part in the processes and define a self. The hope of the researcher is to empower post-abortive women to recognize the part they play within the multigenerational family as the genogram is utilized.

Theoretical Framework

Earlier research studied abortion from a statistical lens while other studies examined abortion secrets from a social perspective in an effort to articulate reasons abortions are kept secret. Rossier (2007) conducted a study among post-abortive women who selectively shared their secret with at least one person. In this study, Rossier (2007) found that the women maintained their secret in an attempt to manage their social image "in a society where social norms have not caught up with actual behaviour" (p. 237).

Other studies conducted on women who experienced abortion found that women reported that the anticipated and felt judgment or stigma was enough to remain silent about an abortion (Cockrill & Nack, 2013; Cockrill et al., 2013; Herold et al, 2015). Conversely,

none of the previous studies examined post-abortive women's understanding of secrecy or the effects of the abortion secret on their relationships.

This research study utilized a qualitative methodology along with Bowen Family Systems Theory as systemic lens which explored how secrecy influenced women with a history of abortion. Using Family Systems Theory allowed the researcher access to post-abortive women's multigenerational emotional processes as this rendered invaluable insight into the tendency for some women to keep secrets from family members and others, in relation to an unplanned pregnancy. Understanding the possible systemic multigenerational implications of secrecy among families as experienced by post-abortive women in the United States provided an opportunity to increase knowledge and expand research available on abortion and secrecy.

Awareness that secrets exist in every family (Bradshaw, 1995) is important. More essential to this awareness is understanding the meaning of secrets within the family of origin. McGoldrick et al. (2008) warns the interviewer to remain vigilant and conduct self-assessments regularly as difficulties may arise during the genogram interview "related to cultural differences, class, gender, age, race, sexual orientation, or religious, spiritual, or other beliefs" (p. 66). Kerr and Bowen (1988) explain that revealing a family secret has the potential to be just as destructive as keeping the secret "...if the intensity of the family emotional process that creates secrets is not recognized" (p. 308). Hence, it is possible that the family of origin can serve as a resource as well as a support system for a person learning more about the self (Kerr & Bowen, 1988). Similarly, it is through Bowen's multigenerational emotional process lens that the researcher sought to explore

the lived experience of post-abortive women as it related to these possible systemic multigenerational implications.

CHAPTER III: METHODOLOGY

Anxiety often accompanies an individual as they actively take part in maintaining a secret. Though secrecy itself does not necessarily signify something destructive (Imber-Black, 1998), there are some implications when considering post-abortive women and secrecy. Imber-Black (1998) identifies abortion as a toxic secret and explains that while “keeping of toxic secrets does not often create acute crises, such secrets tend to linger, easily promoting a sense of confusion regarding who, when, or whether to tell” (p. 16).

This research is important to the field of family therapy in that it will provide family therapists opportunities to gain greater awareness regarding secrecy among post-abortive women, some reasons for secrecy, and its effects. Therapists will also learn how living with the secret impacts post-abortive women in a culture where abortion continues to be taboo despite legalization of the procedure. Although years of research make it abundantly clear that the topic of abortion is frequently suppressed by secrecy, this study will go beyond the knowledge of the secret to:

1. Explore the lived experience of women who had an abortion and kept it secret;
and,
2. Analyze the effects of secrecy on the woman and a relationship within her life.

As stated earlier, this study’s examination of the effects of secrets on relationships included familial and non-familial relationships. The researcher’s goal was to fill a research gap by shedding light on the lived experiences of women with a history of abortion secrets, expand available literature on abortion and secrets, and aid family therapists in gaining understanding on the effects secrets have on individuals and their larger systems.

Generally, qualitative approaches involve “exploring, describing, and interpreting the personal and social experiences of individuals” (Smith, 2015, p. 2). Unlike the use of quantification means or statistical procedures, qualitative research approach produces findings about individuals’ lives, behaviors, lived experiences, feelings, emotions, as well as about cultural phenomena (Strauss & Corbin, 1998). Utilization of this method gave the researcher room for expansive examination of participants’ lives as these women shared narratives and disclosed personal details surrounding their experience.

Phenomenological Research

Edmund Husserl (1962), a German philosopher, developed the philosophical method known as phenomenology during the 20th century (Giorgi, 1997; Giorgi, 2009). This philosophical approach studies “experience” (Smith, Flowers, & Larkin, 2009, p. 11) offering qualitative researchers access to “difficult phenomena of human experience” (Giorgi, 1997, p. 238). Along with being a descriptive approach, phenomenology is also an interpretive process in which researchers construct an interpretation of lived or human experiences (Creswell, 2007). Englander (2012) explained that the interest of phenomenological researchers lie in the “subjectivity of other persons” and “collecting descriptions from others is also an attempt at discovery of a human scientific meaning of a particular phenomenon” (p. 15). More specifically, Smith, Flowers, and Larkin (2009) indicate that Husserl was interested in finding an avenue for people to “accurately know their *own* experience of a given phenomenon, and would do so with a depth and rigour which might allow them to identify the *essential* qualities of that experience” (p. 12).

Phenomenology is fundamentally guided by “questions that give direction and focus to meaning, and in themes that sustain an inquiry, awaken further interest and

concern, and account for our passionate involvement with whatever is being experienced” (Moustakas, 1994, p. 59). Phenomenology “seeks meanings,” enabling researchers to study participants’ experiences from their individual perspectives by using the collected data (Moustakas, 1994, p. 58). Due to the sensitivity of the topic of secrecy and abortion, Trochim and Donnelly (2008) determined that utilizing the phenomenological method may be valuable in studying secrecy as trust with these women is important and may be difficult to obtain.

Selecting the most appropriate qualitative research method was vital as the researcher considered the best way to gain access to the phenomenon of secrecy among post-abortive women. To do so, the researcher utilized an extension of phenomenology known as Interpretative Phenomenological Analysis (IPA) to better achieve the goal of this study. IPA focuses on making attempts to understand, from the participants’ perspective, what the phenomenon is like in order to take the participants’ side (Smith & Osborn, 2007). Hence, use of IPA provided the researcher and the field of marriage and family therapy more accessible understanding of how post-abortive women make sense of their world (personally and socially) as the researcher explored participants’ lived experience (Smith, 2015).

Interpretative Phenomenological Analysis (IPA)

Interpretative Phenomenological Analysis (IPA) is a qualitative research approach which focuses on people’s major life experiences in an effort to examine and comprehend how people make sense of their world, both personally and socially (Smith, 2015). IPA researchers do not attempt to fix experiences in order to fit abstract or limited categories (Smith, Flowers, & Larkin, 2009). Rather, researchers of this approach acknowledge the

complexity of ‘experience’ and find interest “in what happens when the everyday flow of lived experience takes on a particular significance for people” (Smith, Flowers, & Larkin, 2009, p. 1). Typically, this happens when something significant occurs in a person’s life (Smith, Flowers, & Larkin, 2009).

Different from other research methodologies, IPA attends to and maintains an idiographic perspective to research (Smith, 2015). The idiographic approach commits to studying individuals as unique cases, allowing researchers to give attention to people as individuals (Smith, 2015). Hence, idiographic approach focuses “on the interplay of factors which may be quite specific to the individual,” patterned uniquely different in any given individual’s life (Smith, 2015, p. 14).

IPA originated from the phenomenological philosophy, connected to perceptions, hermeneutics, and interpretation (Smith, 2015). IPA aims to “understand what it is like” from participants’ viewpoint” (p. 26). Smith, Flowers, and Larkin (2009) determined that an IPA researcher can only access participants’ experience through participants’ personal account of the significant experience. Gaining this understanding requires researchers asking critical questions of the participants (Smith, 2015).

Smith, Flowers, and Larkin (2009) posited that “When people are engaged with ‘an experience’ of something major in their lives, they begin to reflect on the significance of what is happening and IPA research aims to engage with these reflections” (p. 3). So, this IPA researcher is interested in a detailed examination of how adult women in the United States make sense of keeping their abortion history secret. Regardless if secrecy of an abortion results in a positive or negative experience, Smith, Flowers, and Larkin (2009) emphasize that IPA researchers may demonstrate sensitivity to the context

provided by participants in the early stages of the process. This experience is “of major significance to the person, who will engage in a considerable amount of reflecting, thinking, and feeling as they work through what it means” (p.3). Therefore, IPA commits to detailed examination of cases in order to:

- Know what the experience is like for this person, in detail;
- Know what sense this person is making of what is/has happened to them. (Smith, Flowers, & Larkin, 2009, p. 3).

Participant Selection

Most IPA studies aim for a relatively small number of participants (Smith, Flowers, & Larkin, 2009). Researching a small sample size takes a long time as IPA researchers must conduct a case-by-case detailed analysis of individual transcripts (Smith & Osborn, 2015a). Applying such attention to each individual provides IPA researchers a “micro-level reading of the participants’ account” (Smith & Osborn, 2015b, p. 42), as well as a greater opportunity for the study to capture and reveal the detailed similarities or differences among each individual’s experience (Smith, Flowers, & Larkin, 2009). For this reason, the researcher collected data from five adult women. The researcher found “a reasonably homogeneous sample” as Smith, Flowers, and Larkin (2009) explain that in doing so, it allows researchers to “examine convergence and divergence in some detail” (p. 3). Accordingly, the sample for this study was purposively selected in order to gain insight into the specific experience (Smith, Flowers, & Larkin, 2009).

Potential research participants for IPA are frequently contacted via *referrals*, *opportunities* from researchers’ contacts, or *snowballing* which are participants’ referrals (Smith, Flowers, & Larkin, 2009). For this study, selection of participants was based on

participants' ability to grant the researcher access to the particular perspective of the phenomenon (Smith, Flowers, & Larkin, 2009)—abortion secrets. To keep the sample homogeneous, participants for this study met the following requirements:

- Female;
- At least 21 years of age;
- Experienced an abortion no less than five (5) years ago; and,
- Kept their abortion secret from at least one (1) person with whom they are/were in relationship

Exclusion criteria represented anyone who did not meet the criteria for inclusion.

Data Collection

The data collection method of IPA is best suited to allow participants' an opportunity to share a rich, detailed narrative of their experiences from a first-person perspective (Smith, Flowers, & Larkin, 2009). IPA requires 'rich data' in order to grant participants "an opportunity to tell their stories, to speak freely and reflectively, and to develop their ideas and express their concerns at some length" (Smith, Flowers, & Larkin, 2009, p. 56). Therefore, this requires a data collection instrument that is flexible (Smith & Osborn, 2015a). Unlike highly structured interviews which tend to constrain space for imaginative work, IPA collects data by use of one-to-one, semi-structured interviews (Smith, Flowers, & Larkin, 2009). With a small sample size, this approach will benefit from detailed interaction, accessing the phenomenon of secrecy among post-abortive women from multiple perspectives and points of time, and from reflective and creative efforts of participants (Smith, Flowers, & Larkin, 2009).

The study was made up of participants from the Columbus, Georgia Metropolitan Statistical Area (MSA), which included Chattahoochee County, GA (Fort Benning); Harris County, GA; Marion County, GA; Muscogee County, GA (Columbus, GA); and, Russell County, AL (Phenix City, AL). One of the participants recently relocated from Columbus, GA to Atlanta, GA; however, because she met the inclusion requirements, she was remained a participant. Those informed or aware of the study (Appendices A & B) were able to invite others to participate. Participants of the study could ask others to participate, as well.

Informed Consent. Each participant of the study was provided with informed consent (Appendix B). The consent forms provided participants with information explaining the purpose of this research study, how privacy/confidentiality is maintained, as well as the risks and benefits of participation in the research study. At the start of each interview, the researcher ensured that each participants' consent form was read and signed, and to provided participants ample opportunity to ask questions.

The researcher strived to build rapport with participants during the commencement phase of the interviews. Rapport building is imperative in helping participants feel comfortable to honestly share their experience (Minuchin, 1974) and gain trust of researcher (Pietkiewicz & Smith, 2014). As aid in the process of rapport-building, the researcher drafted and utilized a genogram individually with participants using effective interviewing and listening skills “to ask open-ended questions free from hidden presumptions” (Pietkiewicz & Smith, 2014, p. 10). The use of open-ended questions during the semi-structured interviews provided participants the freedom to

openly share information unique to each participants' experience which, otherwise, may not have been captured or known.

Participant Interviews. Participant interviews were conducted by the researcher, who is a marriage and family therapy doctorate-level student. A licensed clinician who specializes in Bowen Family Systems Theory supervised the researcher to ensure the researcher followed a family systems approach and reduce bias during analyzation of the collected data. All five interviews were conducted face-to-face at a mutually agreed upon location. Participant interviews were completed in one session lasting one hour. None of the participants required a second interview. Though this process was brief, as it relates to Bowen Family Systems Theory, the purpose of the study was to explore the lived experience of women who had an abortion and examine the effects of their abortion secret on their relationships. The researcher incorporated some of the major concepts of Bowen to formulate an understanding of participants' multigenerational emotions systems.

The interviews began with drafting of participants' genograms in order to identify their family system and history of family secrets. Development of each participants' genogram served as a "warm-up discussion" which Pietkiewicz and Smith (2014) recommend as this can aid in reduction of participants' tension in effort to get them ready to broach more personal and sensitive issues (p. 10). Following the development of the genogram, the researcher continued collecting data through the semi-structured interviews.

To guide each interview, the researcher prepared set of questions, known as an interview schedule (Appendices D & E) (Pietkiewicz & Smith, 2014). Smith and Osborn

(2015a) explain that the schedule of questions serves to guide, not dictate, the interview. It was helpful to use an interview schedule within the semi-structured interviews as it allowed for preparation for the interviews in advance (Pietkiewicz & Smith, 2014; Smith & Osborn, 2015a).

The researcher hoped to facilitate a “natural flow of conversation” with interviewees by using suitable IPA questions which explored participants’ “sensory perceptions, mental phenomena (thoughts, memories, associations, fantasies) and, in particular, individual interpretations” (Pietkiewicz & Smith, 2014, p. 10). The use of the interview schedule enabled the researcher to think of difficulties that arose (e.g., sensitive areas, question wording, etc.) and gave thought to how to best handle these difficulties (Smith & Osborn, 2015a). Moreover, intentional preparation for the interviews provided opportunity for the researcher to experience more confidence and thorough concentration on what participants were actually saying (Smith & Osborn, 2015a).

Recording. Audio recording and transcription is a necessary in IPA (Pietkiewicz & Smith, 2014) studies. In each interview, the researcher audio recorded to “produce a verbatim transcription of” interviews (p. 11) for the purpose of generating data. The researcher explored abortion secrecy with each participant by developing a genogram in addition to using a family systems approach to exploring anxiety, triangles, differentiation of self, and the family emotional system. These explorations were captured in the audio recordings.

Data Analysis

The researcher conducted an analysis of the collected data as recommended for IPA studies (Smith, Flowers, & Larkin, 2009). While meaning is central to IPA, the

intent of IPA is to comprehend the content and complexity of the meanings in participants' social and mental world (Smith & Osborn, 2015a). Since those meanings are not overtly available, the researcher obtained meaning "through a sustained engagement with the text and a process of interpretation" (Smith & Osborn, 2015a, p. 39). The analysis process entailed four stages to include multiple readings of each participants' transcripts and making notes, identification of emerging themes, connection of the themes, and writing the analysis (Pietkiewicz & Smith, 2014; Smith & Osborn, 2015a).

Initial Noting. Smith, Flowers, and Larkin (2009) describe this phase of the analysis as the most time consuming given the amount of detail it entails. Transcripts were read and reread a number of times for several reasons. Smith & Osborn (2015b) suggest that rereading of transcripts increases the researchers' familiarity with participants' accounts, and provides potential for discovery of new insights. For each reading, the left margin was used to annotate significant or interesting responses of participant (Smith & Osborn, 2015b). The goal of this phase of the research was to document important pieces of participants' experiences as an attempt at sense-making (Smith & Osborn, 2015b). Additionally, in this initial noting phase, Smith, Flowers, and Larkin (2009) recommend the use of descriptive comments (describes content and thoughts of what participant experienced); linguistic comments (participant's specific use of language); and, conceptual comments (a shift of researcher's focus to participant's understanding of their experience as they discuss).

Emergent Themes. This process required the researcher to start from the beginning of transcripts to read and reread, again (Smith & Osborn, 2015b). Using the right side of the margin, the researcher documented emerging themes. Here, the

researcher wanted to “capture the essential quality of what was found in the text” by transforming the initial notes into concise phrases (Smith, Flowers, & Larkin, 2009, p. 41). This moved participants’ responses from content responses to “a slightly higher level of abstraction” and invoked more psychological terms (p. 41).

Theme Connections. The researcher explored the similarities and differences between each case in detail (Smith, Flowers, & Larkin, 2009). To do so, the researcher searched for connections among the emerging themes, grouped themes together according to conceptual similarities, and provided a descriptive label for each cluster (Pietkietwicz, & Smith, 2014). Pietkietwicz and Smith (2014) suggest searching for connections and clusters after themes are compiled for the whole transcript. Following the clustering of themes and subthemes, a final list representing the themes was produced to extract material (Smith & Osborn, 2015b).

This stage of the data analysis provided the researcher access to create a table containing clusters of themes, coherently ordered (Smith & Osborn, 2015b). The clusters were given a name and represented the superordinate themes (Smith & Osborn, 2015b). The table also listed themes according to each superordinate theme (Smith & Osborn, 2015b). As an organizational aid to analyzing the data, each instance was given a number (identifier) as this, subsequently, aided in locating the original source (Smith & Osborn, 2015b). According to Smith and Osborn (2015b), the identifier provides key words from the particular extract along with the transcript’s page number to indicate where instances of each theme can be found in the transcript. This process allowed the researcher to better identify which themes within the transcript to eliminate if the themes lacked richness in

evidence or failed to fit well within the emerging structure (Smith & Osborn, 2015b).

Once each transcript was analyzed, a final table of themes was produced.

Writing the Analysis. This last stage of the analysis transitioned from the final superordinate themes to writing a concluding statement to outline the meanings of the participants' lived experience (Smith & Osborn, 2015b). In this phase, the researcher provided a narrative account of the study. This typically involves pulling from "the themes identified in the final table and writing them up one by one" (Pietkiewicz & Smith, 2014, p. 13). Smith and Osborn (2015b) posit that the narrative is to be supported with verbatim extracts from the interviews, to include interpretation from the researcher. Themes were presented, explained, and illustrated (Smith & Osborn, 2015b). Participants' genograms also illustrated and described connections.

Self of the Researcher

Coming into this study, I had to be very mindful of the various lenses I wear: a subject, social worker, therapist, and researcher. As a researcher, my goal was to gain insight on the lives of female participants who experienced abortion, abortion secrecy, and maintenance of the secret from a person they are/were in relationship with. As a therapist who has practiced in the field of social work and family therapy for over 10 years, I recognized the need to maintain clear boundaries with participants. I also understood that utilizing active listening skills and creating a respectful and trusting environment was essential in building rapport, especially with this group of women. As a subject of the research topic, I share a similar lived experience with the participants of this study as I experienced an abortion 17 ½ years ago. It took twelve years for me to make my first disclosure. Hence, from the participants' perspective, I understood the

overwhelming anxiety associated with disclosure. Since there are still some people in my emotional system I have not yet disclosed my abortion to, this helped the self-of-the-researcher and self-of-the-therapist to remain sensitive and attentive to participants' need as all the participants were actively keeping their secret from at least one person with who they have relationship.

During the interview process, as a subject, I believe my past experience contributed to the substance and relevance of this research. As a woman who has lived with an abortion secret, I was able to empathize with participants of the study and relate to descriptions of their experiences. As a social worker and therapist, I was able to use of my therapeutic skills to actively listen, as well as create a trusting and respectful alliance with participants without judgment. Those skills coupled with my lived experience created a place where participants could relate as they openly shared narratives on their lived experiences. However, as a therapist and a woman who shares a similar lived experience with subjects of this study, it was essential I kept appropriate boundaries as the researcher.

To ensure necessary boundaries were maintained, I kept a personal journal throughout the interviewing process to write down my own thinking, struggles, and biases as I listened to the lived experiences of other women within the course of the interviews. Smith et al. (2009) explain that use of bracketing would allow me to separate my experience or ideas in order to focus on my participants' perception and what they have to say about their world. Hence, as the researcher, I listened intently to ask questions connected to participants' responses (Smith et al., 2009). As a researcher with a therapeutic background, while I became part of the participants' system for the purpose

of the study, I steered clear of offering therapeutic advice. Instead, I compiled a list of 4 local mental health providers along with two websites to which participants could locate a clinician. This list was prepared in order to provide to participants expressing desire for therapeutic support services. Additionally, I benefitted from the quality of data and findings this study yielded concerning the lived experience of participants.

Trustworthiness of the Study

The quality control plan the researcher developed was an essential element to establishing credibility and trustworthiness in this study. The quality control plan allowed for management of self-of-the-researcher, safety and ethical concerns. Doing this required the researcher to take definitions and concepts from primary sources to include, but not limited to, American Pregnancy Association (2016), Berger and Paul (2008), Bowen (1976, 1978), The Centers for Disease Control and Prevention (2015, 2016), Creswell (2007), The Guttmacher Institute (2015, 2016), Imber-Black (1993; 1998), and Kerr and Bowen (1998) to ensure accurate and proper use of methodology and concepts. I implemented bracketing during data collection in order to manage my struggles, assumptions, and biases.

Ethical Considerations and Risks

The risk of harm to participants is an essential ethical consideration in qualitative research. Due to ethical reasons and the fact that IPA studies are frequently concerned with major existential issues, it was imperative that the researcher monitored how the interview process impacted participants (Pietkiewicz & Smith, 2014). Creswell (2007) notes that in researchers' quest to gather personal data, the interview process requires a

considerable amount of participants' personal time, which makes it possible for participants to open themselves up to vulnerabilities.

Given the sensitive nature of this particular study, the researcher ensured the interviewing process, as well as information gathered within, did not pose a threat or harm to participants at any time. To do so, the researcher interviewed participants in a mutually agreed location. Creswell (2007) postulated the need for researchers to anticipate and continuously address certain ethical issues throughout the duration of the study. Hence, the researcher discussed the importance of maintaining participants' privacy and confidentiality.

Each woman who agreed to participate in this study received a phone call from the researcher. The purpose of this phone call was to introduce the researcher to each individual participant, explain the purpose of the research, and answer questions in regards to the study, discuss the procedure for the study, as well as the risks and benefits of the research study—as sensitive details were likely to arise during the course of the interviews. Participants were informed that participation was voluntary and discontinuation from the research was permitted at any time during the study without reproach. It was reiterated that sensitive material may surface throughout the course of the interview process that may require therapy. Participants were given opportunity to obtain a list of mental referrals as stated earlier. Additionally, the researcher made a follow-up call to the five participants to inquire about possible reactivity that warrants a therapeutic referral.

Utilization of informed consent forms served as another step in maintaining ethical considerations. The researcher utilized consent forms to ensure participants were

aware of their rights. Upon signing forms, each participant were provided a copy of their signed consent forms. Participants' consent forms are stored in a locked file cabinet in the private home-based office of the researcher's residence where others will not access.

Confidentiality/Benefits to Participants

Dahl and Boss (2005) indicated that the personal nature of the meaningful questions increases the issues of confidentiality. Consequently, the researcher planned and took appropriate steps towards minimizing as many confidentiality risks as possible. From inception, the researcher informed participants of the research study's voluntary status and that no monetary compensation would be provided for participating. Following the completion of the consent forms, each participant received a unique code and pseudonym for additional confidentiality measure (Dalh & Boss, 2005). This step was also taken to ensure that the actual identity of participants remain private and protected. Following the completion of the study, all consent forms, demographical forms, digital audio recordings, genograms, and transcripts will be kept for a period of at least 36 months.

CHAPTER IV: RESEARCH FINDINGS

Life experiences, coupled with familial, cultural, and social values (and norms) influence the willingness of a person to disclose certain experiential events. Depending on the environment one finds themselves in, active maintenance of a secret has the potential to reveal what a person deems inappropriate, unacceptable, or taboo. In this manner, phenomenological research examines the lived experience of individuals with significant relationship to a particular event and the individuals' perception of the event. In this case, participants of this study share a life experience of abortion secrecy. More specifically, these participants have kept their abortion secret from at least one person with whom they are/were in relationship. In conducting this study, the purpose was to identify the effects maintaining an abortion secret had/has on the women of the study and their relationships.

Participant Information

With approval from NSU's Institutional Review Board (IRB), the researcher utilized purposive sampling to recruit participants for this study. Of the seven respondents who expressed interest as potential participants, the researcher selected the first five who met the inclusion criteria. The participants included five women between the ages of 30-54 whose education level ranged between attending some college to completing a Master degree. All of the participants identified as women over the age of 21 with an abortion experience which occurred over five years ago. Each of the participants reported having kept their abortion secret from at least one person with whom they are/were in relationship. A snapshot of participants' demographic information

is presented in Table 4.1, using pseudonyms to maintain privacy of each participant of this study.

Table 4.1

Participant Information

Participant Information					
Demographics	Jan	Annette	Jessie	Merline	Amanda
Marital Status (at abortion)	Single	Divorced	Single	Single	Single
Marital Status (current)	Married	Married	Single	Single	Married
Age (at abortion)	16	Early 20's	23	17	19
Age (current)	42	54	30	37	36
Number of Children (at abortion)	0	3	0	0	0
Number of Children (current)	2	4	0	2	2
Race & Ethnicity	Black African-American	Black African-American	Black African-American	Black Haitian	Black African-American
Highest Level of Education	Some College	Bachelor Degree	Master Degree	Master Degree	Master Degree

The researcher made effort to create and provide a comfortable environment where each participant felt relaxed and open to dialogue with the researcher about their unique experience. This allowed the researcher to continue joining and building rapport with each participant as interviews began with genogram questions. During this time, participants were invited to share honestly about their relationship with family and others in order to draft the genogram.

Between drafting genograms and asking traditional IPA questions, the interview questionnaires yielded substantial historical data of each participant's lived experience through use of questions related to participants' abortion secret and relationship(s) with other individuals in their lives. In Table 4.2, each participants' abortion history is itemized highlighting participants' unplanned pregnancy type, who determined the necessity of abortion, who the abortion was/is kept from (if it remains a secret), and whether there is a present desire to disclose the secret. Though most participants admitted to keeping their abortion hidden from others within their relationship systems, the person(s) indicated in Table 4.2 are specific to their "at least one person" that participants are/were in relationship with.

Table 4.2

Participant Abortion Information

Participants' Abortion Information					
	Jan	Annette	Jessie	Merline	Amanda
Type of Unplanned Pregnancy	Unwanted	Unwanted	Mistimed	Mistimed	Not specified
Who determined abortion was necessary?	Father	Self	Self	Mother	Mother
Abortion secret kept from...	Male partner in relationship	Family	Friends	Best Friend	Father
Abortion remains a secret?	No	Yes	Yes	Yes	Yes
Do you desire to disclose?	Yes; Already disclosed to "Gentleman" and others	No	No	Yes	Yes

The researcher intentionally situated the traditional IPA questions in a particular order out of consideration for the sensitivity of this topic. Doing so allowed participants to gradually transition into questions exploring their abortion secret and its effects on their relationship(s). Each participant candidly recounted details regarding their experience with abortion, the abortion secret, and their relationship dynamics at time of abortion and after.

The gentleness of genogram questions helped participants warm up to developing a conversational dialogue with the researcher. This method of rapport-building aided the researcher in broaching more personal, in-depth conversations with participants. For the remainder of the semi-structured interview process, participants were asked open-ended questions which provided the researcher access to asking more specific questions related to the research questions. This also allowed researcher to ask participants diverse questions unique to their experience. During the interviews, all of the participants willingly and openly disclosed information about their abortion secret to which four of the five participants expressly admitted not having discussed their experience in years. Given the sensitivity of this topic, the researcher only used personal interviews to gather data as prescribed by IPA. Results of this study is illustrated using emergent themes from interviews detailing participants' lived experiences. Themes from data analysis to follow.

Results of Data Analysis

In Chapter III, the researcher identified Interpretative Phenomenological Analysis (IPA) as a useful qualitative methodology approach aimed at examining details of participants' personal lived experiences (Smith et al., 2009). Smith and Osborn (2015b) explain that utilizing IPA serves valuable especially "when examining topics which are

complex, ambiguous, and emotionally laden” (p. 41) such as abortion secrecy. As such, the researcher utilized IPA steps as a guide in gathering and analyzing the data, as outlined by Smith et al. (2009).

The idiographic approach of IPA studies each participant uniquely (Pietkiewicz & Smith, 2014). Rather than make generalized claims, IPA commits to painstaking attention to detail of cases (Smith & Osborn, 2007). Hence, IPA’s focus on sense-making helped guide the researcher in begin to articulate the connection between participants’ talk, thinking, and emotional state (Smith & Osborn, 2007).

The results of this study derived by following the six step data analysis process of IPA. The following steps serve as a guide to the researcher’s analysis process. Each step required thoughtful processing and analyzation of the data along with the researcher’s relationship to the step. The following IPA data analysis steps are outlined below:

Step 1: Reading and Rereading

This first step of the IPA analysis calls for immersing oneself in some of the data (Smith et al., 2009). The data of this study consisted of interviews which were transcribed verbatim following each participant’s interview. Transcriptions included line numbers. The researcher immersed herself into the data by initially reading the transcript while listening to the audio recording of each interview. Then, the transcript was read without the audio recording and reread with the audio recording. Repeated readings of the transcript ensured that the participant remained the focal point of the analysis (Smith et al., 2009). This active engagement with the data began the process of the researcher entering the participant’s world (Smith et al., 2009).

Step 2: Initial Noting

In this initial level of analysis, Smith et al., (2009) note this step as “the most detailed and time consuming” as semantic language and content are examined on a “very exploratory level” (p. 83). The researcher read and reread transcripts a number of times in an effort to gain familiarity with participants’ accounts and for potential discovery of new insights (Smith & Osborn, 2015b). No rules exist about what the analyst was to comment on. However, during each reading and rereading, the researcher used the left margin of transcripts to annotate participants’ response that researcher finds significant or interesting (Smith & Osborn, 2015b).

In this initial noting phase, Smith, Flowers, and Larkin (2009) recommend the use of exploratory commenting. Exploratory commenting consists of three main processes as follows:

1. *Descriptive comments* describes the content and thoughts of what participant experienced denoted with normal text
2. *Linguistic comments* describes participant’s specific use of language, explanations, and key phrases denoted using italicized text; and,
3. *Conceptual comments* describes a shift of researcher’s focus to engaging at a more conceptual and interrogative level denoted using underline (Smith et al., 2009)

During this step, the researcher found it useful to use different highlighter colors to identify the various exploratory comments.

Step 3: Developing Emergent Themes

In this third step of the analysis, the information contained within the transcript increased substantially as a result of the researcher's exploratory comments. The researcher used the right margin of the transcript to document themes as they emerged from reading and rereading. Rather than working solely with the transcript, the researcher shifted, analytically, to work with initial notes made during Step 2. The researcher focused on analyzing the exploratory comments and notes in order to capture themes as they emerged. This allowed the researcher to shift participants' responses from content-based responses to emergent themes in order to reflect both the participant's responses and the researcher's interpretation of responses (Smith et al., 2009). See Table 4.3 for an illustration of the researcher's analysis process as themes emerged in Annette's case.

Table 4.3

Emergent Themes

Development Emergent Themes		
Original Transcript	Exploratory Comments	Emergent Themes
<p>Researcher: What effects do you think keeping your abort..., your secret has had on you?</p> <p>Annette: Umm... Then, I, I, I was tormented. When I had it, I was tormented. And, it took me, even now, though—It's so</p>	<p>-Described being 'tormented' for years; felt 'guilty,' unworthiness, and 'alone'</p>	<p>Torment</p>

<p><i>(Continued)</i></p> <p>funny. But, let me talk about then. I was tormented for many years. I felt guilty. I felt unworthy. I felt... umm... really bad about myself for having done it. And, I, I remember the whole, I remember the whole procedure. I, I remember the procedure. I was alone. I... Who could I tell? I had nobody. Uh... The person who I thought was the, the dad, he was like... It, it could've been my ex-husband's. H-h-hell!</p>	<p>Rhetorically asked 'Who could I tell?' to emphasize that she 'had nobody'</p> <p><i>-Seemed to stutter with 'I' statements as she recalled experience. She repeated 'I remember the whole thing' twice. Admits feeling 'really bad' about herself following procedure. Wondering what she's feeling as she discussed and recalled experience. Made statement "Who I thought was the, the dad." She sounds uncertain about who impregnated her.</i></p> <p><u>-Different emotions, feelings, and thoughts continued after the abortion procedure and while keeping the abortion hidden</u></p>	<p>Guilt</p> <p>Loneliness</p> <p>Multiple sexual partners</p>
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Step 4: Searching for Connections across Emergent Themes

In this step of the analysis, the researcher identified the transcript's emerging themes and listed them in chronological order as they presented in the transcript. Afterwards, an outline was created to categorize relevance of themes to one another and the research question. Subsequently, the researcher clustered subordinate themes appropriately to create superordinate themes. An example of this step is demonstrated in Table 4.4 reflecting Annette's response.

Table 4.4

Superordinate Themes

Superordinate Themes	
Superordinate Theme	Subordinate Themes
Emotional Aftermath of Abortion Secret	Torment Guilt and shame Loneliness Promiscuity

Annette's account of her experience was used to illustrate the emergence of themes found in that particular excerpt. The researcher pulled the themes together to develop a superordinate theme. See Table 4.5 for a comprehensive list of participants' subordinate themes clustered into superordinate themes.

Step 5: Moving to the Next Case

The next participant's transcript was reviewed and analyzed using Step 1 through Step 4. The analysis process was repeated at Step 5 for each participant of this study. This step highlights IPA's idiographic commitment to each participant as the researcher treated every participant as individual cases, separate from prior participant transcripts. This step ensured that transcripts would be reviewed individually, limiting influence from previous discoveries (Smith et al., 2009).

Table 4.5

Table of Emergent Themes

Emergent Themes	
Superordinate Theme	Subordinate Theme
Self-sacrifice	Decision made for self Decision made for others
Emotional Aftermath of Abortion Secret	Torment Guilt and shame Loneliness Cycle of promiscuity
Secrecy as Protection	Protect self and family Maintain self-image
Dance of Anxiety	Conflicted interests Eased anxiety
Effects on Relationship(s)	No effects Interactional changes
Generational Experiences	Teenage pregnancy Sexual molestation Marriage Secrecy
Finding Freedom	Faith Forgiveness No judgment

Step 6: Identifying Patterns across Cases

Following the completion of Steps 1 through 4 for all five participants, the researcher searched for existing theme patterns across transcripts. To do so, the researcher identified patterns and connections, themes found repeated most frequently across participants' transcripts, and the effects themes from individual cases had on other

themes. Smith et al. (2009) identified the use of abstraction as one of the ways to create organization of emergent themes.

Using the IPA steps as outlined by Smith et al. (2009), seven superordinate themes resulted from the researcher's close analysis of participants' transcripts. The researcher was also interested in exploring the research question from a Bowenian lens. Therefore, employing the theoretical framework of Bowen Family Systems Theory to explore participants' experience, the researcher used abstractions to identify patterns between emergent themes to develop superordinate themes and organized themes based on the concepts of Bowen Family Systems. In Table 4.6, an illustration of Bowen concepts is depicted.

Meaning of Abortion

Once drafting of the genogram was completed, the researcher utilized the list of semi-structure interview questions to begin gathering more in-depth information as it pertained to the research questions. In order to gather an idea of how participants view abortion, participants were asked to describe what abortion meant to them. As defined by CDC (2016) abortion is "an intervention performed by a licensed clinician... that is intended to terminate an ongoing pregnancy." While this generalized definition describes an abortion as procedure performed by an authorized clinician, it was important to understand the meaning of the term, especially after have experienced one for themselves. Hearing the various ways all five participants' described abortion helped set an atmosphere for the researcher to gain a foundational understanding of each participant's perspective.

Table 4.6

Master Table of Emergent Themes using Bowen Concepts

Master Table of Emergent Themes using Bowen Concepts		
Superordinate Theme	Bowen Concepts	Subordinate Theme
Self-sacrifice	Individuality and Togetherness	Decision made for self Decision made for others
Emotional Aftermath of Abortion Secret	Emotional System	Torment Guilt and shame Loneliness Cycle of Promiscuity
Secrecy as Protection	Chronic Anxiety	Protect self and family Maintain self-image
Dance of Anxiety	Triangles	Conflicted interests Eased anxiety
Effects on Relationship(s)	Individuality and Togetherness	No effects Interactional changes
Generational Experiences	Multigenerational Transmission Process	Teenage pregnancy Sexual molestation Marriage Secrecy
Finding Freedom	Differentiation of Self	Faith Forgiveness No judgment

Jan provided several descriptions of abortion. She began by stating that “It’s wrong.” She continued remarking that “You’re taking a life.” As the interview with Jan progressed, she admitted to viewing abortion as “the way out.” Annette stated, “Abortion means to me, now, that a child that was sent into this realm was taken out of this realm.” She added, “I don’t believe abortion is right.” Jessie described abortion as “a choice... made out of... desperation.” She went on to say that abortion is done to “erase” something “you may not necessarily be ready” for at time of a pregnancy. With silence

followed by a sigh, Merline let out a slight chuckle of what appeared to be discomfort as she provided a description of abortion as an act of “getting rid of a child that is unwanted.” Similar to Merline’s expressions, Amanda sighed, slightly chuckled, and remained silent for a short while before making her statement that abortion “means that you’re making a decision to take someone’s life.”

Self-sacrifice

All the participants depicted themselves as individuals with a certain level of connection to their family unit—some more than others. Bowen’s concept of *individuality and togetherness* is important as participants have a level of emotional significance to their family unit (Kerr & Bowen, 1988). Titelman (2008) explains the concept of “individuality and togetherness” as forces that drive organisms to be a distinct, independent entity, and “follow its own directives” (individuality), also being able to an indistinct, dependent entity that’s connected and follows others’ directives (togetherness) (p. 34).

The participants’ ages ranged between 16 to 23 years at the time of the abortion (Table 4.1). Two participants report being in their 20’s at the time of their pregnancy and the other three were in their teenage years. Indirectly, each participant expressed ability to exercise autonomy and make decisions as individuals. However, while two of the five participants reported initiating and following through with the decision to obtain an abortion independently, the other three participants determined that the decision to terminate their pregnancy was made by a parent in which participants were expected to obey.

Participants did not use specific terms to describe “individuality and togetherness.” However, this concept became apparent in their description of their abortion experience, particularly those participants with parents who made the abortion decision on their behalf. Their responses exemplified participants’ sacrifice of their feelings and desires for the sake of the greater system.

Decision made for self. These responses come from the two participants who independently made decisions to abort. In the following Annette spoke of having made a decision to terminate her pregnancy in the midst of being a divorcee with three children. Annette stated:

Annette: ...Because life was hard. Life would’ve only been harder. Umm...
It was hard and I just could not deal... I could not imagine having another child.

Jessie described herself as goal-oriented person who was enrolled in a master-level degree program. She provided a brief response when asked about her abortion experience and stated:

Jessie ...I knew that I needed to do it—just based on the situation.

Decision made for others. This common theme surrounding who determined the need for an abortion to take place presented in each interview. When exploring this question, participants described experiences with the decision-making process:

Researcher: Whose decision or idea was it to have an abortion?

Jan: My Dad.

Researcher: Your dad.

Jan: And, his, his, his reasoning wasn't... There was pure intentions....
I was young. You know... got caught up in this, and he just
thought that he was doing the best thing for me to do that. But,
um... It caused me to go into a cycle of that.

Merline spoke in detail about her experience with her mother's decision for the abortion procedure. In the following excerpt, Merline shared a memorable experience she had with her mother after going to the abortion clinic and deciding not follow through with obtaining the procedure during her first visit:

Researcher: Okay. So, your mother had you get an abortion. Is that correct?

Merline: Mm-hmm. Yes.

Researcher: Okay, okay. And, so, you said you didn't want to.

Merline: Mm-hmm.

Researcher: So, you had a conversation with her about not wanting to?

Merline: Yes! We... yeah. We talked about it. Umm... She, at the time when I did... um... get pregnant, I was a senior in high school, and almost done with school ... So, I really didn't have anywhere to go, or anything like that. Umm... So, when I talk to her, and I was, like, 'I wanted to keep my baby,' and, because... she was so embarrassed and worried about other people's opinion, she gave me the money to go and do it... I went to the... clinic, and... I couldn't do it that first time. I went... umm... and they evaluated me... and, then, I left. Umm... When I got back home, and told her I couldn't do it and I just, I wanted to keep my child... she,

basically, was like, now—...she'll call the, the, the, my, my boyfriend, at the time... and tell him to come and get me, and—you know—I would have to leave her house... and, she would just tell whoever ask her that I just picked up and left. That's how much she was trying to save face, per se, and not... umm—you know—have to worry about anybody—you know—saying anything about her 'cause she cared so much about other people's opinion. So, in, when she threatened me, for me to leave, I didn't have nowhere to go, or anybody else to turn to. So, I, I didn't have any choice. I felt like I didn't have any choice, at the time.

Amanda was the third participant to report an abortion influenced by a parent. She described the struggle to maintain a distinct “self” in her mother's decision for the abortion and her resolve to follow her mother's directive in order to maintain togetherness of the family. Amanda's response regarding abortion decision is in the following excerpt:

Amanda: (Sigh)... It has not been easy simply because it wasn't my 1st choice. It wasn't something that instantly said, 'Oh, I gotta go get an abortion.' It was brought to me as something I had to do—not to say that I would not have done because I don't know what I would've done had I been in a position just to make a choice for myself. But, because of the way it was thrown on me, I think it was, weighs more heavily, in a sense, because at the end of it, I had

to make the choice. No matter who brought it to me, I was the only person that could sign off and say, ‘Do it!’

Researcher: So, when you say it was brought to you, brought to you by who?

Amanda: My mother.

Researcher: Okay.

Amanda: There was not an option. There was not a conversation. I was in college and my, the beginning of my 2nd year of college. And, when she found out, it was horrible. But, it was, it was her calling to see where to take me, her setting up the appointment, and me having to pay for it (Extended sigh).

Later in the interview, without using conceptualized Bowenian terms, Amanda spoke of her level of individuality in direct relationship to where she was at the time of the abortion. She provided an idea of the functioning position her mother occupied during the time leading up to her abortion. Through reflection of her mother’s influence on her “emotional functioning” (Kerr & Bowen, 1988, p. 55), Amanda added:

Amanda: I’m very much accountable for myself because, at the end of it all, I was almost 20 years old and I could’ve made the choice for myself to say ‘No!’ to the abortion, and tell my mom, ‘I’m going to tell my dad.’ But, I think the weight of influence that my mother had on me played heavily in the decisions that I made. But, I’m accountable for myself. So...

Emotional Aftermath of Abortion Secret

The concept of *emotional system* provides a lens to understanding the family as an emotional unit and how naturally occurring life forces impact the emotional functioning of people (Kerr & Bowen, 1988). In consideration of participants' abortion and secret, the concept of the emotional system creates opportunity to view and understand participants' behaviors as a reflection of their environment (Kerr & Bowen). Therefore, this superordinate theme highlights the significant influence relationship systems had on all participants' response to abortion and the secret of abortion. During the interviews, "aftermath" was mentioned several times.

Torment. One of the several words participants used to depict their experience with an abortion secret was "torment." Participants shared conversation about the impact keeping their secret from their emotional system had on each of them. In the following excerpt, Annette recalls the secret's impact:

Researcher: What effects do you think keeping your abort..., your secret has had on you?

Annette: Umm... Then, I, I, I was tormented. When I had it, I was tormented. And, it took me, even now, though—It's so funny. But, let me talk about then. I was tormented for many years.

To better understand her experience of an abortion, Annette explained the following as a fundamental teaching that drove her to hide her abortion from her family:

Annette: ...We grew up Methodist. We were in the Methodist church—and that I was introduced to salvation, through Jesus. And, then, that brought in all of the dynamics that goes along with a non-denominational church, and abortion was wrong... you were going

to hell. And, so that was my thinking: Abortion is wrong, you're a murder, and you're going to hell!

Researcher: No in-between?

Annette: There is... Well, there is nothing in between when, when you're, when you're in those, when there's a lack of knowledge... When there's a lack of understanding...

Later in the interview, Annette insinuated that her response to having her abortion was impacted by her family unit but intentionally took steps to alter her response to her situation and the systems around her. This is demonstrated in the following excerpts:

Annette: But, I just knew I wasn't gonna bring another child into this world. And, it tormented me for years until I started... umm... learning. I started learning. I had to leave what everybody else... uh... their education, their upbringing, their belief systems and I started searching for myself... not necessarily about abortions but just trying to find...

Researcher: Who are you...?

Annette: Who are... Who am I? Why am I here? And, that was... and, this is years, and years, and years. But, I cried. I cried.

Like Annette, Jessie expressed feeling tormented; however, she also depicted her experience with secrecy as “torture” in the excerpt that follows:

Researcher: ...What, what effects has keeping your secret had on you, personally?

Jessie: Well, definitely, in the beginning, umm... I don't think anything now... But, when I, when it first happened, just those first few years, like, I would say about, like, 2-3 years, it was... umm... torture. I mean, it just really hurt me. I would cry... umm... a lot... Umm... and just, I was tormented, really internally—not even from anyone else. I think I did more damage to myself. You know—I think I'm my own worst critic, period!

Without using the term “torment,” Merline described her experience with the abortion secret below:

Researcher: Can you tell me what effects has keeping the secret had on you, personally?

Merline: Umm... It was a, it was difficult because I couldn't share how I felt

So, I was suffering silently, and... umm... it, it's hard...

Similar to Merline, Amanda also depicted her experience as “hard” rather than “torment” in the following excerpt:

Amanda: It was rough just because that place that I was in, had never been through anything like that... Have never gone through anything like that since then. So, to be in that place and he's present, he's there, but he does not know what's going on—it was hard! It was very hard.

Guilt and shame. Jan, Annette, and Merline also associated keeping their secret with feelings of shame and guilt as each implied going against what was acceptable.

Jan: ...After I got the abortion, my feelings was I, I realized what I had really did... that there was really a life...

Researcher: Mm...

Jan: ...Umm... And, so, I mean, I was 16 years old but, and so, I realized that there was a life that I, that I took and I didn't allow it to live.

In spite of her age at the time of her first abortion, Jan admitted to feeling guilty in her follow-up statement:

Jan: Awe man... Um... Guilt! Very, a lot of guilt.

Annette spoke of the sexual abstinence expectations of a Christian who is not married as contributing to her experience with guilt and shame in the below excerpt:

Annette: ...My 3 girls was [sic] attached to a husband. This child would've been attached to nobody. I'm still a Christian. So, if I'm a Christian, then, why am I having sex outside of marriage and I'm divorced?

Researcher: Right.

Annette: The baby tells a story. Umm... You, you cannot rewrite that! I don't care how you try. I did not have support, financially. I was struggling to take care of my 3 children. And, the person who—we laughed, we laughed, we laughed—when I said I was pregnant and, and, and, and, excuse my expression: Hell, it may had been his and may not had been his. To be very honest, I don't know. I think it was, but I don't know!

Annette continued by stating:

Annette: I felt guilty. I felt unworthy. I felt... umm... really bad about myself for having done it.

Later, Annette provided details on an unexpected encounter with her physician, in preparation for the procedure, which appeared to compound the guilt and shame she felt going into the procedure.

Annette: ...And, the doctor was absolutely horrific! He had delivered all of my babies. All 3 of my babies, he had delivered them. And, when I went to have the abortion, I was on the table and I was weeping. I could see his face. I can see my position, I can see the nurse standing there. I turned my head [demonstrated position and head turn] and he said, “Why are you crying now? You wasn’t [sic] crying then?”

Researcher: Wow!

Annette: ...And, I, I remember just kinda going inside. I, I don’t know—just shutting—I remember just shutting , shutting, shutting what he said off. And, umm... it hurt.

She also described what it was like to be in the presence of her family while hiding the abortion. Annette reported the following:

Annette: Uh... I, I felt shame, even though they didn’t know it, (Pause) I still felt ashamed. Umm... And, I felt less than a mother.

Although Merline’s abortion was influenced by her mother, the intense emotional connection within their relationship profoundly affected one another. In turn, this

decision also influenced Merline's thoughts, feelings, and behaviors, her interactions with her best friend, and her relationship with her God. In the conversation to follow, without mention of shame or guilt, Merline spoke of having relationship with her best friend from high school in which she described being unable to confess her actions after having "lied" to her best friend about having a miscarriage rather than an abortion:

Researcher: ...Tell me what the thoughts and feelings were you experienced knowing that you had the abortion, or the secret.

Merline: Umm... I wanted to share because I needed someone to talk to. I wanted to—you know—cry on her [best friend's] shoulder. I wanted to tell her how I felt and what I was going through but I just couldn't. I couldn't... umm... and, for years, I just, I just couldn't.

Merline answered the question pertaining to her faith in the next excerpt:

Researcher: What role do you believe faith or your religion played in your secret? ...

Merline: Umm... I know God does not like abortions. And, every, every baby is a miracle... no matter how it's conceived. Umm... I felt shamed. I felt like I—you know—disappointed God. Umm... I battled with that a lot. Umm... (Crying)

Researcher: (Whisper) It's okay.

Merline: Umm... I don't know. I, I... I didn't pray because I felt shamed, like—you know—God was just like so mad at me, and...umm... for doing that because I knew better.

In Merline's situation, and like many of the participants of this study, the tension or anxiety felt within the family's emotional system created more stress than comfort (Kerr, 2000).

Loneliness. Despite reports of being in close relationship with friends and family, all participants expressed experiencing some level of loneliness immediately following their abortion and during the time of concealing their abortion.

Researcher: ...So, tell me what it is or what it was like for you to know about the abortion and others not know...because it sounds like you've been pretty open about your abortion now...

Jan: Yeah.

Researcher: But, what was it like for you back then for people not to have...?

Jan: Uh... I felt, I felt alone. Yeah. Umm... rejected, and it was self-inflicted. 'Cause, I look at it as self, self-inflicted rejection 'cause I chose to keep a secret. You know—when I could've ask... you know—asked for the help, or I could have...

Jan went on to report an incident that felt like betrayal and abandonment after a schoolmate took her to an abortion clinic. Jan described that experience below:

Jan: In one particular time, I had a, a young lady I went to school with—this was the 2nd abortion that I had—I was a senior in high school, and I went to school with this young lady... Uh, and, she, she was pregnant at the time and she took me to get, have the abortion.

Researcher: Mm...

Jan: (Chuckle)

Researcher: While she was pregnant?

Jan: Right. And, so, there were the people that were standing out, they were protesting, and she took me to get the abortion but she stood with the protesters. So, just all of those things... just feeling betrayed, even though I knew, you know, that this was, this [abortion] was wrong...

Jan continued on to explain how this experience magnified her sense of loneliness as the clinic staff would not allow Jan to return home with the schoolmate. Jan's excerpt:

Jan: She, she drove me to the abortion clinic, but her whole intentions were to, basically, slander what I was doing—not to help me, but I thought she was there to help me... So, the people at Planned Parenthood... they, they wouldn't let her take me home. They, they said "Ma'am, she's out there with the protesters." So, they were like, "We don't, we're not, we don't think you're safe."

Both Annette and Merline spoke on having no one to share their experience. In the following, Annette stated:

Annette: I was alone. I... Who could I tell? I had nobody.

Similarly, Merline made the following statement:

Merline: I couldn't share how I felt, like, the real me couldn't actually come out... umm... because I couldn't, I didn't have anybody...

Amanda and Jessie were the only participants who expressed an ability to discuss their abortion with cousins and mother, respectively.

Researcher: Who knows about your abortion?

Amanda: My husband; my mother, of course; umm... the person with whom I would've had a child; his mother; his sister; and, a couple of my cousins just because I needed someone to talk to and I talked to them.

Jessie noted:

Jessie: Mm... I told the, the guy that I was with and my mom, with, went with ... when I had to have the abortion. She went with me. So, it wasn't a secret.

Cycle of promiscuity. When participants were questioned about the impact of the abortion on their personal lives, three participants explicitly highlighted behaviors of sexual promiscuity. Annette admitted to experiencing low self-esteem at the time and attributed this to her behaviors. Annette's excerpt follows:

Annette: I was divorced and I was lonely! And, I had zero self-esteem! Zero! Zero, zero, zero! ... I had zero self-esteem! And, if someone showed me attention, then, my only recourse, in my mind, was to give myself away. Okay. No, didn't have men lining up. That's not what I'm saying. I wasn't a whore. But, promiscuity was definitely something that you could check off. That's a box you can check off.

Researcher: Okay.

Annette: Yeah!

Researcher: Okay...

Annette: ... But even, even being promiscuous, you still kinda try to be selective. Go figure that (Chuckle)!

While Annette labeled her behaviors as promiscuous, Jessie and Jan described their sexual promiscuity as a pattern or cycle of behaviors following their abortion secret.

Here, Jessie provided a description of her behaviors:

Jessie: I, I lashed out, in, in other ways, and maybe—you know—probably put myself in situations where I might've had to have another abortion, again, you know—if—you know—by the grace of God. But, you know—still, and I don't want to say risky behaviors but—you know—in relationships and ... because I didn't understand myself, because I didn't understand why I had done this [abortion], I was still putting myself in predicaments where I could have another unwanted pregnancy. So, still having sex... without protection, and—you know—I'm still just living my life.

Jan described her behaviors from the angle of a “cycle” in the following conversation:

Jan: ...He [father] just thought that he was doing the best thing for me to do that [abortion]. But, um... It caused me to go into a cycle of that.

Researcher: A cycle of what?

Jan: A cycle of abortions. 'Cause I just didn't have one. I had 3.

Researcher: ...Mm...

Jan: Yeah. And so. And, sometimes, you know... be, because I had the one, I know that it would be easy to keep... You know what I mean?

Jan continued explaining;

Jan: ...And, then, I went into another relationship. So, I didn't even have time... And, then, I got pregnant in that relationship, and had abortion. You know, and he took me for that abortion. But, um, so, I really never had time to heal from one because I went through one [abortion]. And, that's the cycle that I'm talking about. You know—you get an abortion, and you automatically assume that this is the way out. You know, the first time. And, then, the next time, this is the way out.

Secrecy as Protection

Possessing a need to protect family members and others whom we care about can often occur innately. In similar ways, participants described the importance of keeping their abortion concealed from the knowledge of at least one person with whom they are/were in relationship for a number of reasons. One of the reasons identified by participants is the need to protect themselves, their parents or family members, and friends in their lives.

This need to protect self and others is best explained by Bowen's concept of *chronic anxiety*. Chronic anxiety surrounding an abortion secret was heard throughout the interviews of each participant as they described a perceived threat to their relationship systems (Kerr, 1988). Like so, participants' anticipation of what could occur should the

abortion become known creates a strain in participants' ability to adapt (Kerr, 1988). To follow are a few examples of measures participants' took in effort to protect their loved ones from their secret.

Protect self and family. When the researcher asked participants to describe the thoughts and feelings experienced while engaging with the person with whom the secret was/is kept from, many provided different scenarios. Jan explained that shortly following her first abortion, she learned that the gentleman she was pregnant by "cheated" and admitted to viewing the abortion as a means of protection for herself.

Jan: ... I just felt like... uh... you know... I saved, saved myself even though it was my dad's decision... but he spared [me] from going through some things...

Amanda: ... I won't say I was not honest because there wasn't anything I was lying about with my dad. I just was not telling him. So, it's not being open...

In support of protecting her parents' marriage and relationship, she stated the following:

Researcher: Okay. So does that mean your father doesn't know?

Amanda: (Shook head 'No')... Not because I did not want my daddy to know, because I did! My mother would not allow me to tell my daddy. And, now that I'm an adult, I just don't want to revisit that place with him. I, I don't wanna, I don't wanna do that because I know how it is for me. So, to do that to him and, then, him ask me why I didn't tell him, and me have to tell him why, I would stir up a completely different set of issues.

Researcher: So, that would be another layer of secret revealed?

Amanda: (Sight) Exactly! So, I'm just, I'm not trying to cause that chaos in their relationship and I'm not trying to put that on my dad. So...

Annette's focus was on keeping her secret from her family, especially her children.

Annette: Umm... No one in my family needed to know. I don't think that they could have handled it, to be very honest with you. They would not have been able to handle it, then. And, there is no need to say it now.

Moreover, Annette expressed concern that disclosure of her experience to her family would cause damage which she wanted to avoid. This concern is evident in the discourse that follows:

Annette: You don't disclose all of that stuff. It, why would I want to tear my family up? Why would I want to destroy? ... Why would I want to destroy my family?

In support of her decision to protect her mother, Annette suggested her mother has avoided certain topics of conversation:

Annette: So, if I know that my mom is "Blah, blah, blah, blah... Some things you just don't need to talk about...!" I'm not going to disturb her peace. Let her stay in the world she... She's beautiful... lovely... a darling of, of a mother.

Annette presented very matter-of-factly as she continued elaborating on the necessity of her concealing her abortion secret from her family members. She added that there was no value in sharing her history with anyone in her family.

Annette: I don't. I don't because the secret is tucked away. It is, it is tucked away so tight... umm... there is no, no, no thoughts of me sharing it. There is no thoughts of me having a discussion about it. Umm... So, it's not anything that I have to protect... umm... because I know that, first of all, I, I did what I thought I needed to do. And, there is nothing that would benefit me or my family for sharing that I had an abortion! Absolutely nothing.

The researcher listened as Annette punctuated her stance on her secret.

Annette: Sharing everything is not always... There are somethings I'll take to the grave. No one will know but me and Jesus, me and God, and that's the truth—not my husband, not my children, not, not my friend. No one will know. I'll take it with me, and that's a personal choice because you have to know what people can, can, can actually absorb, what they can't. Some people are weak. I'm not weak. Why would I want to destroy or why would I want to...?

Maintain self-image. There is an image people desire or strive to portray of themselves. Encountering obstacles that have the capacity to taint or cause a disturbance in the ways from which an individual was once viewed is enough to trigger anxiety. In fact, Kerr (1988) explains that a chief producer of chronic anxiety is a person's reaction to a disruption in a relationship system's balance. For most of this study's participants, the threat of such a disturbance motivated them to manage their self-image as much as possible by keeping their abortion experience at bay from others. Here are a follow conversations exhibiting the efforts participants to preserve their image.

Jan: So, no, I didn't have any feelings at that time. I, I thought that I was, I wasn't another statistic 'cause I wasn't a, a teenager with... a teenage mother... You get what I'm saying? (Pause) Not realizing that I really was a mother (Chuckles).

When asked about the reason she decided to keep her secret from a particular group of friends, she admitted:

Jessie: Mm... maybe because—you know—I've always been kinda viewed as, like—you know—the golden—you know—child, or, like, the overachiever... always have been... umm... pretty much, successful... umm... you know—in, in my career and just my education, and overall. So—you know—umm... kinda bring this [abortion] up would kinda be, like, well my decision-making would be questioned: if, like, why are you even in this position, like, you're smarter than that. But, them not knowing, like—you know—I, I make decisions, too. Like (Laughter)—

Jessie emphasized a need to be viewed as successful rather than “common” in the following:

Jessie: Like, just their thought process, like, maybe not seeing me as having it all together, or having things, like, being that—you know—just, that, that chick that—you know—does everything, that excels, that—you know—that... umm... is going places, that has her life, like, check-boxed... like—you know—everything's

just check, check, check, check. You know—everything’s good. I think I would be seen as more common,

In earlier conversation with Annette, she identified herself as having “zero self-esteem...”

Annette: Even though I carried myself as if I was all together.

Annette also reported a history of hiding her abortion history when filling out medical documents for her physician’s office. However, she admitted to allowing who she was and what she experienced to be known. In the following excerpt, Annette explained:

Annette: I lied. And, what do you mean I lied? I lied. Anytime you go in for an examination, there is always a question, “How many times have you been pregnant? How many live births do you have?” You will never... I did it once, and, when I did it, I was holding my breath but there was a sigh of relief where I actually told the truth on this, this piece of paper. I actually, finally, admitted that I had the abortion on that piece of paper.

In Merline’s case, though she seemed to focus her attention on the great lengths her mother was willing to take in order to protect her [mother’s] image, as the interview session progressed, she was able to acknowledge personal attempts she’s made to also cover her own image from her best friend.

Merline: My mom always thinks about what other people would think and their opinions and everything like that. And, I think that, basically, you know—made more of a sense of, like, she didn’t want to be embarrassed.

Merline's report of her mother's preoccupation with the community's view of her impacted the system's actions in addressing Merline's pregnancy. Their emotional interdependence created the cooperation necessary to safeguard the family. Likewise, Merline shared how attempted to protect her image, as well, concerning her best friend's knowledge of the terminated pregnancy.

Merline: Umm... When I did have the abortion, I lied to her [best friend] and... umm... told her I had a miscarry [sic], you know. And, for years... for years and years and years, and I, actually, don't think I ever actually told her that I did... umm... I ended up having to have an abortion, or to talk about it. Umm... She just kinda left it alone. You know—umm... But, just to keep that particular secret from her and, and that's one of my best friends that's been there and who was there at the time I was going through this... umm... process...

Dance of Anxiety

This particular superordinate theme provides an image of the basic part of an emotional system appearing in the shape of a triangle (Kerr & Bowen, 1988). The *triangle* is a Bowen concept which explains the operation of anxiety within a system (Kerr & Bowen, 1988). Like anxiety, secrets trigger triangles (Imber-Black, 1998). Though secrets are often kept between two people, they tend to exclude one or multiple others (Imber-Black, 1998). Hence, the dance of anxiety theme characterizes the shifting and spreading of anxiety when a third party is included in a two-person system (Kerr & Bowen, 1988).

Conflicted interests. Majority of the participants described an increase of anxiety as they made attempts to maintain their secret concerning pregnancy and/or abortion with their various relationships. As a result of the anxiety level within the system, participants' narratives gave rise to how the involvement of a third entity aided in the management of the conflict or anxiety contained within the two-person system. Though this did not alleviate the anxiety, in the conversations to follow, participants used their own words to describe the conflicts they experienced in attempts to balance and manage anxiety within their triangles.

Throughout the interview, Merline described being in conflict with her mother concerning her abortion. Merline described that experience in the following excerpt:

Merline: ... It, it, it even... came to [a] point where my relationship with my mom... umm... dwindled because I didn't want to talk to her anymore. I felt like she betrayed me. The response that I got I never would've thought that—you know—especially after she's been... through the situation of having a [sic] ... early, like... early pregnancy with her being... 18 when she had her first [child]. So, I figured she would understand—you know... Things happen. But, the response that I got was just totally different and it took me by surprise. And, at a point, it just made me just despise her for a while. And, so, it, I didn't have anybody to talk to.

Despite not disclosing the abortion aspect of the unintended pregnancy, nonetheless, Merline managed to pull her best friend into the anxiety she and her mother shared, forming a triangle in order to manage the emotional reactivity.

Amanda described the anxiety she experienced as she adhered to her mother while having access to openly share her abortion experience with her father. Excerpt with Amanda:

Researcher: Okay. How would you describe your relationship with your father?

Amanda: Amazing (smiles with eyes closed)!

Researcher: (Chuckle)

Amanda: I'm my daddy's girl! I am a daddy's girl. My daddy—and that's the catch—I can talk to my daddy about anything... (Tearful) I mean anything! (Sigh and silence)... (Crying) I could talk to him about anything and he's not going to judge me.

Though Jessie gave minimal attention to having kept the secret from her friends, throughout the interview it was apparent that she continued to experience emotional reactivity concerning her abortion procedure. While Jessie may not have verbally articulated significant details on how the abortion secret has impacted her relationship with her friends, she often shifted her attention to her desire for children. Hence, in the following excerpt, when asked how her abortion secret impacted her friendships, Jessie appeared to have triangulated her current male partner in with her abortion experience and strong desire to bear children:

Jessie: Mm... Well, just... (Sigh) I want, I don't know if I want to say affects, but, just more so just emotional and I think, like, just wanting or desiring, especially now. Like, I think I really want children. You know, so, just having those conversations with my, with my partner now and kinda just... uh... talking about it. Umm... Not, I don't think I put pressure... umm... on anything

but, I know, for me, just really talking about it. Like, when I see children playing or when I see certain things. Like, he has a son, and so, you know—really wanting that, really wanting to have, be connected to someone, umm—you know—that comes from me. So, umm... not putting pressure on him but having conversations, I mean, healthy conversations, it's not, like, arguments, but just healthy conversations about—you know—my desire or what I envision for myself.

Annette's triangles:

Annette: And, I felt less than a mother. I felt (Pause) I, I was confused. But, in terms of there being an impact with me keeping the secret from them, that was, it was necessary. They didn't need to know.

Eased anxiety. Jan disclosed limited details regarding her relationship with the male whom she experienced her first pregnancy and from whom she hid her first abortion. However, though Jan initially reported that she did not want to have the first abortion, later in the interview, made a conflicting statement about the abortion. She admitted that the abortion provided easement from the pain or anxiety she may have had to experience if she would have kept her pregnancy—especially, after discovering that the male she was in relationship with was also involved with another person. This conversation with Jan follows:

Jan: ... especially after he had cheated and all of that, I, you know... I just felt like... I saved, saved myself... even though it was my

dad's decision to... but he spared me from going through some things that I, I wouldn't been able to...

Labeled as her "best friend," Merline's still struggled to tell her about the abortion as a result of the intensity of the anxiety level within Merline's emotional system (Kerr & Bowen, 1988). However, she described the easement of anxiety as she envisioned experiencing if she shared her abortion secret with her best friend:

Merline: And, if I had... shared that secret with her [best friend]... umm... I think that would, would've helped me to get through that process a little bit easier. But, because I just, I felt shamed... because I did that and... umm... I didn't want to talk to—you know—anyone about it.

Similar to Merline's best friend, Amanda's brother became triangulated into the conflict between Amanda and her mother just by the mere fact of being present when their mother confronted Amanda regarding the pregnancy.

Amanda: My brother just so happened to be with her, and he was the person that had to intervene to keep my mother away from me. And, he just hugged me. He didn't say anything. He just hugged me.

Researcher: Mm...

Amanda: ...And, we have never talked about it since.

Researcher: Your brother?

Amanda: Mm-hmm.

Researcher: So, it hasn't been discussed with Mother, it hasn't been discussed with your brother since... although it's known that it happened?

Amanda: No. Mm-hmm. (Sigh)...

Researcher: But, he was there as a support?

Amanda: He was.

Researcher: Okay.

Amanda: ...In that moment, all he had to do was hug me and I felt better...

Effects on Relationships

The researcher's quest to understand the effects of secrecy on relationships and possible interactional changes can be explained through Bowen's *individuality and togetherness* concept. Applying the concept of individuality and togetherness provided the researcher access to listen for how participants were/are independently following their own directives while still able to maintain connection in their relationship systems. In order to gain new insight on the effects of the secret, the researcher asked:

- What effects does keeping your secret have on your relationship(s)?

No effects. Again, participants were provided an opportunity to reflect on the effects of their abortion secret on a relationship where the abortion was not disclosed to that particular person. Participants' responses follow:

Jan: Um... I would say there was nothing...

Researcher: Okay.

Amanda made a clear distinction that keeping her secret from her father did not have a "negative" effect highlighting the togetherness she continues to have within the family system.

Amanda: No negative effects, whatsoever, because I know that the door is there. Anything I have not said is because of me. And, thankfully, that situation did not stop me from talking to my dad.

Amanda added:

Amanda: I didn't let it affect my relationship with my dad, but for me, I had to process because I had to work with, through those emotions before and after.

Like most of the participants, Annette reported keeping the secret from family members did not result in any effects on her family.

Annette: Umm... I can't recall that there was... uh... an impact.

Later, Annette adamantly denied her abortion secret having ever impacted the children or family. However, as the conversation continued, she explained the fact that she intends to disclose this experience to her children. Annette's excerpt:

Annette: It has not impacted us. They don't know about it. They never will know about it until they read my memoirs when I'm dead. And, that's when they'll know about it. And, that's the truth.

Researcher: Mm-hmm. Okay.

Annette: And, I've left journals. I've, I've, I've told my, my, my children, this, this stuff... these, these journals I leave, all of it, it's valuable. It's an insight into why I did what I did; Where I was; What I was thinking. Don't destroy these. These are left for you guys to read, and it will be in there. It's in there.

Researcher: So, it sounds like, at some point, they will know...

Annette: They will know!

Researcher: ...but, it will not be while you're alive.

Annette: It will not be while I'm alive!

Merline's discourse about the effects of the abortion secret varied from the other participants. She explained:

Merline: Keeping it a secret from different people, it, it's—you know—I was, it was hard for a couple of years...

She expounded on how the secret may have affected her relationship with her best friend. Merline described the following:

Merline: I think, I don't think it put a strain to our... umm... friendship, but it, it, I think it would be a lot easier to not have that particular secret—you know—in between... Just because we don't talk about it, that doesn't mean that it doesn't exist.

Merline's expressed desire to disclose the abortion secret to her best friend was followed up with another question.

Researcher: Okay. How do you believe things would've been different had you shared your secret?

Merline: I think our friendship would probably be... we would be a lot more closer [sic]. Umm... because that's something that we would've shared—you know—'cause she would've been there at that time.

While Jessie did not provide a direct response to the question, she shared how she maintained a "show" of behavior in the presence of friends as opposed to when alone. Jessie's excerpt:

Jessie: When I was with people—you know—it was kinda like the show was on, and—you know—I'm not really... You know—I'm just normal [participant name].

Interactional changes. For insight on possible changes in interactions, participants were asked:

Researcher: How has your interaction with this person(s) changed since keeping this secret from them?

Annette noted that overcoming her experience with abortion has provided a lens from which to view societal and relational issues; hence, causing her to curtail her conversations concerning certain issues and now demonstrates empathy. This change in her interaction with family is detailed in the following:

Annette: My responses to conversations about promiscuity, about abortions, about having sex before marriage, about 'Why can't people just get themselves together,' about... umm, umm, umm... relationships between men and women, ...uh... my responses to all of that—it, it colored—the abortion colored. But, it wasn't then that it colored it, it was after I got over me having had it, cried, wept, put it where it needed to go, healed, and, then, now I could stand and say very, very confidently "You don't know a person's story."

A change in communication was noted by Merline as well:

Merline: More quiet than usual. Umm... I tried to just play it off and... uh... keep moving and just not talk about it anymore like it never

existed... We, we were still communicating. We were still friends, and... umm... as long as I didn't talk about it, I was fine...

Amanda maintained the same view and posture that nothing has changed in her relationship with her father since concealing her abortion from him. Amanda responded with the following:

Amanda: No! It has not.

Researcher: Okay.

Amanda: ...That's one thing I can say: I did not pull away as a result of the choice that I made, and I'm very thankful for that.

Jessie did not clearly verbalize any visible interactional changes between herself and her friends. Though Jan did not identify any interactional changes in her relationship, she reported this concerning her present situation:

Jan: But, now, I mean... I'm married. I've been married 21 years but, in... But, he, we don't have any... We have social media... conversations. But, he reaches out to me for prayer. So, he doesn't hold that against me.

Jan is the only one out of the five participants who reported that she has revealed the secret to the person she originally kept it from.

Generational Experiences

All five participants were asked questions about their family of origin and provided opportunities to expound on their family history, as much as desired. Table 4.7 provides a list of participants' background information. Gathering historical family data is supported by Bowen's concept of multigenerational transmission process. The concept

of *multigenerational transmission process* provides space for understanding family functioning. Possessing the knowledge and understanding that family beliefs, values, and traits transmit from one generation to the next generation (Kerr & Bowen, 1988) heightened the researcher's motivation to listen intently for possible patterns of behaviors, in addition to secrets, as participants dialogued with the researcher during the interviews.

Teenage pregnancy. One of the themes that emerged in Merline's family was "early pregnancy" during teenage years. In the following excerpt, Merline shared her knowledge of mother having children as a teenager.

Merline: Umm... (Pause) I'm not sure exactly how long they [parents] were together. I just know they were together when (Slight pause) I was born.

Researcher: Okay.

Merline: ... But they were still young. So, I think they were, maybe, my mother had me when she was 19 [2nd child].

Earlier in the interview, Merline reported having become pregnant with her first child as a teenager while in high school. In a latter part of the interview session, Merline further supports sharing pattern of teenage pregnancy with her mother.

Merline: The response that I got I never would've thought that—you know—especially after she's [mother] been... through the situation of having a [sic]... early pregnancy with her being... 18 when she had her first [child].

Table 4.7

Participant Familial & Cultural Background

Participant Familial & Cultural Background						
		Jan	Annette	Jessie	Merline	Amanda
Place of Origin		Texas	Alabama	Georgia	Haiti	Georgia
Structure of Household	as Child	Single-parent (father)	2-parents (married)	2-parents (married)	Single-parent (mother)	2-parents (married)
	as Adult	Married with a minor	Married	Single	Single with minors	Married with minors
Family Culture		<p>“Christian”</p> <p>Father wanted “the best thing for me”</p>	<p>“Family is important”</p>	<p>“Very strong”</p> <p>Marriage is “very important”</p>	<p>“...church-goers”</p> <p>“...lived at church”</p> <p>Mother “very calm”</p>	<p>-“Very close-knit”</p> <p>Raised in church with “parents very involved”</p> <p>Mother is “control person”</p>
Religious Affiliation	Parents	Christian	Methodist	Christian	Christian	Christian
	You	Christian	Christian	Christian	Christian	Christian
Political Party	Parents	Democrat	Democrat	Democrat	Not involved	Democrat
	You	Republican	Ascribes to no particular party	Democrat	Democrat	Democrat

Sexual molestation. Both Annette and Jessie mentioned a history of molestation within their family. Jessie noted that her mother's experience with molestation motivated open dialogue between them; however, Jessie made no other mention of molestation during the interview. In considering the sensitivity of this study, the researcher did not seek to gather additional information about molestation, as that is a sensitive topic as well. Annette revealed that she and one of her daughters experienced molestation.

Annette: I shared with my husband about molestation. Nope! And, I'm open with it because I minister because my, my daughter was molested.

Marriage. This theme of marriage resonated across all participant interviews with the exception of Merline. A majority of the participants reported history of marriage throughout generations. The topic of marriage, for Jessie, in particular, appears to trigger anxiety as she acknowledged that she desires to follow suit. Jessie is currently single with no history of marriage. In the conversation to follow, Jessie described this family's culture of marriage.

Researcher: How would you... umm... describe the culture of the family you were raised in?

Jessie: Mm... Very strong. Umm... Everybody was married. So, marriage was a, or is... umm... something that is very important... umm... in, in, in, in my maternal family. With my paternal, it's not as important. My grandmother, paternal grandmother isn't married, of course. But, like, my maternal grandparents, they're still married. My, my mother's been married for 17 years. My father's been married... Umm... So, you know—my uncles and my aunts, they

all have spouses. They're married. So, you know—marriage is just really, really important. And, umm... I know, kinda, having a situation where I have, have, having a child with someone who I don't even want to be married to would be, like, 'What are you doing?'

She also provided an example of the type of conversations her grandmother has with her concerning marriage.

Researcher: And, how do you describe the culture of your family now? Still the same?

Jessie: Yeah, definitely. Everybody's married and—you know—my grandmother, she'll have these little talks with me, like—you know, 'When are gonna get married? When am I, you know, when I, when are you gonna have some kids?' You know—So, it's kinda like that—you know—this is what you do! Like, this is how things are set up. This is how things are supposed to go. Yeah.

Secrecy. Given the nature of this research study, the topic of secrecy presented as a prominent theme across all participant interviews. However, only three of the five participants reported multigenerational transmission of secrets. Merline, Amanda, and Annette acknowledged the transmission of secrets from, at least, one generation to another. Merline described the practice of secrecy as a common thread within her family. Amanda straightforwardly admitted watching her mother keep secrets from her father on matters which appeared trivial to Amanda. Annette disclosed a multigenerational family secret about molestation. According to Annette, she and one of her daughters experienced

molestation. Respectively, the following excerpts exhibit the conversations about secrecy held with individual participants and the researcher.

Researcher: What's your family's view on secrets?

Merline: So, you know—a lot of stuff that—you know—that the family may go through, it's, it's, it's between the family. It's nobody's business—you know. So, I, I think—you know—with secrets, if you don't talk about it, it doesn't exist. And, I think that's, that's how it is.

Researcher: So, it's not that there aren't secrets in the family, it's just a matter of not even...

Merline: ... Mm-hmm. Just don't talk about it.

As the conversation progressed, Merline discussed the common practice of secrecy within her family unit and how they've embraced this reality for the family. She made the following claim concerning the multigenerational transmission of secrets:

Merline: You know—'cause as you grow older—you know—you do stuff and it's dumb, and it's stupid, and you're like 'You knew better than that!' But, you know—it, it's not for you to go and run and tell everybody. Take it to the grave. They say women have a lot of secrets and we just (laughter) take it to the grave. So... (laughter)

Researcher: Really?

Merline: (Laughter) You know—women, women are the number one folks that have, like, a whole bunch of secrets, and—you now—they think men are—you know—something. But, no! Women have a lot

of secrets. Our grandparents, and mothers, and—you know—they have a lot of secrets that they just never say anything about and they just take it to the grave. You know—Who are you gonna...? You're not gonna know unless they share it.

When asked the same question about her family's view on secrets, Amanda jokingly asked for clarity before providing candid examples of the observations she's made of her parents' practice of secrecy. The following conversation with Amanda:

Researcher: What's your family's view on secrets?

Amanda: Mm... We're talking about an overall view, or...? (Laughter)

Researcher: (Laughter) Are, are there secrets in your family? Obviously, there's the abortion secret.

Amanda: (Loud sigh) Yeah! Umm... My mother is one, I know at the drop of a dime, she'll, she'll keep a secret. (Pause) She will hide stuff. Just how she is, in general... Things that I've seen. She will hide stuff, even if it's her going to buy a purse and using the charge card and not wanting my daddy to know and taking the tags off and putting it in the closet with the other bags—that is still secrecy! So, from my mother's viewpoint, Yes! From my dad's viewpoint, to the extent of I know things have happened and, in effort to protect us, he won't talk about it. So, yeah! Secrecy has definitely occurred.

Annette stated the following:

Annette: That's another secret... the molestation. That's another secret.

After identifying that at least one of the molestations have been kept from her mother's knowledge, Annette provided no additional information concerning this event or other generational secrets.

Finding Freedom

In spite of the emotional reactivity participants of this study experienced in their relationship systems—from discovery of an unintended pregnancy to following through with an abortion procedure to dealing with the aftermath of those decisions, all while maintaining an abortion secret—each participant indicated a desire to transition from the stress associated with their lived experience. These participants' active pursuit to gain an increased sense of self coincides with *differentiation of self*, one of Bowen's essential concepts (Kerr & Bowen, 1988). The concept of differentiation of self recognizes that participants' have the ability to self-govern in their emotional systems or exercise a fair amount of autonomy in their emotional functioning (Kerr & Bowen, 1988). Participants' discussed various themes and avenues (faith, forgiveness, and judgment) they found beneficial on their journey to more differentiation.

Faith. All of the women described themselves as being raised in a culture of Christianity. Most of these participants reported attending church regularly. Though all participants reported having maintained the Christian faith culture into adulthood, when discussing their lived experience, rather than directly addressing their faith or faith practices (i.e., prayer, fasting, etc.), many participants found a sense of freedom from their experience through obtaining forgiveness.

Forgiveness. Obtaining forgiveness can feel very liberating. For participants of this study, this desire to obtain forgiveness seemed to aid in their pursuit for a more

differentiated self. Participants have the ability to remain connected to their emotional systems as the distinct self exercising autonomy in seeking relief. In the following excerpts, participants' conversations highlight their experience.

Jan: Um... I kept it [abortion] from him... for a brief time. And, then, finally, when I got older, I went back to him and I apologized...

Researcher: Mm...

Jan: ...You know... for, for doing it [abortion]. You know... Because, I didn't give him a chance to decide if that's what he wanted. You know, I made the decision on my own.

Researcher: Right.

Jan: ... And, so, I apologized.

As the interview continued Jan exclaimed the following when the researcher asked:

Researcher: When you engage with him now, do you think about the abortion at all?

Jan: ...I'm, I'm, I'm totally liberated (Chuckle). I don't! I don't even... I realize that we, we had a relationship but, the baby doesn't come up... You know—and that's not a bad thing.

She appeared very relieved in confidently stating:

Jan: You know... He trusts that I am who I say I am now.

Forgiveness also came up for Jessie.

Jessie: ... I have forgiven myself for.... So, I don't really even feel the need to... umm... bring it up with—you know—with people that don't know.

Though Annette did not necessarily reference forgiveness, she did, however express reaching a place of contentment regarding disclosure of her abortion secret with her family as she stated:

Annette: Oh, I am very content! I, I'm content! I am absolutely 100% content with never baring that to them!

Merline suggested her access to healing as an indication of forgiveness.

Merline: God brought me to a place where I was able to—you know—get some kind of comfort in, in, in, in Him. And—you know—understand that He forgave me and, so I can be able to heal.

No judgment. The researcher found interest in participants' idea of anticipated judgment and was curious if this played any significant role in their resistance to revealing their secret. Annette seem to find comfort in knowing that, should her children learn of her history with abortion, they would not place judgment on her. This is reflected in the following statement:

Annette: I don't think that they [children] will judge me. My children, oh no... They would not. I, absolutely, know they will not. I don't have a doubt about it.

Researcher: ... That they would not judge you when?

Annette: Now!

Researcher: Now. Okay.

Annette: They, they would not judge me. Now... they would not.

Merline expressed the same thing concerning her best friend.

Merline: She [best friend] wouldn't have judged me at all. She was like a big sister... umm... or little sister to me.

The theme of "no judgment" continued with Amanda:

Amanda: (Crying) I could talk to him about anything and he's not going to judge me.

To emphasize the non-judgmental relationship she currently had and continues to share with her father, Amanda proceeded to say:

Amanda: I think I have been able to move forward and understand that it's unfortunate that it was the way it was... and, have an understanding that if at any moment I do decide I want to say, 'Daddy, there's something that happened that you didn't know about,' I can. So, knowing that that's open to me, I think that's comfort for me...

Confidently, Amanda stated the following:

Amanda: And, if it came out that my daddy knew, I would not be surprised because he's gonna love on me the same regardless!

Utilization of the Genogram

The genogram serves as a valuable tool utilized to offer a visual image of the emotional process of a family (Kerr & Bowen, 1988; Knauth, 2003). Genograms were individually drafted with each participant during the interview process. Illustrated in picture form, the researcher used the genogram to capture facts on each participants' family to include family structure, development, as well as functioning. Additionally, use of the genogram was essential in the analysis portion of this study as it provided answers

to some of the researcher's questions which may have, otherwise, not surfaced in this study. By incorporating the genogram into the data collection, it helped the researcher identify the characters within each participant's emotional system and the role each character play(ed).

After drafting the original genogram with participants, the researcher later composed each participant's genogram into a genealogy software, GenoPro, designed to create family diagrams or family trees. As participants disclosed information on family secrets, each secret was denoted with a black triangle (▲). The genograms continuously developed as participants shared familial and relational information pertinent to the genogram. Additionally, the genogram proved to be beneficial as it helped the researcher track secrets as they surfaced within the discourse of the interviews. Genogram symbols used for participants represented in Figure 1.

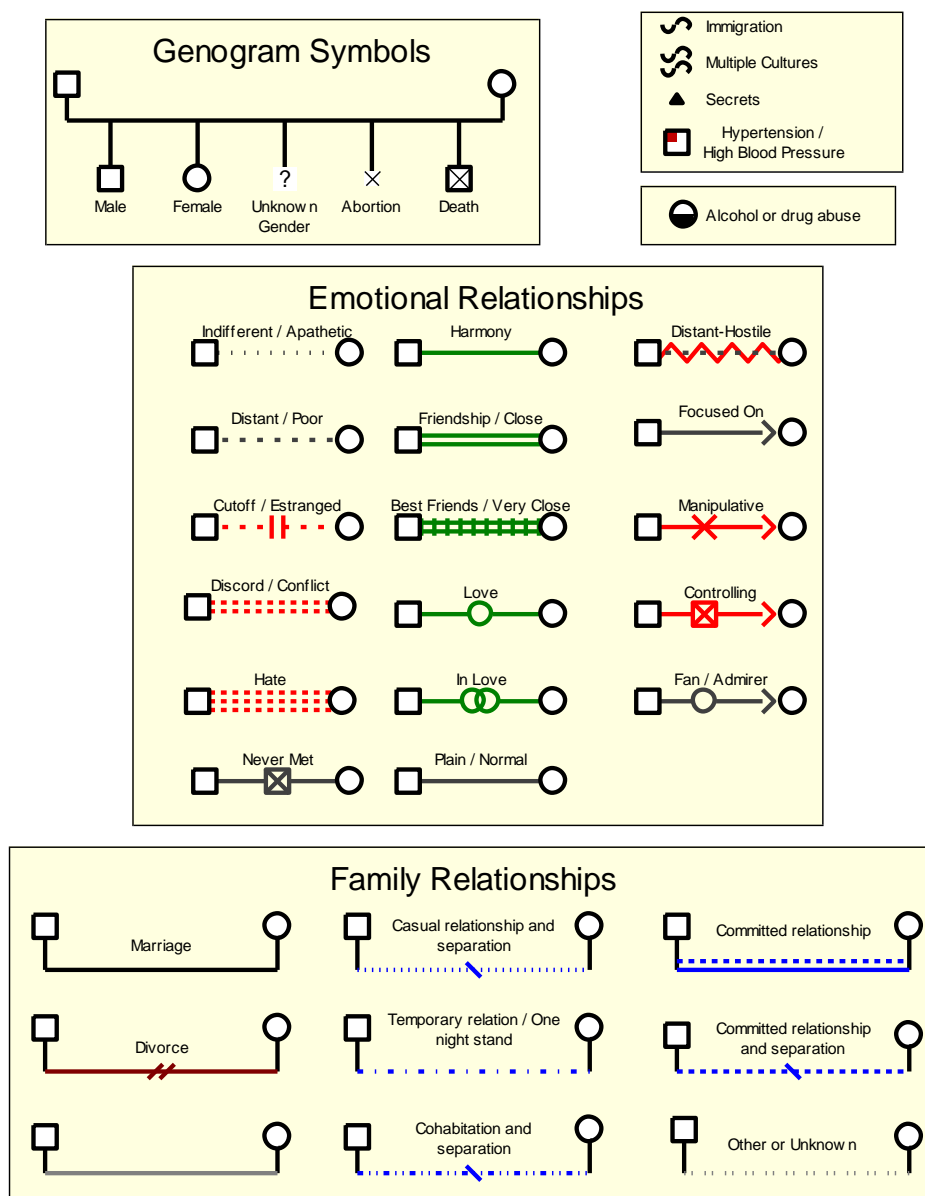


Figure 1. Genogram symbols key

Merline. Merline shared about her teenage pregnancy secret and abortion secret (Figure 2). Though Merline explained that secrets are a common occurrence within her family system, she remained ambiguous concerning the types of secrets her family kept. Another noteworthy multigenerational emotional process was identified within relationship patterns. She reported a historical family pattern of long-term relationships

but no marriage. Interestingly, Merline revealed that her mother is currently married to her younger maternal sister's father but provided no further details. Throughout the interviewing process, Merline did not mention or discuss relationship infidelity. However, despite her report that her mother and father dated "when they were young," she revealed that her father fathered a child who is younger than her but older than her younger maternal sister. She also acknowledged that her maternal grandfather father many unidentified children, as revealed in the following conversation:

Researcher: How many children did they have?

Merline: (Silence) That I know of, only one.

Researcher: Your mother?

Merline: Yes.

Researcher: Now, when you say 'That I know of...'?

Merline: My mother's father had a lot of children.

Researcher: Mm... Any idea how many he had?

Merline: Umm... That we know of, maybe a good 13, 14... or more.

Researcher: And, by how many women?

Merline: Umm... At least 3 or 4... that I know of...

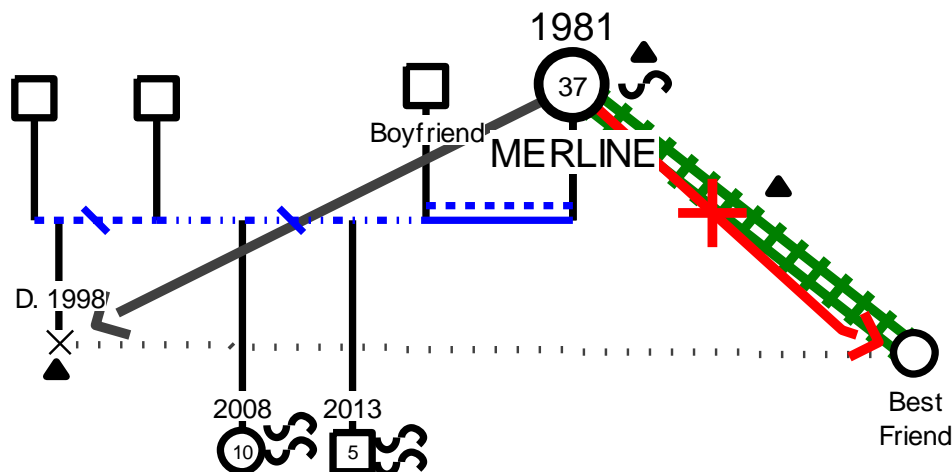


Figure 2. Merline's abortion secret. This figure illustrates Merline's best friend triangulated in abortion secret.

Amanda. Amanda openly shared about the secrets surrounding her abortion (Figure 3). She described the roles that her family of origin played pertaining to her secret. Through conversations regarding Amanda's abortion secret, she revealed a pattern of secrets with her mother whom she described as "a control person," admitting that she wanted to avoid referencing her mother as a "control freak." Amanda referenced her mother's instructions when the researcher questioned her on the reason(s) she kept the secret from her father:

Amanda: Because my mother did not want me to tell him. Her words were, 'You are not going to kill my husband.'

Researcher: Okay.

Amanda: My daddy has high blood pressure.

Researcher: Mm...

Amanda: So, she didn't have to say that to me, but just her saying 'You're not going to kill my husband,' that was it!

Researcher: Right.

Amanda: That was it! Even now, that may be a part of why I'm not trying to open that up with my daddy. My daddy is as tough as nails but when it comes to us, he is a bucket of water.

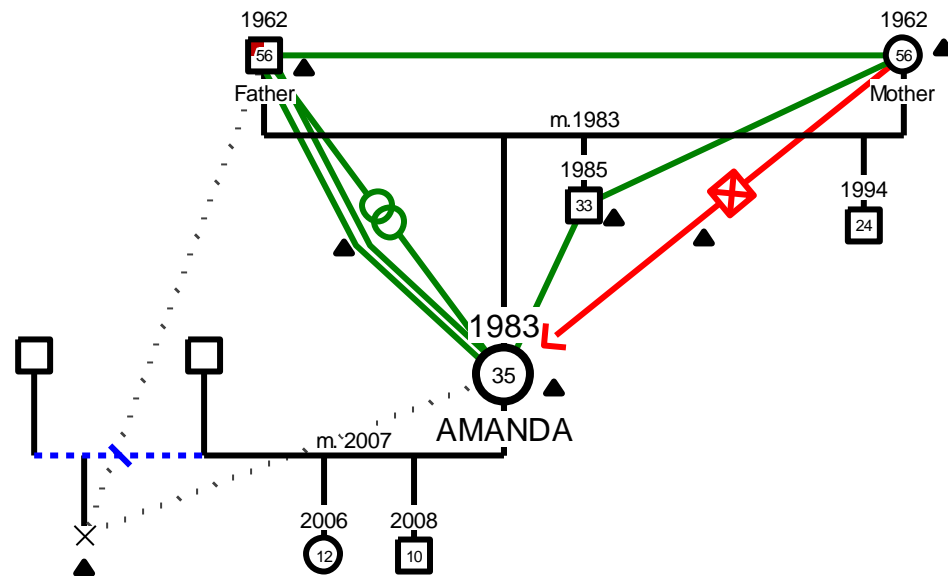


Figure 3. Amanda's abortion secret. This figure illustrates the number of family members involved in keeping the secret from her father.

Annette. Annette shared details surrounding her abortion secret (See Figure 4).

Annette also reported a history of molestation within her family which she and one of her daughters experienced. Although she only focused on her abortion secret and made mention of family's history with molestation, it appears her system contains additional secrets surrounding her maternal grandmother. Annette revealed that her maternal grandmother had a reputation for having casual sex with various men, but she would cut off the men as she became pregnant with their child as Annette stated below:

Annette: Umm... From what I understand, Granny, umm... if she becomes pregnant, she's done with a man. She doesn't have any connection to the men that she had children for.

While Annette did not label her grandmother's behaviors as "promiscuous," her grandmother's sexual behaviors possessed a striking resemblance to that of Annette's. Like her grandmother, Annette described her own a history of promiscuous behaviors following her divorce which led to an unintended pregnancy and abortion. The analysis phase of this study forced me to recognize the significance and power in Imber-Black's statement that "no secret stands alone in isolation. I realized this basic disclosure Annette made contained a tremendous amount of layers to filter through in order to gather a more enhanced understanding of their family system. What I also come to realize now is that a great number of secrets were present as we drafted her genogram. However, since some things were not given voice or brought into light, certain dynamics did not become apparent until writing the analysis.

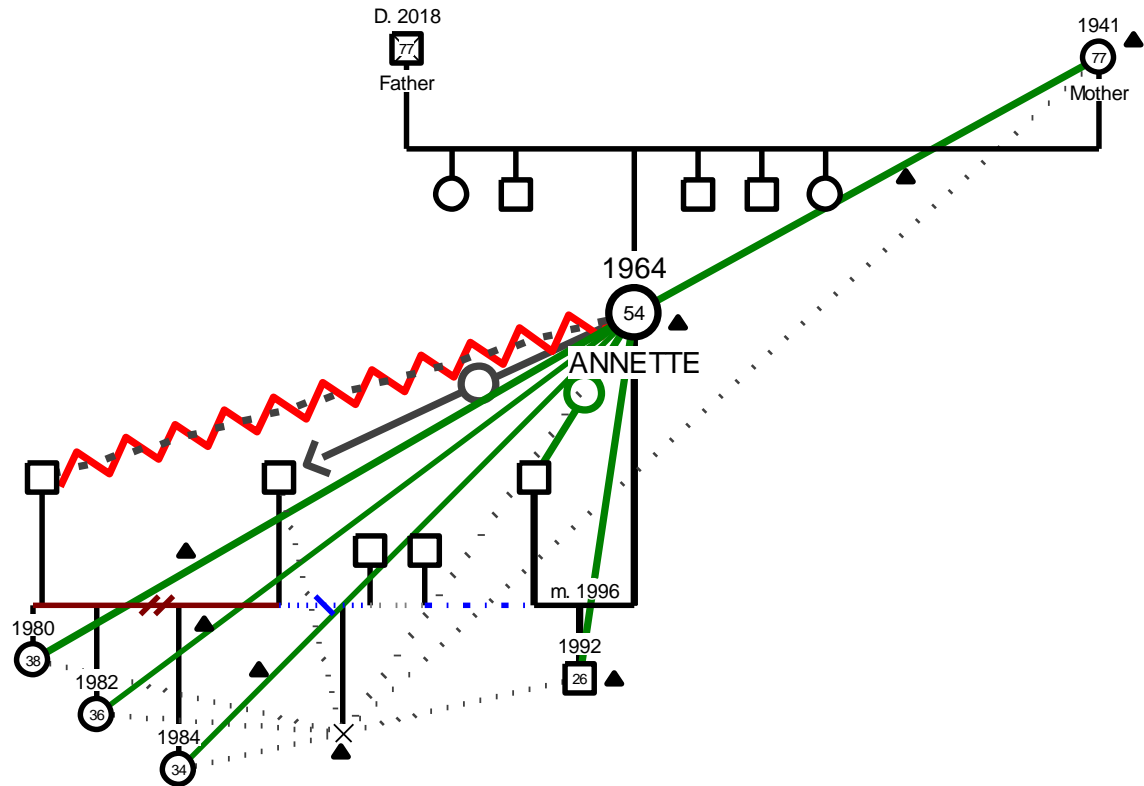


Figure 4. Annette's abortion secret. This figure illustrates the number of family members kept from secret.

Jessie. Jessie only shared an abortion (Figure 5). She described having an open relationship with her mother since childhood which has shaped their culture of communication. However, she reported that she continues to keep friends from learning of her abortion.

According to Jan, all three abortions were by three different men. She explained that her father made the decision for the first abortion and provided transportation for the procedure. Also, she reported that the boyfriend who fathered the third pregnancy accompanied her for the third abortion. To add to the uniqueness of Jan's web of abortion secrets, she disclosed that she asked a pregnant female schoolmate to drive her to the abortion clinic to obtain her second abortion. Jan admitted that the complication of that experience reportedly left her feeling betrayed. This is highlighted in the following excerpt:

Jan: In one particular time, I had a, a young lady I went to school with—this was the 2nd abortion that I had—I was a senior in high school, and I went to school with this young lady... Uh, and, she, she was pregnant at the time and she took me to get, have the abortion.

Researcher: Mm...

Jan: (Chuckle)

Researcher: While she was pregnant?

Jan: Right. And, so, there were the people that were standing out, they were protesting, and she took me to get the abortion but she stood with the protesters. So, just all of those things... just feeling betrayed, even though I knew, you know, that this was, this was wrong, I wasn't doing it out of a... even though it was selfish, I wasn't thinking that it was, you know.

Researcher: At the time?

Jan: At the time...

Researcher: ...at the time.

Jan: But, as I developed and matured, I understood that it was very selfish.

Researcher: Mm-hmm...

Jan: Yeah.

Researcher: Mm-hmm... What a... What about her act made it feel like betrayal?

Jan: Because, she took me... She, she drove me to the abortion clinic, but her whole intentions were to, basically, slander what I was doing—not to help me, but I thought she was there to help me. They said I needed—So, the people at Planned Parenthood... ‘cause that’s where it was in Texas... they, they wouldn’t let her take me home. They, they said “Ma’am, she’s out there with the protesters.” So, they were like, “We don’t, we’re not, we don’t think you’re safe.” You know... and, so, that, that, uh... fear... you know, ‘cause I’m not, I’m like, “How would you drive me here... you know—umm... and then stand with those that...”
Now, don’t get me wrong, I know it’s wrong...

Utilization of the genogram proved to be exceptionally helpful in Jan’s case. In addition to providing verbal accounts of her experiences, Jan’s genogram showcased the multiple abortions, the multiple secrets, and countless triangles connected to her lived experiences. Additionally, Jan’s experience sets her apart from the other participants as

her unique situation with multiple abortions secrets involving multiple individuals takes her experience with secrecy to greater depth which would call for extensive researcher into how this amount of secrecy for one person impacts them.

Summary of Findings

This study used the qualitative method of Interpretative Phenomenological Analysis (IPA) in conjunction with Bowen Family Systems Theory to explore the lived experience of women with a history of abortion. The purpose of this study was to analyze the effects abortion secrets had relationships when the secret was withheld from the person(s) with whom the women were/are in relationship. The IPA method was elected for this study as this method gave room for participants to share and expound on their unique lived experiences. Moreover, incorporating Bowen's concepts in the analysis process provided a lens from which to view, explore, and understand the experiences of the women who kept their respective abortions hidden from others' knowledge. Additionally, utilization of Bowen concepts enriched participants' experiences by creating space for greater analysis of secrecy within multiple generations of a family system.

Through the use of semi-structured interviews, participants shared details of their experience with an abortion secret by providing historical accounts and descriptions of their experience. The semi-structured interview process also included participants' reports of family facts which aided in development of their family genogram. Following the interviews, the collected data was analyzed using IPA's six steps analysis process. The analysis generated seven themes (superordinate) representing the lived experiences of women with abortion secret. Table 4.8 presents a list of the recurrent superordinate

themes pulled from the data. All seven superordinate themes were present across all participant interviews.

Table 4.8

Recurrence of Superordinate Themes

Recurrence of Superordinate Themes						
Superordinate Theme	Jan	Annette	Jessie	Merline	Amanda	Present in over half of the cases?
Self-sacrifice	✓	✓	✓	✓	✓	Yes
Emotional Aftermath of Abortion Secret	✓	✓	✓	✓	✓	Yes
Secrecy as Protection	✓	✓	✓	✓	✓	Yes
Dance of Anxiety	✓	✓	✓	✓	✓	Yes
Effects on Relationship(s)	✓	✓	No response	✓	✓	Yes
Generational Experiences	No response	✓	✓	✓	✓	Yes
Finding Freedom	✓	✓	✓	✓	✓	Yes

Based on the results of this study, it is apparent that participants' reported experience with secrecy was not limited to their abortion but extended into more convoluted family secrets. In fact, majority of the participants reported that disclosure of their abortion secret would only reveal additional secrets within their systems. Hence,

keeping an abortion secret from others not only protected participants' emotional systems and their self-image, but it allowed participants to discover themselves more distinctly from their family units as they worked toward increasing their differentiated self. This study also revealed that most participants believed unveiling their abortion secret at this phase of their lives would not benefit nor support the current quality of their relationships.

Much of the results of this study supports existing statistical data and literature on topics of abortion and reasons for abortion secrets. While research congruence proves to be useful, this study remains uniquely different from previous studies as this study explored the lived experience of post-abortive women with an abortion secret, the impact of secrets on relationships, and the transmission of anxiety within family systems. Thus, this study reveals that there is a vast amount of questions still to explore in order to better understand the uniqueness of abortions and family systems as it relates to secrecy.

CHAPTER V: DISCUSSION AND IMPLICATIONS OF THE STUDY

Past studies on unintended pregnancies and abortions have shed light on reasons for abortions through use of statistical data and literature (CDC, 2015; Guttmacher, 2016f; PPFA, 2018). Little is known about the reasons women tend to keep their abortion experience secret (Cockrill & Nack, 2013) as this has not been a highly concentrated area of study. These limitations presented concerns for the researcher who recognized the focal point of earlier studies was not on the emotional systems of girls and women. Conducting studies from an individual perspective without factoring in the emotional system limits access to an enhanced understanding of how larger systems influence the emotions, thoughts, feelings, and behaviors of individuals. In spite of the limitations of prior studies, this concern has also inspired the researcher to be more curious about the phenomenon of secrecy as it relates to abortion. The researcher considered furthering the available research on this topic of abortion secrets by looking into the lived experience of post-abortive women.

The researcher sought to address the topic of abortion secrets through exploration of post-abortive women's lived experiences in effort to make sense of the phenomenon. In order to achieve this goal, the researcher examined the lives of five participants who experienced an abortion, kept it secret, and maintained the secret from at least one person with whom they are/were in relationship. By conducting this study, it expanded the current literature available on abortion secrets to offer a lens through which to view and understand the practice of abortion secrets as well as the emotional system.

A portion of this study's results coincided with prior research conducted on abortion, as it pertained to the various reasons women tend to remain quiet about their

abortions (Herold et al., 2015; Imber-Black, 1998; Rossier, 2007). The rest of the results generated new findings, unique to other research findings. For example, understanding the function and behaviors of participants required the researcher to also consider the context of the emotional system to which participants are connected (Kerr & Bowen, 1988). Hence, using Bowen Family Systems Theory revealed that participants' behaviors were influenced prior generations of the family.

This research study is important as it removes participants from being viewed and studied in isolation from their emotional systems. Rather, Family Systems Theory embraces the influence of naturally occurring life forces and its' impact on relationship systems from generation to generation. This way of thinking is evident throughout this study as all five participants were able to share their lived experiences as well as note the transmission process of secrets, triggering triangles to form in their emotional systems.

Strengths and Limitations

Many strengths were discovered in conducting this study. To begin, the IPA methodology used in this study yielded many benefits. This method enabled participants to give voice to their lived experiences without limiting responses. Additionally, IPA's idiographic approach allowed the researcher to explore the uniqueness of participants' experiences with the phenomenon and make meaning of their experiences through themes.

Being a woman and having personally experienced an abortion presented as strengths for this study. For many women, abortion is a stressful topic to discuss, if discussed at all. However, as a female researcher, it is possible that stress levels of

participants were not as elevated as it could have been if being interviewed by a male or by a woman with no personal history of abortion.

Utilization of the genogram proved useful as well. As mentioned in the previous chapter, drafting a genogram with participants provided answers to questions that may not have surfaced, otherwise. Use of the genogram contributed to the development of a richer framework for this study. By incorporating the genogram, various aspects of participants' behaviors were understood simply through gathering factual data of each systems' characters, roles, functioning positions, generational patterns, and more.

The variety in participants' ages and research location proved as strengths. Participants' ages ranged between 30-54 years old and their ages at time of their abortion ranged between 16-23 years. In addition, this research did not restrict participants from meeting in locations most convenient to them. The researcher was adamant about ensuring that participants had access to an environment where they felt comfortable and safe to share their unique narratives without any hindrances.

The most notable strength of this study was the participants. Gaining access to participants for this study was essential to conducting the research. All five participants' exhibited a willingness to participate in the interview process and share their abortion secret in spite of the heightened sensitivity of the topic. Participants engaged in candid conversations about their abortion, the secret, as well as their family history. The level of transparency most participants demonstrated for the sake of this research study superseded any possible expectations of the researcher.

In addition to identifying strengths of the study, the researcher also discovered several limitations. One limitation of this study presented in the inclusion criteria for

timeframe of abortions. Participants were required to have experienced an abortion no less than five years ago. While this timeframe may have allowed participants a relatively decent amount of time to possibly address and work through their experience, some participants experienced challenges with recall. Due to the length of time between their abortion experience and the actual research time, some participants found their recall memory challenged. To aid with this, participants were appropriately allowed time to reflect on the particular question(s) in order to respond as accurately as possible concerning their abortion and/or interactions in their relationship systems.

Diversity in culture and ethnicity presented limitations for the study, as well. While the data collected from participants served very useful for the study, all five participants were Black women: four African-Americans; and, one Haitian. All participants were also from the same geographical location. Access to a more diverse sample would be useful in future study.

The interview questions presented some limitations during the interview process. Although the semi-structured questions were prepared for the purpose of guiding the interviews, the available questions did not fully capture different aspects of participants' experience with their abortion secret or its effects on their relationships. Nonetheless, the semi-structured questions provided an avenue for the study to obtain significant details concerning participants' experiences.

Ethical Considerations

As mentioned earlier, each participant received a call from the researcher to introduce the researcher and to present an opportunity for participants to take part in this research study. During the call, the researcher read the study's recruitment script

(Appendix A) to each participant. The script provided participants with education on the purpose of the research, procedure for the study, risks and benefits, and opportunity to ask questions regarding the study.

Addressing a sensitive-natured topic such as abortion secrets called for careful attention to participants. To do so, the researcher met participants at a mutually agreed location to ensure participants felt comfortable in the environment where conversations about their experience would be held. The researcher also ensured participants' privacy and confidentiality were maintained, and gathering of information during the interview process did not pose harm or threat to participants at any time. The researcher used active listening as this served to be vital in monitoring participants' responses. At the start of each participant's interview, informed consent forms were provided to participants who were reminded that they had permission to terminate the interview without reproach. All five participants completed the interview process in its entirety.

A week following participant interviews, the researcher made follow-up phone calls to each participant. These calls were made for the purpose of checking on participants' well-being, post-interview, and to offer mental health resources. All participants answered the researcher's phone call, however; none of the participants expressed a concern or desire/need for referrals.

Recommendations

Future Research

This qualitative study explored the lived experience of post-abortive women with a history of an abortion secret and the effects of an abortion secret on relationship(s). Participants' experiences were related to Bowen Family Systems Theory concepts. A

participant of this study, Jan, shared having had three abortions. During the analyzation of her genogram, triangles began surfacing. The participant's pattern of abortion secrets triangulated a number of individuals within her relationship system as she managed to keep her father from learning of her abortions.

Jan described herself as feeling “numb” during that particular period of her life. Bowen's concept of triangulation provides a lens through which to recognize and begin understanding how Jan's response to stress and perceived relationship threats concerning her unintended pregnancies and abortions sent her into emotional reactivity. The reactivity surrounding her abortion secrets was so intense, resulting in the formation of many triangles. Tracking all the triangles connected to the three abortion secrets presented several challenges. One of the challenges the researcher discovered was that focusing on identifying all the triangles would have derailed the researcher's attention from the focus of this study. Because triangle patterns was not the focus of this study, the researcher made note of the observation and remained focused on the purpose of the study. However, it is worthy to note that participant's father, alone, was observed to have been pulled into at least four triangles. Thus, future research may consider:

1. Studying individuals who have kept a secret and explore the triangles formed by one secret of that one family member.

Researchers interested in Bowen concepts may benefit from focusing the study on drafting genograms and incorporating Family Systems Theory in order to track the triangles.

Three out of the five participants of this study reported experiencing parent-influenced abortions. Of the three participants, two described their mothers' as using

manipulation to control the outcome of the abortion and secret. It would be beneficial to conduct future research similar to this current study; however, from the perspective of the abortion decision-making parent of a post-abortive women to:

2. Identify the effects of keeping a daughter's abortion secret on the family system when the parent made the abortion decision.

Another future study to consider is:

3. Explore the meaning of a parent-influenced abortion and its effects on parent-daughter relationship.

The listed future research can lend themselves to Bowenian approach as this would allow for exploration of the emotional system and patterns across generations.

In addition to previous recommendations for future research, this study would have benefited from considering the issue of contextual variables and their effect on the abortion secret. For example, although participants were all Black, single (with exception of one divorcee), and identified a Christian, the researcher could have inquired more about the influence of these variables on their secret (e.g., religion heighten need for secret; singleness present financial issues or reveal sexual activity, etc.). Moreover, the researcher did not explore participants' socioeconomic statuses during the interviewing process as this variable could reveal disclosure of abortion for the sake of obtaining financial assistance from support system in order to fund the abortion. Hence, future research can address these identified contextual variables to enhance the understanding of secrecy and how they influence participants' secret.

For Marriage and Family Therapy

Considering the prevalence of secrecy in the narratives of women who have experienced abortion (Kimport et al., 2012; Norris et al., 2011), it is essential to know the impact abortion secrets can have on women. Commonly associated with abortion secrets are feelings of shame and guilt which have the ability to motivate and perpetuate secrecy. Additionally, external forces or external reasons such as avoiding trouble, disapproval, and other people's dislike for the woman are known to be the driving force in women's silence (Vrij et al, 2002.)

Secrecy is a powerful tool used to protect self (Bradshaw, 1995) and others. The intricate details and considerations that go into a woman's decision to terminate a pregnancy may not be understood by others. However, by hiding an abortion, a woman has opportunity to increase her differentiated self. Bradshaw (1995) notes that during the time of secrecy, a person can self-evaluate and ultimately form their self-identity. It is in "this process of secretly evaluating our life experiences" that "we learn about ourselves" (p. 5) and our place in our emotional systems. While working through the emotions, feelings, and thoughts associated with an abortion secret, it's imperative to remember that human experiences (i.e., secrets, families, marriages, etc.) do not occur nor function in isolation.

For Clinical Practice

Secrets provide information that can be missed, especially if viewed negatively by a therapist (Imber-Black, 1993). Since secrets are contextual in nature, at various times, they can take on different meanings (Imber-Black, 1993). For this reason, Imber-Black (1993) urges therapists to assess their own held definitions of secrets as it "needs to be

one that takes a stance that secret-keeping is neither inherently positive or negative” (p. 392). Possessing this stance is especially helpful and necessary when working with women who report an abortion that is not yet revealed to a person with whom they are in relationship. In this case, it is recommended that the clinician meet clients where they are without imposing disclosure to their emotional system.

To observe the emotional process of clients’ systems, it is useful to draft a genogram of their family. Drafting a genogram with post-abortive clients will allow clinicians to begin gaining entry into clients’ family systems through asking questions about individual and family secrets. Subsequently, clients will gain a visual map of the family, family patterns, including insight on their role/function within the family system. As clients learn more about themselves and their family systems, they can find meaning in their lived experience as an enhanced therapeutic experience is created.

Self of the Researcher

Going into the research, it was necessary to remain mindful of my many roles. My roles include a subject of the topic, social worker, therapist, and researcher. Mindfulness of my roles encouraged implementation of appropriate boundaries.

My own experience with abortion secrecy was the catalyst to my interest in studying the lived experience of women with an abortion secret. As one who’s lived the phenomenon, I imagined that hearing participants’ narratives would remind me of the fact that I have yet to disclose my experience to my parents. Recognizing my connection to this topic, I anticipated certain aspects of participants’ experience to trigger some emotional responses. Therefore, I worked hard at managing my facial expressions and did not allow similarities in experiences to blur the boundaries I set for myself as a

researcher. Additionally, I utilized my therapeutic skills for effective listening and to guide me in joining and rapport-building. Bowen Family Systems Theory's introspective concepts encouraged increase differentiation of self-of-the-therapist. This provided the self-of-the-therapist ability to remain focused on the research without allowing my connection to participants' lived experience to interfere with the data.

As a researcher conducting this study, I understood the significance of allowing participants to be the expert of their experiences. As a result, the researcher paid close attention to participants' verbal and non-verbal cues. Participants were asked follow-up questions for clarity. I also found journaling during this phase of the research essential to my process as a developing researcher. Journaling or bracketing allowed me to track my experiences (as a subject, social worker/therapist, and researcher) as well as track my thoughts, challenges, and biases via documentation.

Bracketing

A resourceful outlet tool during this research study proved to be bracketing. Moustakas (1994) describes bracketing as a process that allows the researcher to put aside any previous knowledge of the phenomena. Hence, bracketing supported the quality control efforts made to ensure I conducted the study from a place of objectiveness and curiosity rather than from my assumptions or biases. This process also helped me gain a better understanding of participants' lived experience.

Self-sacrifice.

Decision made for self. Jessie shared the implicit pressure to maintain her family's cultural standard of marriage. Despite a desire to have children, Jessie admits that becoming pregnant while in college by a person she did not envision marrying would

have caused her loved ones to question her decision-making abilities; therefore, she terminated her pregnancy. In the interview, she admittedly fears that she's missed her opportunity to have children.

Jessie: I know kinda having a situation where I have, have, having a child with someone who I don't even want to be married to would be, like, 'What are you doing?'

Jessie also stated the following:

Jessie: So, now, kinda questioning if, now that I've been through this medical emergency, if I'll be able to have children. Kinda feeling like I missed my chance, or I should have had—you know—this baby... uh... if I would've known what I know now.

Emotional Aftermath of Abortion Secret.

Cycle of promiscuity. During the interview with Jan, as she shared about her experience, I fought the urge to ask therapeutic questions to better understand her thought process in making the decision to have a second and a third abortion. However, as she mentioned going into a cycle, I asked a follow-up question for clarity:

Researcher: A cycle of what?

Jan: A cycle of abortions. 'Cause I just didn't have one. I had 3.

Researcher: ...Mm...

Jan: Yeah. And so. And, sometimes, you know... be, because I had the one, I know that it would be easy to keep... You know what I mean?

My immediate biased thought:

- “Three? No... Actually, no. I don’t know what you mean.

The truth is, I struggled not to formulate a judgmental thought against Jan. However, when asked about her thoughts and feelings concerning her secret while in the presence of her partner, my urge judge quickly shifted as described feelings of numbness.

Researcher: Thoughts, feelings...?

Jan: I didn’t have any.

Researcher: Hmm...

Jan: I became numb to... to the decisions that I made.

My self-of-therapist thought:

- “I’ve been there, too. I can totally connect with that feeling.”

Here, I wanted to ask follow-up questions to process this “numb” expression. However, I remained focused and continued with the interview. This following statement Annette made resonated strongly with me:

Annette: I was divorced and I was lonely! And, I had zero self-esteem! Zero! Zero, zero, zero! Even though I carried myself as if I was all together. I had zero self-esteem! And, if someone showed me attention, then, my only recourse, in my mind, was to give myself away. Okay. No, didn’t have men lining up. That’s not what I’m saying. I wasn’t a whore. But, promiscuity was definitely something that you could check off. That’s a box you can check off.

Researcher: Okay.

Annette: Yeah!

Researcher: Okay...

Annette: ... But even, even being promiscuous, you still kinda try to be selective. Go figure that (Chuckle)!

My self-of-the-therapist response:

- “Wow! You actually said that out loud? Good for you!”

I did not know what to expect going into this interview. However, Annette’s straightforward talk and insightfulness really shocked me, but simultaneously helped me gain a sense of her level of differentiation. At times, I felt uncomfortable for her, whereas, in other moments, I was completely on board and desired to let her know that I experienced similar. This was especially true when she mentioned being “selective” in her promiscuous behaviors. I also found myself saddened by the reality of my former behavior. While Annette termed it “selective,” back then, I assumed I was being “responsible” in my selection of men. Nonetheless, I did not share this with Annette. Instead, I journaled my thoughts and maintained my boundary as the researcher.

Secrecy as Protection. So many of the participants’ responses hit home for me regarding the many ways secrecy protects.

Maintain self-image.

Annette: ...I lied. And, what do you mean I lied? I lied. Anytime you go in for an examination, there is always a question, “How many times have you been pregnant? How many live births do you have?”

My self-of-the-subject gut response:

- “Oh my God! I forgot about this. I used to lie, too.”
- “I knew exactly where she was going with this.”

Annette's recount of dishonesty during doctor visits triggered in an uncontrollable nodding of my head, in agreement, as this used to be my experience as well. The following was bracketed in response to Annette's confession during Step 1 of IPA's data analysis:

- "Even being married now and having a child, I am always reminded of my deed whenever it's time for a doctor's visit. Having EMR (electronic medical records) doesn't help because now, medical staff I may not have want to know now know because, they have access to my records. I didn't give them that permission but I didn't want to lie anymore."

Effects on Relationships.

No effects. I realize I had preconceived ideas of how this question would be answered. The following are responses from participants' individual interviews who reported that the secret had no effect:

Jan: Um... I would say there was nothing...

Annette: Yeah. Umm... I can't recall that there was... uh... an impact...

Amanda: No negative effects, whatsoever...

When the first interviewed participant reported no effect, I was shocked.

My immediate thought:

- "What do you mean? How could it not have an effect on your relationship with your boyfriend?"
- Maybe she didn't understand my question. I should have phrased the question differently.

The thought was that I must have done something wrong for most of the participants to claim the secret had no *negative* effect on their relationship(s). On several occasions, I had to remind myself that there was no hypothesis that needed testing. Rather, as a developing researcher, I was reminded of the beauty and uniqueness in utilizing qualitative approaches to research is that responses are not limited to a prescribed set of answers—rather, participants’ responses limitless.

Interactional changes. Merline’s change with her best friend:

Merline: At the time, I was just quiet. I mean... umm...

Researcher: More quiet than usual?

Merline: More quiet than usual. Umm... I tried to just play it off and...
uh... keep moving.

My reaction as a subject:

- “That was me!”

I appreciated Merline’s honesty as she described an attempt to pretend nothing changed. It brought me back to the immediate shift in my communication style as I became very quiet around friends and more introverted in that period of my life.

Finding Freedom.

No judgment. Jessie described how she gauges if to disclose her abortion secret

Jessie: I always look at the space that people put me in. If I don’t feel at peace or if I don’t feel comfortable, or if, or if my gut makes me on edge, that’s not something I’m gonna talk to you about. But, if, if that person—he or she—creates a space where I feel (inaudible)

like I'm not judged, and that I can just be, like, completely authentic Shanice, then, umm... than I'll do that. Yeah.

Immediate response of the self-of-the-subject:

- "I'm honored to hear how she described her selection in abortion disclosure, meaning she experienced the 'safe space' with me."

Generational Experiences.

Secrecy. Hearing Amanda talk about her mother's behaviors and the multigenerational transmission of secrets of her emotional system also triggered anxiety for me. The following ...

Amanda: My mother is one, I know at the drop of a dime, she'll, she'll keep a secret. (Pause) She will hide stuff. Just how she is, in general... Things that I've seen. She will hide stuff, even if it's her going to buy a purse and using the charge card and not wanting my daddy to know and taking the tags off and putting it in the closet with the other bags—that is still secrecy!

My instant reaction:

- "Cringing"

As I listened, I felt stuck and unable to write anything. Just the thought of journaling my reaction triggered anxiety in me. This conversation provoked an introspective look at myself. Though daunting, I managed to document my reaction:

- "Cringing at this and battled to even journal it.... She's describing her mother's behavior and [mother] hiding stuff; and, I'm realizing... I have some of those

habits... Oh God! I really need help and I am so glad I'm having to do this [bracket].”

Reflection and Concluding Remarks

As I reflect on this research, I am humbled by my abortion experience. The residual effects of familial issues (emotional system), internal battles (individuality and togetherness), and insecurities (undifferentiated self) manifested themselves through my outward behaviors which society labels “promiscuous.” Through introspective work, I have learned that *my abortion* was only a symptom of something deeper I had yet to know. So, my resolve was secrecy.

My experience with an abortion secret has yielded significant rewards which I probably would not have come to appreciate had I kept my unintended pregnancy. While I never fathomed the thought to share my experience, self-forgiveness has morphed into courage, self-confidence, and an ability to use my voice to address the topic of abortion. Overcoming my abortion secrecy has granted me an invaluable opportunity to further my education and engage with other women who have lived with an abortion secret. With this, these women have used their voices to share and contribute to a larger system as means of offering enhanced literature on a phenomenon that often falls under the conversation radar.

Abortion has not been an easy topic to address—much less, abortion secret. My desire to study abortion secret came with many challenges as many doubted the ability to access women willing to admit to an abortion secret and, then, share their lived experience. So, my gratitude for these willing participants goes without saying! The participants of this study brought a developing researcher's thoughts to life and I am

honored by the selflessness of the participants. Without a doubt, there is no way any part of this research could have existed without the participants. Each participant exuded a tremendous amount of courage and resilience which motivates me to continue believing in the uncapped possibilities for research of this phenomenon.

As one who's experienced an abortion, the anticipation of judgment was constantly at the forefront of mind, leading and guiding my decision for secrecy. As a therapist, I recognize the importance of establishing a therapeutic alliance with clients in order to address certain matters. It is my hope that my transparency, ethical and moral values, trustworthiness, and authentic presence translated through this research, creating space for more honest conversations about abortion and secrecy. Moreover, I am hopeful I have sparked an increased level of confidence and courage in post-abortive women to speak up about their experience, and researchers to further study this phenomenon.

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Appendices

Appendix A

Recruitment Script

Hello,

My name is Marckdaline Johnson, MSW. I am in the Marriage and Family Therapy (MFT) doctoral program at Nova Southeastern University. As part of my doctoral degree requirements, I am conducting a research study entitled *An Exploration of the Lived Experience of Women who had Abortions and the Effects of the Abortion Secret on their Relationships: An Interpretive Phenomenological Analysis*. The purpose of my research study is to explore how relationships are affected when secrets are kept. More specifically, I am interested in studying the lived experience of women who have experienced an abortion and kept it a secret from at least 1 person with whom they are in relationship. My goal in conducting this research study is to expand the literature available on abortion and secrecy. Additionally, my aim is to help women process their lived experience and their secret as well as enhance the knowledge and practices of marriage and family therapists as they serve women and families who have experienced secrecy.

Qualifications for this study are that you must be a female; age 21 or older; personally experienced abortion; abortion occurred no less than 5 years ago; and, you kept abortion secret from at least 1 person with whom they are in relationship

You are expected to:

- Review and sign consent form in order to participate in study
- Fill out demographic form identifying your qualifications for this study
- Participate in face-to-face audio-recorded interview after completing forms stated earlier
- Meet for 1 to 2 hours to complete interview session to include 2 questionnaires
 - Participation in a second session will occur only if your first session is interrupted or not completed. Second session will be scheduled within 1 week and last less than 1 hour
- Meet for interview at a mutually agreed location to maintain your privacy
- You will be assigned a unique code to secure and protect your identity

Participation in this study is voluntary and there is no payment for your time. You will be given opportunity to ask questions during the interview session. You are free to withdraw from the study at any time without penalty. Additionally, due to the sensitivity of this research topic, I will have a referral list of 3 local therapists you can call to receive therapeutic/support services, at time of the interview session.

Do you have any questions for me at this time?

If you'd like to participate, we can go ahead and schedule a time for me to meet with you for the interview session. If you would like more time to decide if you want to participate, you may call me with your decision. Also, if you have questions, would like to gather more information, or know someone who is interested in this study, please contact me at 706-505-0173.

Thank you for your consideration in participating in this study and/or for recommending someone who may qualify for this research study.

Appendix B

General Informed Consent Form

NSU Consent to be in a Research Study Entitled

*An Exploration of the Lived Experience of Women who had Abortions and the
Effects of the Abortion Secret on their Relationships:
An Interpretive Phenomenological Analysis*

Who is doing this research study?

College: Graduate College of Arts, Humanities, and Social Sciences
Department of Family Therapy

Principal Investigator: Marckdaline Johnson, MSW

Faculty Advisor/Dissertation Chair: Christopher Burnett, Psy.D.

Co-Investigator(s): Christopher Burnett, Psy.D.

Site Information:

This study's participant interviews will be conducted in a public location to accommodate participants' needs.

Funding: Unfunded

What is this study about?

This is a research study, designed to test and create new ideas that other people can use. The purpose of this research study is to:

- Explore the lived experience of women who had an abortion and kept it secret.
This study will analyze how keeping the secret effects your relationship(s)
- Conducting this study will increase information available on abortion and secrecy
- Help family therapists understand what effects secrets have on relationships

Why are you asking me to be in this research study?

You are being asked to be in this research study because we believe your experience relates to this study's topic can contribute much to our understanding and knowledge of effects of secrets on relationships.

This study will include about 4 to 6 people.

What will I be doing if I agree to be in this research study?

While you are taking part in this research study, there will be:

- One (1) interview session. The session will take 1 to 2 hours.

You may have to come back to the mutually agreed location for a second time if the first session is incomplete or interrupted.

Research Study Procedures - as a participant, this is what you will be doing:

- The first 30 minutes, you will review and sign the “General Informed Consent Form.” Also, you will also fill out the “Participant Demographic Information” form during this time.
- The informed consent is to let you know what the study is about. The informed consent form also explains the purpose of the study, your role, confidentiality and possible risks to you. The demographic form is to see if you qualify to be in this study. You will participate in 45 to 60 minutes of questionnaires. Each questionnaire will take about 30 minutes to complete. The two questionnaires will help you share information about your abortion experience and describe how secrecy has effected your relationships.
- Your session will take about 1 to 2 hours to complete. You will meet for a final session if the first session is interrupted or not completed. The second session will take less than 1 hour. You will be given opportunity to ask questions during the interview session.

Are there possible risks and discomforts to me?

This research study involves minimal risk to you. To the best of our knowledge, the things you will be doing have no more risk of harm than you would have in everyday life.

You may find some questions we ask you (or some things we ask you to do) to be upsetting or stressful. If so, we can refer you to someone who may be able to help you with these feelings.

What happens if I do not want to be in this research study?

You have the right to leave this research study at any time or refuse to be in it. If you decide to leave or you do not want to be in the study anymore, you will not get any penalty or lose any services you have a right to get. If you choose to stop being in the study before it is over, any information about you that was collected **before** the date you leave the study will be kept in the research records for 36 months from the end of the study and may be used as a part of the research.

What if there is new information learned during the study that may affect my decision to remain in the study?

If significant new information relating to the study becomes available, which may relate to whether you want to remain in this study, this information will be given to you by the investigators. You may be asked to sign a new Informed Consent Form, if the information is given to you after you have joined the study.

Are there any benefits for taking part in this research study?

There are no direct benefits from being in this research study. We hope the information learned from this study will help you learn more about yourself, your abortion experience, and your relationships.

Will I be paid or be given compensation for being in the study?

You will not be given any payments or compensation for being in this research study.

Will it cost me anything?

There are no costs to you for being in this research study.

Ask the researchers if you have any questions about what it will cost you to take part in this research study (for example bills, fees, or other costs related to the research).

How will you keep my information private?

Information we learn about you in this research study will be handled in a confidential manner, within the limits of the law and will be limited to people who have a need to review this information. To ensure security and confidentiality, any identifying information (such as your name) will be replaced with an assigned code. This data will be available to the researcher, the Institutional Review Board and other representatives of this institution, and any regulatory and granting agencies (if applicable). If we publish the results of the study in a scientific journal or book, we will not identify you. All confidential data will be kept securely with lock and key in researcher's home office. All data will be kept for 36 months from the end of the study and destroyed after that time by deleting all audio recordings from audio recorder and all paper documents. All transcriptions, consent and demographic forms will be shredded.

Will there be any Audio or Video Recording?

This research study involves audio recording. This recording will be available to the researcher, the Institutional Review Board and other representatives of this institution. The recording will be kept, stored, and destroyed as stated in the section above. Because what is in the recording could be used to find out that it is you, it is not possible to be sure that the recording will always be kept confidential. The researcher will try to keep anyone not working on the research from listening to or viewing the recording.

Whom can I contact if I have questions, concerns, comments, or complaints?

If you have questions now, feel free to ask us. If you have more questions about the research, your research rights, or have a research-related injury, please contact:

Primary contact:

Marckdaline Johnson, MSW can be reached at 706-505-0173

If primary is not available, contact:

Christopher Burnett, Psy.D. can be reached at 954-262-3010

Research Participants Rights

For questions/concerns regarding your research rights, please contact:

Institutional Review Board
Nova Southeastern University
(954) 262-5369 / Toll Free: 1-866-499-0790
IRB@nova.edu

You may also visit the NSU IRB website at www.nova.edu/irb/information-for-research-participants for further information regarding your rights as a research participant.

All space below was intentionally left blank.

Research Consent & Authorization Signature Section

Voluntary Participation - You are not required to participate in this study. In the event you do participate, you may leave this research study at any time. If you leave this research study before it is completed, there will be no penalty to you, and you will not lose any benefits to which you are entitled.

If you agree to participate in this research study, sign this section. You will be given a signed copy of this form to keep. You do not waive any of your legal rights by signing this form.

SIGN THIS FORM ONLY IF THE STATEMENTS LISTED BELOW ARE TRUE:

- You have read the above information.
- Your questions have been answered to your satisfaction about the research.

Adult Signature Section

I have voluntarily decided to take part in this research study.

Printed Name of Participant

Signature of Participant

Date

Printed Name of Person Obtaining
Consent and Authorization

Signature of Person Obtaining Consent &
Authorization

Date

Appendix C

Participant Demographic Information

Please answer each question below appropriately.

<u>Participant Information</u>
Last Name: _____ First Name: _____
<u>Gender</u> (Circle one)
Male Female
<u>Age</u> Current Age: ____ AND Age at Time of Abortion (Approximate): ____ OR Abortion Year: ____
<u>Race & Ethnicity</u> (Circle all that apply)
African African-American American Indian or Alaska Native Asian Black Hispanic or Latino Multiracial Native Hawaiian or Other Pacific Islander White
<u>Marital Status</u> Current Status: _____ Status at Time of Abortion: _____
<u>Education</u> (Circle highest education completed)
High School Some College Bachelor Master Doctorate

Appendix D

Genogram Interview Questions

1. What's the name of your father's father?
 - a. Is he alive?
 - b. What is his age?
2. What's the name of your father's mother?
 - a. Is she alive?
 - b. What is her age?
3. How many children did your father's parents have together?
4. What's the name of your mother's father?
 - a. Is he alive?
 - b. What is his age?
5. What's the name of your mother's mother?
 - a. Is she alive?
 - b. What is her age?
6. How many children did your mother's parents have together?
7. Where is your family from?
8. What culture were you raised in your household?
9. What religion is practiced in your household? Is there more than one religion practiced?
10. What are/were the political views in your family?

Appendix E

Semi-structured Interview Questions

1. What does it mean to you to have an abortion?
2. Tell me what it has been like for you to have experienced an abortion.
3. How have you decided who to keep your abortion from?
4. Tell me what it is/was like for you to know about your abortion and others not know.
5. What effects does keeping your secret have on you? Your relationship(s)?
6. When you are in the presence of that person(s), tell me the thoughts and feelings you experience as your secret is kept from them.
7. How has your interaction with this person(s) changed since keeping this secret from them?

Appendix F

Counseling Referral List

Rhonda S. Miller, LPC

233 12th Street
Suite 911-F
Columbus, GA 31901
706.325.0378

Sound Choices Pregnancy Clinic

1316 Wynnton Court
Columbus, GA 31906
706.322.5024
- Individual post-abortion counseling available with Melissa

Precious Minds Counseling & Consulting

2920 Macon Road
Columbus, GA 31906
706.507.3141
- Grief and Bereavement Coach available on staff

Valley Healthcare Systems

1600 Fort Benning Road
Columbus, GA 31903
706.987.8336 (Behavioral Health department)

American Association for Marriage and Family Therapy (AAMFT)

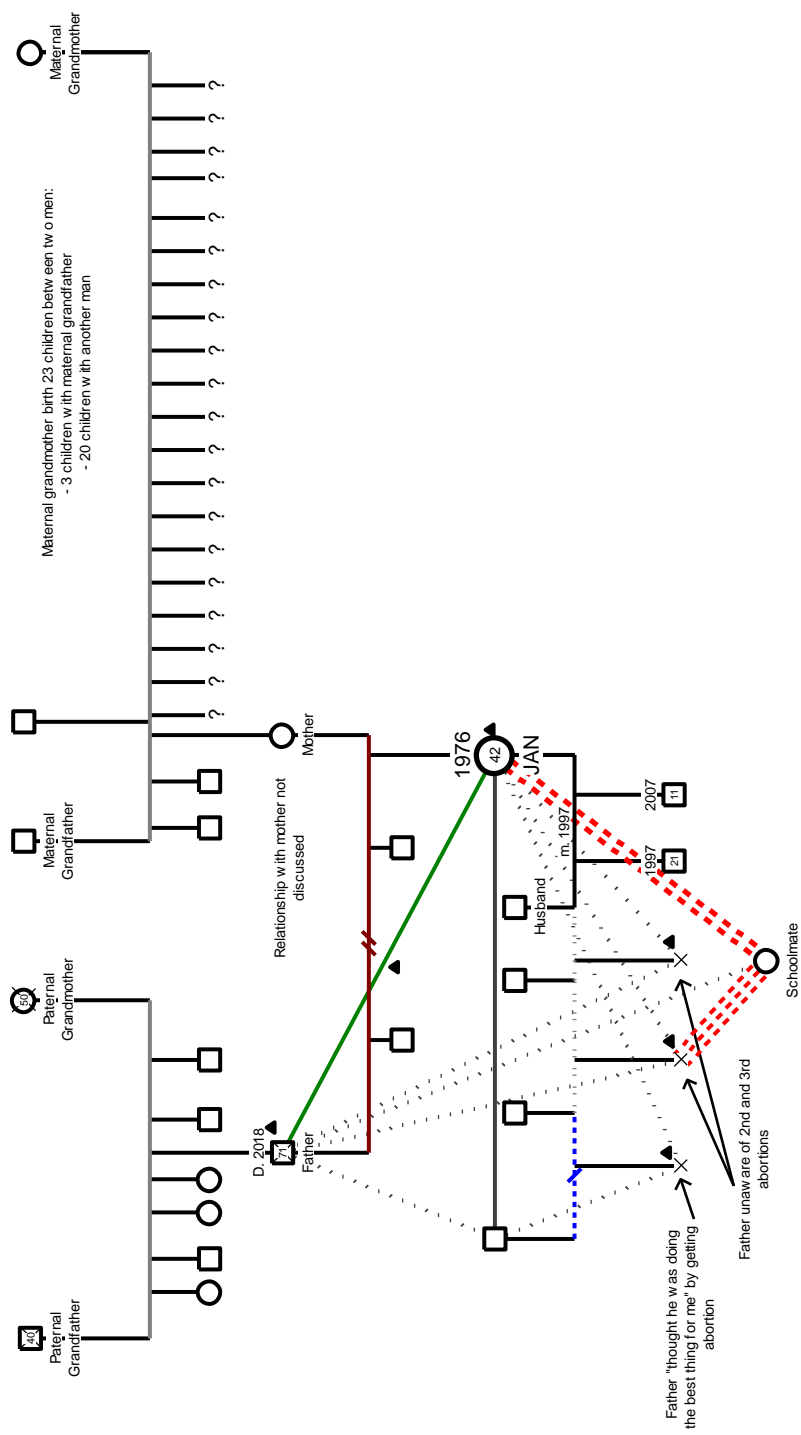
Therapist Locator: <https://www.therapistlocator.net/>

Psychology Today

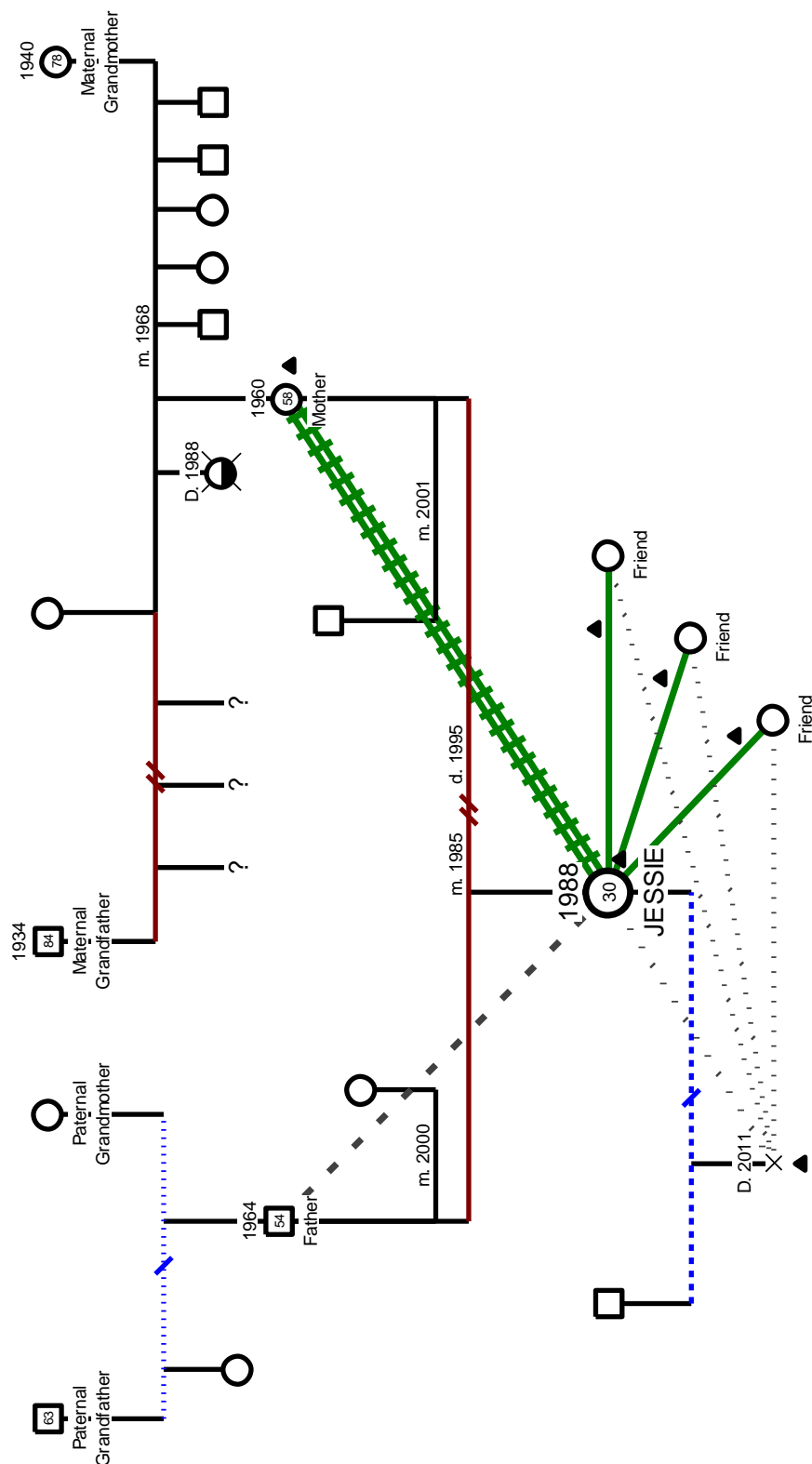
Find a Therapist: <https://www.psychologytoday.com/us/therapists>

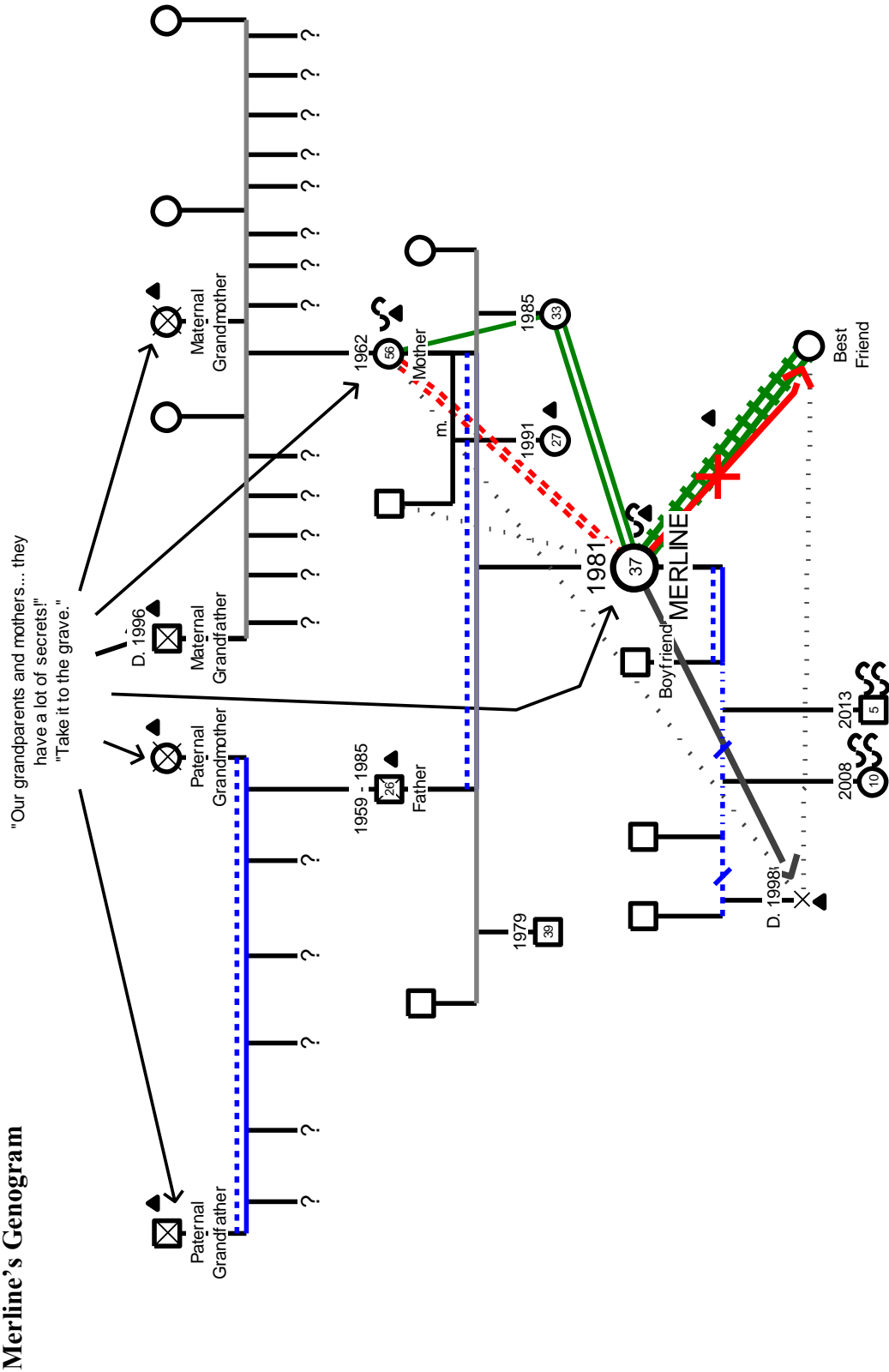
Appendix G

Participant Genograms



Jessie's Genogram





Biographical Sketch

Marckdaline Johnson, born in Miami, FL was raised in Palm Beach County, FL by her mother and father who migrated to the United States from Haiti. Marckdaline graduated from Florida State University (FSU) with a Bachelor of Social Work degree after attaining an Associate of Arts degree from Tallahassee Community College. While at FSU, Marckdaline served as a Guardian Ad Litem volunteer. Later, Marckdaline attended the School of Social Work at Barry University and received a Master of Social Work degree. Years of longing to enhance her therapeutic understanding and skills led her to pursue a Ph.D. in Marriage and Family Therapy (MFT) at Nova Southeastern University's (NSU) College of Arts, Humanities and Social Sciences (CASHSS).

As an MFT student, Marckdaline worked with clients in the Brief Therapy Institute at NSU. During the first two years of the doctorate program, Marckdaline also worked as Family Strengthening Counselor at Children's Harbor. Following her time at Children's Harbor, Marckdaline interned with the PROMISE program providing Solution-focused Brief Therapy to elementary, middle, and high schools students at Pine Ridge Education Center. This internship experience afforded Marckdaline an opportunity to discover the benefits of offering therapeutic services to students within the school system. This discovery led Marckdaline to join two professors in presenting "MFT's in schools: Why, How, and Why Now?" at the annual American Association of Marriage and Family Therapy conference in 2011.

While in the doctorate program, Marckdaline acquired an appreciation for several therapeutic models, especially Bowen Family Systems Theory. Currently, Marckdaline works as a psychiatric social worker at West Central Georgia Regional Hospital in

Columbus, GA. Marckdaline continues to work towards her clinical social work license. Her clinical skills include providing therapeutic services to children within school settings; psychoeducational trainings to teachers and staff; therapeutic services to youth and adults with mental health diagnoses; counsel to young women; and conduct individual, couple, and family therapy. Her future work endeavors include enhancing her knowledge base and therapeutic skills by infusing Bowen Family Systems Theory concepts into her work with clients. She is also interested in contracting therapeutic services to State mental health facilities, teaching as a professor, supervising social workers and family therapists, and developing effective dialogical learning environments for women facing various phenomena affecting their functioning and view of themselves.

Marckdaline has experienced several life changes during the doctoral program including death of her biological father, her parents' separation and divorce, spiritual growth, relocation from South Florida to Columbus, GA/Phenix City, AL area, becoming a wife, becoming a mother to a daughter (biological) and a 9-year old son (by marriage), and a recent miscarriage. Marckdaline now finds motivation to addressing issues of generational patterns and secrets; hence, leading to her dissertation research topic. Marckdaline's additional accomplishments include winner of the 2007 Miss Creole pageant, feature in faith-based blog, live-in Residential Advisor for women who aged out of foster care, adjunct professor at Barry University, and wrote the foreword in *Divine Thoughts: Seeking Peace and a Sound Mind in a Chaotic World*.