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A Literature Review of the Male Abortion Experience

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A Literature Review of the Male Abortion Experience

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Honors Research Project

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RUNNING HEAD: MEN AND ABORTION

A Literature Review of the Male Abortion Experience

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Abstract

This literature review analyzed five studies involving men's experience when their partner undergoes an abortion. These studies were chosen due to their specific focus on men's experiences in abortion and the psychological effects experienced. Though study methodology and demographic material varied, common findings were deduced. Common emotional experiences reported included responsibility (Kero & Lalos, 2004; Reich & Brindis, 2006), relief (Kero & Lalos, 2004; Jones et al., 2017), guilt (Jones et al., 2017; Kero & Lalos, 2004), and anger (Coyle & Rue, 2015; Jones et al., 2017). The involvement these men had in the abortion decision-making process and their involvement level affected their emotional experiences appeared consistently throughout these studies (Coyle & Rue, 2015; Kero & Lalos 2004; Mackenzius, 2012; Reich & Brindis, 2006). These studies often failed to provide important demographic material such as race and religion; when these data were reported, biased populations seemed apparent.

Introduction

In 2014, 19% of all pregnancies in the U.S. ended in abortion, often stated as affecting 1.5% of the female population ages 15-44 (Finer, 2016; Jones, 2017). Although this percentage is often cited, the total number of people affected by abortion is underrepresented because men also experience abortion. What the current report seeks to highlight is that American social assumptions quite often fail to consider the male experience in a predominantly female-centric activity. Literature which considers men's involvement in the abortion process has begun to express their experiences in greater depth, however these studies pale in comparison with women's. Papworth (2011) discussed the importance of acknowledging the feelings and needs of men during the abortion process in order to better prepare and support men during this sensitive time period. Placing greater focus on the needs of men during this experience could potentially lessen the emotional toll this procedure may or may not evoke, thereby creating a healthier overall mental experience (Papworth, 2011). In the attempt to better understand men's experiences, the current paper reviewed existing literature regarding abortion experiences, focusing on studies where men were the primary consideration. The research data were then assessed in order to find commonalities within the studies in an attempt to articulate suggested themes and patterns regarding men's emotions, experiences, and responses to a partner's abortion. As the primary goal was to review extant literature in this field of study, findings were gathered by searching the literature regarding the topic. By synthesizing these data, we provided a comprehensive review while offering a new, integrated perspective, as well as suggesting areas for further research. This paper will initially review the world history of abortion itself, then proceed to discuss five different prominent research articles regarding men's experience of a partner's abortion.

Historical Analysis

Induced abortion, which is the deliberate termination of a pregnancy before the fetus is viable or able to survive outside of the mother's womb, has been recorded within every culture in the world for thousands of years (Kaplan, Tischauser, & Chara, 2017). These cultures differed greatly in the perceived morality of the endeavor, and legalities were quite varied and complex among them. For example, Ancient Assyria deemed induced abortion illegal, with execution of the woman as punishment for the crime (Kaplan et al., 2017). Early Hebrew law also forbid abortion, except in the circumstance to save the woman's life. Greek and Roman law allowed abortion, considering the decision to be the woman's, although a man could divorce his wife if she were to have an abortion without his consent (Kaplan et al., 2017).

Present U.S. culture appears to be extremely divided on elective abortion. In 1973, the Supreme Court cases of *Roe vs. Wade* and *Doe vs. Bolton* had major impacts on abortion practices of America. These court rulings stated that a right to privacy under the 5th and 14th Amendment extended to a woman's decision to have an abortion, while simultaneously claiming that these rights are to be balanced against the state's own restrictions and regulations on abortions (Lewis, 2017). By the 1980's, the U.S. federal government continued to uphold women's right to abortion before fetal viability, while also allowing state and local governments to place greater restrictions on abortion practices. Many states have enacted laws stating that if *Roe v. Wade* were to be overturned, abortion practices would then be illegal in that state (Lewis, 2017). State governments are also working to dramatically defund and restrict access to abortion clinics and programs such as Planned Parenthood in attempt to lessen abortion rates. Simultaneously, other states have claimed that if *Roe v. Wade* were to be overturned, abortion would continue to be legal in that state, and many states continue to support abortion clinics

(Lewis, 2017). The apparent diversified opinion on elective abortion in the U.S. speaks volumes toward the complexity and duality of Western perceptions of legal abortion. Overall, American culture continues to be fraught with strongly mixed emotions on the topic. These mixed feelings have been the focus of research with primary attention being given to women's experiences in this process. The current literature review attempts to explicate those reports which have focused on the corresponding men's experience as reported in the extant literature.

Literature Review

Articles for the current review were chosen based on topic relevancy. Given the scarcity of research in this area, articles were chosen that discussed the abortion experience specifically focusing on men and their overall emotional experiences. Articles were assessed for demographic material, quantitative statistical analysis, and emotional response descriptors such as "relief" and "grief." After the review of each individual article, major commonalities were assessed between all five studies and will be presented in the integration section. The order of reviews was decided based on current paper fluidity.

Studies have shown that women are able to administer the prostaglandin portion of an induced medical abortion themselves, in the privacy of their own homes, and are often satisfied with this option and tend to consider it more "natural" than being in a clinical setting (Mackenzius, Tyden, Darj, & Larsson, 2012). Mackenzius et al. (2012) completed a research project in which qualitative interviews were conducted with women ($n=24$) and men ($n=24$) who had experienced a self-induced abortion at home. The researchers recruited study participants through departments of obstetrics and gynecology at five hospitals near central Sweden. Inclusionary criteria included couples that were Swedish-speaking, at least 18 years of age, and must have decided to perform a medically induced abortion at home due to an unwanted

pregnancy. The present study aimed to explore men's and women's experiences and needs related to this in-home abortion, as well as to qualify their views on contraception and the prevention of unwanted pregnancies. Mackenzius et al. (2017) claimed that the male participants were generally more cautious in their response statements in the attempt to not moderate the women's experience and needs. Men also expressed a "general empathy and admiration" for their partner, and felt that their own experience, needs, and concerns were of less importance than hers.

After interview response analysis, two main themes were identified among the men by the researchers. "Autonomy" was the first theme deduced. In this instance, "autonomy" is related to the feelings of having the choice to receive the abortive procedure in their own homes. The decision to obtain an at-home abortion was described as "well-considered, based on the woman's free will and the right choice," (p. 571); however, the men felt that their agreement/opinion was important to the women and effected the decision, making feelings of "inclusion" a second theme present in this study (Makenzius, Tyden, Darj, & Larsson, 2012). Key aspects of this theme were that the abortion decision was "right" and that the home environment encouraged privacy and control. Primary reasoning for the abortive procedure ranged from relationship worries, to poor financial situations such as unemployment, or health problems or disabilities already within the family. A third theme Makenzius et. al. (2012) deduced was "Dependence," which was characterized by the need by both men and women for health care staff to provide accurate information and respectful emotional support to both parties. This was described in relation to the individual circumstances. For example, in terms of empathy and respect, both the women and men in the study believed that clinical routines should meet their needs and provide friendly and equal treatment for both individuals in the relationship. "Adequate information" and

“societal support” were also expressed as important within the dependence theme. Of note, the two main themes of “Autonomy” and “Dependence” seem to be inherently contradictory, possibly indicating ambivalence, or mixed-feelings, regarding the abortive process.

When asked about the interview process, male study participants said they “appreciated having been invited to participate and to contribute their perspectives on this issue” (Makenzius et al., 2012, p. 575). They considered this inclusion to be “uncommon,” and stressed the importance of incorporating the male partner’s experience in the abortion discussion because both parties of a relationship experience the impact.

Although the Makenzius et al. (2017) study provided participant testimony about their experiences of an at-home abortion, they failed to provide numeric representation of common responses and gendered generalizations. For example, Makenzius et al. (2017) often incorporated statements such as “men believed that...” or “most women and men found that...”. This lessens the impact of their results, as studies need to produce quantifiable evidence towards generalized reactions in order to be accurately analyzed in comparison to findings in similar studies. Even so, this study provided male and female testimony regarding the abortion experience, and was able to find consistencies among their responses, indicating that the men and women of this study experienced similar emotional responses towards the abortion procedure.

In attempt to examine the responses of couples to therapeutic abortions due to birth defects after receiving genetic amniocentesis, Jones et al. (1984) completed a study in the U.S. where 14 women and 12 men ($N= 26$) were strategically interviewed. The interview was designed to elicit information about aspects of the participant’s individual experience, as well as their perceptions of their partner’s experience of the process. Amniocentesis results varied;

results such as tay sachs, cri du chat, ancephaly, trisomy 18, and 47XXX were present, while the most common was trisomy 21. Participants ranged in age from 24-45, ranged in education from a high school diploma to obtaining a PhD, and ranged in religious preferences, the most common being Protestantism ($n=10$). Other religious affiliations included “Christian,” “Jewish,” and “none.”

Two-thirds of the participants reported that both partners had decided to become pregnant together (Jones et al., 1984). 80% of respondents stated that both partners wanted the pregnancy, and over 90% “felt good” about the pregnancy. However, after retrieval of the amniocentesis test results, 21 of the 26 participants expressed “pro-choice” or “mixed feelings” about abortion, and 93% felt that the abortion “simply had to be done” and that there was “no doubt” about the termination decision.

Jones et al.’s (1984) interviews gleaned a wide range of reported emotions post-abortive procedure. All participants expressed a mixture of anger, depression, guilt, physical pain, sadness, fatigue, and relief (Jones et al., 1984). The most prevalent feeling following the abortion was relief, which was expressed by 75% of the men. Also, 50% of the men expressed having experienced some depressive feelings for up to two weeks post abortion. The authors also reported that one-third of the participants expressed feelings of guilt.

A majority (70%) of the relationships were described as becoming stronger as a result of the experience, while there was no report of the remaining 30% of participants (Jones et al., 1984). Similarly, it was reported that 80% of respondents felt supported by their family, and experienced no condemnation or hostility, while the remaining 20% were not reported.

“Virtually every respondent” felt that professional counseling and follow-up therapeutic appointments were necessary after an amniocentesis procedure that reported a serious diagnosis

and lead to the termination of the pregnancy (Jones et al., 1984). Also, 50% of the men and 72% of the women found it therapeutic to discuss the experience with another couple who had also undergone the same experience. Couples reportedly coped with the experience by relying on one another, friends, relatives, and professional counseling.

The Jones et al. (1984) study often failed to report the less prevalent results of emotion, which fails to provide readers the full dynamic of participant experience. However, Jones et. al. (1984) produced a study in which couples who were expecting a pregnancy chose to pursue an abortive procedure due to negative amniocentesis results. This provides the field of study with another dimension of individuals experiencing an abortive procedure, as a majority of abortive studies include unexpected pregnancies. Interestingly, the emotions reported were similar to those who chose to terminate the pregnancy of an unexpected pregnancy.

Reich and Brindis (2006) conducted a study in which 20 men involved in 30 abortive procedures were interviewed and asked about their experience. The researchers examined how these men assigned responsibility of the unwanted pregnancy within the relationship, as well as obtained a detailed review on the decision-making process. Male subjects were recruited via advertisements in two separate southern California newspapers, flyers placed throughout college campuses and surrounding communities, and through “snowball sampling techniques,” in which one participant refers another (Reich & Brindis, 2006). Interviews were conducted in locations suggested by the participants, and included semi-structured questions that asked about past and present romantic and/or sexual relationships, context and detail of any pregnancies in which they had been involved, details surrounding the abortion (including how the pregnancy occurred and how the decision was reached), how they felt about the abortion itself, and how it may have effected their lives.

Almost all participants (95%) described the unplanned pregnancy as a “negative experience” and a “source of anxiety” (Reich & Brindis, 2006). However, “a few” men in this study viewed their ability to impregnate a woman to be an accomplishment, although there was no intention of causing a pregnancy. Regarding their demographics, participants ranged in age from 20 to 67 years old, and all identified as heterosexual. Most ($n=15$) participants self-identified as White, three identified as Latino, one as African American, and one identified as biracial. These men were also involved in differing vocations. 13 of the 20 participants were raised within a religion, and 8/13 reported they were still religious.

Men’s perceived responsibility towards the unwanted pregnancy was a critical factor for the individual, as each participant discussed this notion in some way. In terms of how the pregnancy occurred and perceived responsibility for preventative measures, the variety in men’s responses ranged along a continuum. On one end, men appeared to assign all responsibility of pregnancy to their partner. In the middle of the spectrum, participants appeared to avoid definite descriptors of responsibility, placing no blame on either party member. On the other end of the continuum, men described the pregnancy as a shared responsibility. No participant communicated feeling complete responsibility.

A continuum was also uncovered regarding accounts of the decision-making process of pregnancy outcomes. Some men said they were entirely excluded from the process, as there were accounts of participants who were unaware of the pregnancy until after the abortion was obtained. Other men had also purposefully disengaged from the decision-making process, allowing the woman to make the decision herself. “The majority of” participants expressed belief that both they and their partners had equally contributed to the decision to obtain an abortion (Reich & Brindis, 2006). At the far end of the spectrum, about one-third of the men described

themselves as solely responsible for the decision to end the pregnancy, including “several” cases wherein men claimed they persuaded the woman to do so.

Reich and Brindis (2006) stated that the most consistent pattern deduced within the interviews was “men’s desire to be seen as behaving responsibly in matters of reproduction and sexual behavior” (p. 147), regardless of perceived responsibility towards impregnation. All of the interviewed men who were told about the pregnancy prior to the abortion claimed that they helped pay for the procedure, which was a symbol of them taking responsibility for their situation. Participants often described being involved in the abortive process by arranging an appointment for their partner – another act performed in order to feel more responsible.

The greatest limitation of the Reich and Brindis (2006) study appears to be the lack of numeric data within the analysis. Specific data are rarely provided, as most descriptors of prevalence include “most” men or “several” men. In order to truly understand prevalence rates of the sample population, quantitative data are necessary. Also, there is potential for biased data, as a large majority of participants identified as White and religious. Regardless, this study was able to provide multiple continuums of male responses during their experience of their partner’s abortion. Reich and Brindis (2006) also included demographic material of study participants, which is important in deducing the generalizability of their data.

Coyle and Rue (2015) conducted a thematic analysis of 89 men’s experiences with an intimate partner’s abortion. Methods included publishing an internet convenience recruiting strategy to gather information from men whose partners obtained a legal, induced abortion. All data were collected online, and there were no face-to-face meetings for data collection. The findings deduced three consistent themes among the men in their study sample who experienced a partner’s abortion. These themes include loss and grief, helplessness and/or victimization, and

spiritual healing. Men commonly reported experiencing intense grief and loss, whether that be the loss of a child, loss of fatherhood, loss of trust in their relationship, or loss of self-image accompanied by a sense of personal failure (Coyle & Rue, 2015). In addition, this study found that some of these men generalized a lack of trust towards all women, not just their romantic partner. Coyle and Rue (2015) attributed men's experiences of helplessness and/or victimization with their sense of lack of power in the termination decision. These researchers claimed that along with helplessness implies vulnerability, incompetence, and dependency, which are negative self-attributions of male coping mechanisms (Coyle & Rue, 2015). Coyle and Rue (2015) reported the "victimization" these men reported included feelings of being powerless, demeaned, minimized, and disrespected. They also reported personal accounts of individual experiences, which typically expressed sadness or anger in terms of helplessness and/or victimization. With regard to recovery from these experiences, Coyle and Rue (2015) state that spiritual healing seemed to play a major role in their grief and loss; 81% of participant statements concerned healing mentioned forgiveness - receiving forgiveness and/or forgiving oneself.

Coyle and Rue (2015) reported similarities in men's experiences with abortion, however the generalizability of their findings may be particular to a specific subset of the global population. The participants of their study were 86% Caucasian and 82% were of Christian faith, therefore this paper may only speak for individuals with similar demographics (Coyle & Rue, 2015). Also, the researchers placed a heavy emphasis on the importance of faith and/or spirituality in their questions regarding to the healing/forgiveness process, which may not be applicable to atheists/agnostics or individuals with no religious affiliation. Coyle and Rue (2015) did note, "the existential questions raised by abortion would seem to present considerable challenges for men of other faiths as well as for men without a religious worldview" (p. 144),

however, without specific data to support this statement, their conclusion remains unsubstantiated. In order to accurately speak for an entire gender, one must gather information from a wider array of diverse persons.

There are many ways in which Coyle and Rue's methodology is flawed. These researchers failed to discuss the online survey in any detail. The lack of survey detail leaves readers unable to understand what participants were prompted with and if the survey had intrinsic biases. We are also unaware of where this online survey was posted, only that it was posted "at a website developed specifically to gather data concerning men's experience of a partner's abortion" (2015, p. 139) which could also pull a biased sample. Their methodology also only calls upon individuals with computer and internet access – a luxury many individuals cannot afford. Coyle and Rue (2015) also failed to report statistics for many of their claims. They often stated "some" men believed a certain way. Statistics were only mentioned once, in relation to spiritual healing and forgiveness. Additionally, the sample size of those who took the survey was not reported; readers are only provided the number of men who responded to a particular open-ended question of the survey were noted. Given the many flaws in study representation and methodology, though these observations may be useful, it would be illogical to generalize these findings. It would be useful to repeat this study with a more diverse subject population, with less socioeconomically biased methodology, and with a greater detail of the procedural methods in order it to produce more reputable findings.

Overall, this study concluded consistencies within the sample studied which may possibly speak for a Caucasian and Christian population. Men reported feeling intense grief, helplessness, victimization, and loss - emotional experiences which warrant attention (Coyle & Rue, 2015). Coyle and Rue (2015) deduced that spiritual healing and spirituality were key factors in the

recovery process for their sample population, which have great importance for future treatment programs of like-minded men. Although there are a number of methodology flaws, the study recognized and documents the significant experiences for men who's partners obtain an abortion.

Kero, Lalos, Högberg, and Jacobsson (1999) conducted a study in Sweden where 75 men involved in legal abortion answered a questionnaire about current living conditions as well as attitudes about pregnancy and abortion. Most men in the study described stable relationship statuses, and had a solid and stable financial status. More than half of these men stated they wished for their partner to obtain an abortion, 20 of the 75 participants stated they merely accepted the woman's wishes, and only one participant wanted his partner to proceed through the pregnancy. The primary motivation towards abortion appeared to be the lack of confidence in the ability to provide good parenting. More than half of participants had previously discussed the possibility of pregnancy with their partners, with half of these couples deciding to obtain an abortion if pregnancy were to occur. Many emotions were expressed towards the abortion process, including "anxiety", "responsibility", "guilt", "relief", and "grief", with "ambivalence" being a hallmark for many men (Kero et al., 1999).

Kero and Lalos (1999) extended their study in 2004 by reporting on interviews they had conducted with 26 of the original 75 questionnaire participants at the time of the abortion, four months after, and twelve months after. While the original questionnaire inquiries asked about life conditions, reasons for the abortion, and the general decision-making process, the follow-up interviews focused on attitudes, feelings, and experiences.

The majority of participants (61.5%) supported the woman's legal rights to obtain an abortion, the others reported feeling "doubtful" (none were against it) (Kero & Lalos, 2004).

Kero and Lalos (2004) noted that those who expressed feelings of doubt towards the decision

wanted to stress the importance of involving the man in the decision-making process. A similar number of men stated that they wanted their partner to obtain the abortion (Kero & Lalos, 2004). Two men had clearly stated opposition to the abortion, while the other participants took no stance but supported the woman's decision.

Of the 21 participants who gave reasons for the abortion, the most commonly stated was family planning – these men either felt they did not have adequate time or resources to support a child or stated that it was not the right time for them. Although “some” men concluded they experienced the abortion as painful and “ethically problematic” at both the four-month and twelve-month interviews, “most” participants reported feeling “happy” with the woman's decision to have an abortion (Kero & Lalos, 2004). A majority stated they experienced the abortion with relief and thought to be an act of “responsibility” – meaning these men thought terminating the pregnancy was a responsible act due to their lack of preparedness. Twelve men reported having feelings of guilt towards the abortion, and they attributed this to feeling irresponsible with regard to proper contraceptive use. Kero and Lalos (2004) reported that 57% of men experienced both positive and painful feelings (e.g., relief, emotional release, heightened responsibility, anxiety, guilt, and grief). Of the men who did not have mixed feelings, 29% reported only feeling painful feelings, while others (13%) reported only positive feelings (Kero & Lalos, 2004).

Regarding the decision-making process, six men in the study expressed feelings of powerlessness, as Swedish abortion law grants the woman legal rights towards an abortion, granting the male no formal rights in the process. 80.7% of participants reported good, rather good, or very good coping abilities towards the situation, while one described poor coping and reported some “mental disturbance” related to their partner's abortion. None of the men said they

lacked social support post-abortion, and 10/26 stated they did not need any support. Of the men who reported feelings of grief and/or emptiness, ($n=9$), three claimed going through a mourning process, while one had sought professional counseling (Kero & Lalos, 2004).

At the one year follow up interview, no study participant regretted that he had been in favor of the abortion, and those who were against the abortion process reported “reconciliation.” No participant reported mental disturbances related to the abortion at this point in the study; in fact, all participants felt that the abortion was the right decision (Kero & Lalos, 2004). Kero and Lalos (2004) reported that the number of men who chose only positive words had increased from the four-month interview to the twelve-month interview ($n=8$ to $n=14$, respectively). There was also a reduction of the number of men who chose only negative words or both positive and negative words (Kero & Lalos, 2004). At the follow up interviews, the most frequently described positive words were “maturity,” “responsibility,” “relief,” and “release.” The most frequently described negative words included “guilt,” “grief,” and “powerlessness.”

At the one year follow up, 21 of the 26 participants still had a relationship with the woman who obtained an abortion; two thirds of these participants reported being ‘very satisfied’ with their relationship, while 1/3 reported being “rather satisfied” (Kero & Lalos, 2004). Almost two-thirds of these participants stated that the abortion affected their relationship in a positive way, as the occurrence had made their connection “deeper,” while the rest of the participants ($n=8$) stated that the abortion did not affect their relationship.

Kero and Lalos’ (2004) use of longitudinal methodology enabled a better understanding of emotions and experiences of the men involved in the abortion process over time. This is an important consideration, as thoughts and feelings may be fluid and subject to change throughout these experiences. Kero and Lalos (2004) were thorough in reporting statistical data of emotional

occurrences and how they collected these data, however, readers were not provided with significant demographic descriptors for these men (e.g., age, ethnicity, or religious ideology). Despite these shortcomings, this study was a thorough attempt at analyzing the emotional experiences of a group of men over time during abortion process. Kero and Lalos (2004) provided findings regarding some consistent patterns among the feelings and emotions of these men. They also reported that the effect the procedure had on the relationship was primarily positive or neutral, not necessarily negative, as might have been expected.

Literature Review Integration

A few common experience descriptors emerged from these 5 studies, including “responsibility” (Kero & Lalos, 2004; Reich & Brindis, 2006), “relief” (Jones et al., 2017; Kero & Lalos, 2004), “guilt” (Jones et al., 2017; Kero & Lalos, 2004), and “anger” (Coyle & Rue, 2015; Jones et al., 2017). “Responsibility” in this sense means that these men thought terminating the pregnancy was a responsible act due to their lack of preparedness, and “relief” is alluding to a sense of reassurance and comfort following the abortive decision. “Guilt” was typically involved with improper contraception usage, and “anger” was often in terms of being excluded from the decision-making process.

All but one of the articles involved the importance of men’s involvement in the decision-making process, ranging on a spectrum from total involvement to not having a say in the decision; which inevitably affected reporting of emotional experiences (Coyle & Rue, 2015; Kero & Lalos 2004; Mackenzius, 2012; Reich & Brindis, 2006). The current researcher concludes that involvement in the decision-making process can play a pivotal role in the man’s experience; little to no involvement could cause a man to feel powerless and express a negative

overall experience; higher levels of involvement could cause a man to express a more positive overall abortive experience.

A significant take-away from this literature review is that men do in fact share the abortive experience. They do have an emotional experience during their partner's abortion, which warrants action from scholars and psychologists alike to try to understand these experiences more thoroughly. Men must be urged to talk about their experiences and discuss their feelings in the attempt to normalize an open environment, therefore better equipping health practitioners in their care and treatment. This researcher's informed observations allude to the generalization that men's abortive experience could be defined with mixed feelings, relying on many factors such as religious preferences or perceived involvement in the decision-making process.

While these studies provided detailed accounts of the male experience, they also suggested areas important for additional research. For example, each study incorporated in this review had a limited and narrow demographic study population. Participants in Coyle and Rue's study, for instance, were reportedly 86% Caucasian and 82% of Christian faith. Reich and Brindis (2006) also reported a 75% Caucasian and 61.5% religiously affiliated study population. Mackenzius et al. (2017), Kero and Lalos (2004), and Jones et al. (1984) all failed to report racial or religious demographic information into the study, although Jones et. al. reported a "range" in religious preferences, the most common being Protestantism (41.6%). In order to better understand how men's experiences are affected by demographic and cultural variables, ensuring diverse study samples is important – which could include but is not limited to: age, ethnicity, religious beliefs, family background, national origin, and socioeconomic status. Studies including this kind of demographic material should be conducted in order for researchers to

obtain a greater understanding of the male abortive experience. Lastly, specific case studies could aid the conversation, as they could add more thorough qualitative data which could evoke greater understanding of the complex issues involved. Once a greater understanding of the experience is in place, researchers and mental health practitioners could acquire treatment methodologies tailored to different client needs.

One possible explanation of men's ambivalence towards their partner accessing an abortion could be credited towards the gender role strain paradigm (GRSP). According to Rummell and Levant (2014), the GRSP defines gender roles as "stereotypes and norms that arise from the dominant gender ideologies in a society" (p. 419). It is hypothesized that children and adults are thought to be influenced to conform to societal gender roles due to significant social interactions such as reinforcement, punishment, and observational learning (Rummell & Levant, 2014). Rummell and Levant (2014) claim that these norms can be "contradictory and inconsistent", leading them to be frequently violated and cause emotional distress, such as negative self-judgements (p. 419). This could possibly attribute to men's mixed feelings towards the abortive experience, as men are typically socialized to repress emotion, and expressing feelings such as "grief" and "sadness" could be seen as "weak". It is this researcher's view that a greater understanding of the GRSP and traditional masculine norms could provide mental health practitioners with more adequate tools in treating clients who are experiencing/have experienced an abortion; in order to challenge gender role norms, men must be able to recognize and acknowledge them.

There are notable shortcomings present in this literature review. Due to the limited amount of relevant research studies particular to men and their experience with voluntary, medically induced abortions, there were only 5 studies reviewed for this report. A report with a

larger and more diverse research pool may glean different observations. Also, a literature review at its core involves personal biases, as the researcher will have biases and emotional responses to the material he/she is reviewing, so the current study needs to be considered in this light.

The male abortive experience has too long been a discussion kept quiet in the general public as well as psychological practice. Research shows that men do have significant emotional experiences during their partner's abortion, which warrants community attention. In order to better treat clients who may be struggling through this experience, society must normalize men expressing themselves; society must also recognize that while men obviously have a physical involvement with their partner's abortions, they have an emotional involvement as well. By urging men to join the abortion discussion, mental health practitioners are one step closer towards working more effectively in this context.

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