TRENDS IN ABORTION COUNSELING AND REFERRAL:  
A STUDY OF SERVICES IN MUNCIE

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## CONTENTS

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. PURPOSE AND SCOPE</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Purpose</td>
<td>3</td>
</tr>
<tr>
<td>Scope</td>
<td>4</td>
</tr>
<tr>
<td>II. ASPECTS OF ABORTION SERVICES</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>6</td>
</tr>
<tr>
<td>Abortion Statistics</td>
<td>6</td>
</tr>
<tr>
<td>Legal Status of Abortion</td>
<td>9</td>
</tr>
<tr>
<td>Abortion Procedures</td>
<td>12</td>
</tr>
<tr>
<td>III. REVIEW OF THE LITERATURE</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>17</td>
</tr>
<tr>
<td>The Counseling Relationship</td>
<td>18</td>
</tr>
<tr>
<td>The Decision</td>
<td>24</td>
</tr>
<tr>
<td>IV. COUNSELING AND REFERRAL THROUGHOUT THE COUNTRY</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>27</td>
</tr>
<tr>
<td>Referral Hazards</td>
<td>27</td>
</tr>
<tr>
<td>Counseling and Referral Assistance</td>
<td>29</td>
</tr>
<tr>
<td>V. COUNSELING AND REFERRAL IN MUNCIE</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>35</td>
</tr>
<tr>
<td>Planned Parenthood of Delaware County</td>
<td>35</td>
</tr>
<tr>
<td>Interview</td>
<td>39</td>
</tr>
</tbody>
</table>
CHAPTER

Indiana Clergy Consultation Service

on Abortion ............................................. 44

Ball State Counseling and Psychological
Services .................................................. 47

Family Counseling ....................................... 51

Birth Control Information Center .................. 53

Crisis Intervention Center ............................. 54

VI. SUMMARY

Introduction ............................................ 56

Limitations ............................................. 57

Findings and Conclusions ......................... 57

Summarization of the Literature ................. 57

Summarization of Services in Muncie .......... 57

and Personal Impressions ............................. 61

Suggestion for Future Research ................. 63

FOOTNOTES ............................................. 65

BIBLIOGRAPHY ......................................... 69

APPENDIX A. Burns Indiana Statutes--Regarding
Abortion ............................................... 71

APPENDIX B. Alternatives and Resources--
Flow Chart ............................................. 72

APPENDIX C. ICCS on Problem Pregnancies--
Interview Form ....................................... 73
CHAPTER ONE

PURPOSE AND SCOPE

I. INTRODUCTION

Liberalization of state abortion laws is a rising trend in current legislative history. Today, seventeen states and the District of Columbia permit abortion either on request or for health reasons. As a result of these state reforms, an estimated 300,000 women received legal abortions in 1971 as compared to 8,000 legal abortions performed in 1965.

The American woman now has an unprecedented opportunity. If she is fully informed of the possibilities and if she is able to afford it, she has the legal right to terminate an unwanted pregnancy. But, once she has this right, how does she go about making her decision? For some women, the decision to terminate a pregnancy may be as difficult as the attempt to obtain an abortion can be.

Recently, many professionals from the medical and social service fields have become concerned about the woman who seeks an abortion. There is a growing realization that these women need not only the opportunity to obtain safe abortions, but also the opportunity to consider other alternatives and consequences. They need assistance in coping with the social and emotional aspects of unwanted pregnancy as well as the medical aspects of abortion.
As a result of this concern, professionals and volunteers have united in various organizations and agencies to give information and guidance to the thousands of women who seek abortions each year. In addition, there are agencies which simply refer clients to the appropriate agencies for abortion counseling and services. Referral agencies are an important link between the woman with an unwanted pregnancy and the counselors, clinics, or hospitals which will ultimately provide the assistance she needs.

The possibilities for a legal abortion in this state are quite limited. Indiana law permits abortion only when it is deemed necessary to save the life of a pregnant woman. Such illegality also extends to abortion counseling and abortion referral (see Appendix A). Despite this, counseling and referral are being undertaken in Indiana by professionals and volunteers who see a need for this type of service.

In Muncie, there are agencies and individual professionals who feel that part of their counseling responsibility includes assisting women with unwanted pregnancies. Planned Parenthood Association and the Indiana Clergy Consultation Service have branch members in Muncie who counsel and refer clients to New York clinics. Information regarding these services and other alternatives to an unwanted pregnancy are provided by the Birth Control Information Center and the
Crisis Intervention Center. The main objective of all these agencies is like that of similar agencies throughout the country—serving the pregnant woman faced with a difficult personal decision.

II. PURPOSE

The purpose of this research was threefold. It involved first, a review of three aspects of abortion, second, a study of the growing trend toward abortion counseling and referral services in various parts of the country and third, a reporting of services in Muncie which offer abortion counseling and/or referral. The overall purpose was to collect information which would provide insight into the process and nature of abortion counseling and referral. The literature on abortion appears to be lacking in any compilation of knowledge regarding this service. It would seem that caseworkers and other social service professionals who might encounter a client seeking help with an unwanted pregnancy might benefit from an overview of this knowledge and application.

It seems important at this point to distinguish between "abortion counseling" and "abortion referral." "Abortion counseling" is essentially a problem-solving process during which the counselor realistically presents alternatives to an unwanted pregnancy and explores with the client her feelings and attitudes. "Abortion referral" involves simply
informing a woman as to how she may contact an appropriate agency or individual who may be able to give assistance with an unwanted pregnancy. Abortion referrals may be made for counseling, for medical knowledge (i.e. pregnancy detection), or for actual abortion services.

III. SCOPE

The primary scope of this paper includes information related to the counseling and referral of women with unwanted pregnancies. Chapter Two summarizes three aspects of abortion relevant to counseling and referral: abortion statistics, abortion statutes (with emphasis on Indiana and New York laws) and abortional methods. These aspects are included to present a profile of the legal and medical possibilities open to the woman seeking pregnancy termination. Chapter Three presents a broad look at the process and nature of counseling and referral services through a review of the literature. The actual implementation of these services throughout the U. S. is explained in Chapter Four in addition to some of the referral hazards which are currently being encountered. Chapter Five presents a view of abortion counseling and referral services as they exist in Muncie through reporting of interviews with professional and paraprofessional counselors in the community. Also included in this chapter is the report of a counseling session between a Planned Parenthood staff member
and a student seeking abortion information. The paper is concluded in Chapter Six by a summarization of the findings and personal considerations of the writer.

It also seems important to note here an aspect which is not within the scope of this paper—the issues involved in abortion. Actually, this is the aspect on which most of the current abortion literature centers. The issues are now largely based on legal theory and religious belief. It is not the intention of this writer to argue the question of a State's right to legislate abortions or the question of whether an embryo or fetus is to be considered life. Rather, the intent is based on the fact that laws have been reformed and legal abortions are being performed at an increasing rate. This has resulted in a need for a special kind of guidance through social service. The focus of this paper remains at all times on the very personal assistance which may be given to the woman who must cope with an unwanted pregnancy.
CHAPTER TWO

ASPECTS OF ABORTION SERVICES

I. INTRODUCTION

Before the need for abortion counseling and referral can be fully appreciated, several aspects of abortion must be considered. What is the incidence of legal as opposed to illegal abortion? Who seeks an abortion? What are their reasons? Abortion statistics have, in the past, tended to vary, but there are some reliable estimates which may answer these questions.

Also to be examined are the state laws regarding abortions. There is no federal law governing abortion and states vary widely on their requirements. Who is able to obtain a legal abortion? What are the differences in state laws?

The final aspect to be considered is the medical procedure itself. Just exactly what does the physician do when he terminates a pregnancy? How safe is the procedure? These and other similar questions may be answered by a brief look at the medical procedures involved in performing an abortion.

II. ABORTION STATISTICS

It is somewhat difficult to correctly estimate the total number of abortions performed in this country each year. Due to the illegality of the operation in most states, many
abortions are simply not reported. Until 1970, the criminal abortion estimate was usually given as 1,000,000 per year. Dr. Christopher Tietze of the Population Council, a leading authority on abortion statistics, estimates that in the mid-sixties, prior to abortion reform, there were two therapeutic (legal) abortions performed for every 1,000 deliveries, or 8,000 legal abortions a year. His rough estimate of legal abortions performed in 1969 was a total of 20,000 for the entire country, an increase of two and a half times the number performed annually from 1963 to 1965. Tietze's estimate of legal abortions for 1970 was 200,000, ten times that of the preceding year. Lawrence Lader estimates that the total for 1971 could have been well over 300,000.6 In addition, there are still thousands of illegal abortions being performed yearly. However, it must be assumed that some of these legal abortions have made a dent in the illegal figure.

In regard to statistics for single states, New York currently has the highest rate of legal abortions--165,000 a year. California has the second highest rate--an estimated 60,000 a year. Whether they are projected for a state or for the total population, abortion figures change rapidly. With the liberalization of state laws, the statistics tend to become more accurate.8

Since legal abortion reform, the greatest demand for abortion has not come from women who use no contraceptive
methods or from young, unmarried women who become pregnant by accident (although a high percentage of pregnant single women have abortions). As Westoff and Westoff view the current statistics, they estimate that

The largest group seeking abortions are married women toward the end of their reproductive life who already had at least one unwanted pregnancy after having decided that they did not want any more children. These older women have become pregnant because the regular contraceptive method they have been relying on has failed, because they used it improperly or irregularly, because they took a chance one night, or perhaps thought they were far enough along in the menopause not to have been concerned about such things any more.

The modern woman seeks an abortion for many different reasons. Westoff and Westoff have again generalized from the statistics to provide a profile of reasons. A pregnancy may come too early or too late in a woman's life; she may have all the children she wants, she may have started working and found a new life style; she and her husband may feel they are not financially able to support a child. A woman may be unmarried; she may be mentally incapable of caring for a child; she may have been a victim of incest or rape. She may have medical reasons for believing that the child will be deformed as a result of a drug, rubella, or an inherited disease. A woman may also feel that having another child would cause a strain in her marital relationship because her husband does not want a child. Recently, these reasons have been extended to a social level to include a concern for the problem
of overpopulation. Singly or in combinations, these are some of the most frequently given reasons for desiring pregnancy termination.

III. LEGAL STATUS OF ABORTION

At common law abortion was not considered to be a criminal offense if performed before the fetus quickened (five months). Abortions were first legally controlled during the nineteenth century. The original reasons for regulation were not the same as those used today. Abortion was not so much a moral issue, but simply a dangerous surgical procedure. Conditions and techniques were far from sterile and there was, thus, a great risk to life. In early nineteenth century New York, for example, the mortality rate from major surgery averaged 38%, but only 2% of women died during childbirth. The risk of abortion was tremendous. Therefore, state laws permitted abortion only when it was necessary to preserve the life of the woman. Now the situation is different; among women there are twenty deaths for every 100,000 live births in the United States, but only three deaths for every 100,000 in-hospital or clinic abortions performed under good circumstances. According to the Women's Bureau of the U. S. Department of Labor, "the protection of a woman's health no longer serves as the basis for restricting abortions." Today, the moral issue has replaced health hazards as the basis for restriction. Through a concentrated effort directed
at legislators and statutes, repeal has occurred in seventeen states and the District of Columbia. The new laws, however, are somewhat confusing and inconsistent.\(^\text{15}\)

The states in which a woman may obtain an abortion "on request" are Alaska, Hawaii, New York, Washington, Wisconsin and the District of Columbia. Abortion was recently declared unconstitutional in Illinois by a Federal District Court, but the decision was stayed by the U. S. Supreme Court which advised Federal courts not to intervene in state proceedings regarding constitutional rights. Of these "on request" states, Alaska, Hawaii and Washington have residency requirements ranging from thirty to ninety days.\(^\text{16}\)

The other twelve states with liberalized laws are the so-called "health states" which, since 1967, have allowed abortion to protect the physical and mental health of a woman and, in some states, allow abortion in cases of rape, incest and possible fetal deformity. These states are Arkansas, Delaware, Georgia, North Carolina, Oregon, South Carolina and Virginia, which have residency requirements, and California, Colorado, Kansas, Maryland and New Mexico.\(^\text{17}\) Although abortions are more difficult to obtain in "health states", some of them, particularly California, approve a high percentage of applicants. There, approvals take little time and rarely require consultations and corroborating letters from specialists (psychiatrists, physicians) commonly required in other "health states."\(^\text{18}\)
In Indiana, abortion, defined as "causing the illegal miscarriage of a pregnant woman," is prohibited except in cases when it must be performed to save the life of a pregnant woman. In these cases, approval of three physicians is required before the operation may be performed. By Indiana law, women who solicit or submit to an abortion are also subject to criminal proceedings, as are persons who aid or assist in the violation (see Appendix A).

There have been attempts to reform the state law. In 1967, a liberalized abortion bill passed the Indiana General Assembly. It was, however, vetoed by former governor Roger Branigan who said that the bill was "offensive to the moral principles of a substantial number of citizens and did not give proper recognition to the rights of minors." The latter part of this statement refers to the fact that the bill would have allowed parents to authorize abortion for a minor who was pregnant as a result of statutory rape. The governor's veto was sustained in 1969 after an interim study committee recommended no liberalization at that time. In the recent (1972) legislature a bill was proposed which would allow doctors, clergymen and professional counselors to counsel abortion cases. That bill was also defeated.

Those who choose to ignore the law which makes counseling illegal usually refer clients to New York clinics or hospitals for legal abortions. New York, as mentioned previously, now has one of the most liberal abortion laws in the country.
The state's new law makes abortion a matter between a woman and her doctor up to the twenty-fourth week of pregnancy. After this period (when abortions are seldom performed anyway) the operation may be performed only to save a woman's life. There are no other restrictions other than the specification that the operation must be performed by a licensed physician. The absence of residency requirements in the law is another reason New York is often used for referrals. In addition, New York is simply better able to cope with the number of abortion requests than other states with newly reformed laws. Since the state's 140-year-old abortion law was stricken from the records in April of 1970, private abortion clinics with hospital equipment and qualified personnel have begun to appear. These "freestanding" clinics are able to handle more cases than a hospital. Most emphasize personal attention and prices scaled to meet the patient's ability to pay. For these reasons, New York has become a focus of legal abortion referrals made by counselors in Indiana.

IV. ABORTIONAL PROCEDURES

Changes in the laws have created a demand for abortions which is often difficult to meet. Not only has there been a great increase in requests for abortions, but many of these requests have been based on misinformation. "The public has gotten the idea that an abortion can be performed in a few minutes," says Dr. Sherwin A Kaufman, a gynecologist and
medical director for Planned Parenthood of New York City. "Under ideal conditions, some abortions can be. But changing the law doesn't change the nature of the operation. It is still a procedure that deserves to be treated with the greatest respect." For this reason, it is imperative that clients, counselors and other persons who make referrals be aware of the advantages and hazards involved in certain procedures.

There are essentially four types of abortion procedures currently in use by professionals. Pregnancies of up to twelve weeks duration are terminated either by vacuum aspiration (also referred to as "suction") or by dilation and curettage ("D & C"). Both procedures are considered relatively simple and safe, requiring only local anesthesia. Both are often performed on an outpatient basis. At sixteen weeks gestation, amniocentesis ("salting out") is used. The fourth procedure which may be used in advanced pregnancies of up to twenty-four weeks is hysterotomy. A hysterotomy is considered major surgery and may involve a hospital stay of up to one week.

Vacuum aspiration, the newest abortional method, was first developed in the Far East and introduced into the United States in 1958. Using this procedure, a local anesthetic is administered and the neck of the womb is partially dilated. A thin tube connected to a vacuum pump is inserted and all fetal tissue is removed. Many gynecologists prefer to use this method because it offers several advantages.
The amount of blood loss is small, there is little risk of perforation and the entire procedure takes five minutes or less.\textsuperscript{28}

Using the D & C procedure, the patient is given a local anesthetic if she has had a previous pregnancy and a general anesthetic if she has never been pregnant. Dilators are used to enlarge the womb opening so that the curette, a small, spoon-shaped instrument, may be inserted. The fetal tissue is then gently scraped from the uterine walls. The procedure takes approximately ten to fifteen minutes.\textsuperscript{29} Recuperation time is somewhat longer than that required for suction due to greater blood loss.\textsuperscript{30}

If a woman waits past the twelve week period, she must wait until she has been pregnant for sixteen weeks before she may undergo amniocentesis. There must be enough amniotic fluid in the uterus for the physician to withdraw a certain amount. After the fluid is withdrawn, it is replaced with a saline, or salt, solution. This acts to induce labor.\textsuperscript{31} The risks of saline abortion are somewhat higher than those of the previously mentioned methods. "The degree of safety is closely related to the competence of the doctor who determines the eligibility of the woman for saline abortion and who injects the fluid into the amniotic sac."\textsuperscript{32}

Hysterotomy, a miniature Caesarian operation, is an older technique used for late abortions. It involves a small, longitudinal incision in the lower abdomen and surgical removal of the fetus. The later the pregnancy, the greater
the possibility of blood loss and infection. In addition, the woman who undergoes this operation must have all future children by Caesarian section.\textsuperscript{33}

An experimental drug now being tested for its use in abortions is prostaglandin. Given within a few days of a missed menstrual period, it induces labor by contracting the uterine muscles. This method has two major advantages: it is extremely simple and a woman may be spared knowing whether she has actually aborted a pregnancy. The drug is still, however, in the experimentation stages and is not currently available for general use.\textsuperscript{34}

There has recently been an attempt to standardize effective abortional procedures. In commenting upon the need for such standardization, Dr. Christopher Tietze said, "The rapidity with which abortion has moved from illegal and unmentionable status to become an acceptable medical procedure has made it most important that the differential risks of medical complications from abortion be quantified and qualified as soon as possible. . ."\textsuperscript{35} To give some basis for standardization, the Joint Program for the Study of Abortion (JPSA) was formed in 1971. The purpose of the Program involved the collection and analysis of information regarding medical complications of legal abortion methods.\textsuperscript{36}

JPSA found that, among the patients studied, there seemed to be no increased risk in abortions performed on an outpatient
basis, whether in a hospital or a private clinic. JPSA out-
patients aborted by suction actually had fewer total compli-
cations than those who received abortions as inpatients.
The Program speculated that this finding may be attributed to
the fact that more abortions are performed in these settings
with a resulting increase in experience acquired by medical
staff. 37

JPSA also found that late abortion (thirteen weeks of
gestation or more) is about three to four times more risky
than early abortion (twelve weeks of gestation or less).
The earlier in her pregnancy that a woman decides on an abortion,
the safer the procedure may be. In addition, early abortion is
far less expensive and may eliminate hospitalization, waiting
lists and other complications. 38
CHAPTER THREE

REVIEW OF THE LITERATURE

I. INTRODUCTION

The term "unwanted pregnancy" has been used several times in preceding sections. Since this section will deal with the decision and counseling involved in an unwanted pregnancy problem, it seems essential that the term is fully explained as it is applied here.

Before a woman is entirely happy about her pregnancy, she might, ideally, be expected to have a good marriage, good health, financial security, time, energy, and affection. Women who are lacking in any of these might be expected to consider pregnancy unwanted. However, many do not or do so only temporarily. Then, of course, there are other women who have all of these things, yet do not desire pregnancy. In speaking to the definition of an unwanted pregnancy, Dr. Nancy Lee says, "... the decision whether a pregnancy is wanted or unwanted depends on an interaction between the circumstances of the pregnancy and the values and beliefs of the individuals involved." The literature reveals that this interaction between individual circumstances, values and beliefs is emphasized through counseling techniques. The way in which this interaction is applied to the available alternatives often determines the course of action a woman will ultimately take in solving her problem.
II. THE COUNSELING RELATIONSHIP

When a woman realizes that she is faced with an unwanted pregnancy, she may turn to a professional person or a trained volunteer counselor for help. There are several ways in which counselors may try to assist. They may: examine and discuss all available alternatives to the problem, attempt to determine whether pregnancy is desired by examining its impact on the individual's life, give information as to the hazards involved in all alternatives, give information regarding the abortion procedures, make referrals for abortion, adoption, sex education, contraception counseling or psychiatric treatment.\(^{(40)}\) (See Appendix B.) The extent to which a counselor is able to assist a woman often depends largely on the needs of the woman and the training of the counselor.

Counselors and other personnel involved in this type of service often receive special training and instructions. One of the major factors emphasized in such training is objectivity. For example, Dr. Edwin Daily, director of a New York Family Planning Project, instructed the social workers, physicians, clerks and secretaries who staff the Project that they were in no way to indicate a moral or medical judgment in favor of or against an abortion. Rather, their job was to "expedite and assure abortion service within the limit of their ability."\(^{(41)}\) This is not meant to imply, however, that the counselor has no personal opinion or values regarding
pregnancy termination. Elizabeth Smith, a professional social worker now counseling women with unwanted pregnancies, says, regarding objectivity and personal opinion,

The counselor serves as diagnostician, therapist, consultant, and advocate. He is concerned with a woman's right to a legal abortion. Yet, he must remain objective to avoid pushing her into an abortion she may have requested, but does not really want. ... Most important, he must be comfortable with his own feelings about abortion."

In order to understand a client's feelings regarding her situation, the counselor must first be aware of his own feelings.

The attitudes of the counselor and the counseling techniques he uses may well influence the decision a woman makes. Language may be especially influential. The words used to describe an abortion may have an important bearing on the sensitivities and imagination of the woman who must deal with an unwanted pregnancy. Abortion may be discussed in the language of medical technology and technique as "a therapeutic procedure involving the emptying of the uterine contents" or in emotional, reformist language as "relieving a woman from suffering, or meeting the need for freedom among women, or saving the country from an overwhelming population explosion." In his book, Abortion: Law, Choice and Morality, David Callahan mentions that

Abortion does have more than one result and one meaning and therefore it can be discussed in many ways. What is objectionable is a deliberate
manipulation of language to create an emotional response, to allay doubts or to mislead the imagination.  

A counselor may be particularly misleading if he uses detached, clinical language to describe the operation itself combined with an emotional emphasis on the personal benefit of an abortion. In effect, he may appear to be suggesting that emotion is quite appropriate for the consideration of social and emotional results of an abortion, but that detachment is appropriate when the actual technique and medical objective of an abortion is considered. The general effect may be what Callahan refers to as a "manipulation of the moral imagination." Smith has found that when a woman is considering abortion, a careful and simple explanation of procedure without emotional or clinical overtones better enables her to cope with the experience and reach a personal decision.

Some of the counseling agencies and programs have found that there are times when procedural explanations and intensive counseling are neither desired or necessary. Planned Parenthood of New York City, for example, found that some women make decisions to terminate pregnancy without shame, guilt or fear. In such cases, clients usually contact the agency wanting only information as to where an abortion may be obtained. Katherine Oettinger of the International Association of Schools of Social Work comments upon this finding: "Professionals agree that the obligation of the
social worker, when in this case, is that she refer her client to the appropriate source, providing her with all the relevant facts, and assisting her in obtaining the services she requires.\textsuperscript{47} This type of case is illustrated by Edwin M. Gold of the University of California School of Medicine who tells of a situation involving a physician and patient at the San Francisco General Hospital. The physician was conducting an interview with a very calm, poised twenty-two-year-old married woman who, without prelude, told him she had come for an abortion. Somewhat surprised by her directness, the doctor attempted to establish some data for counseling. He said, "Let's get some background, the history." She replied, "Let's forget history. I was sent to get an abortion." He pursued his attempt by suggesting, "Don't you have some self-destructive thoughts in relation to your pregnant state?" She answered, "Hell, no, I'm not going to commit suicide. If I don't get the abortion here, I'll go to another hospital or another doctor who'll do it for me."\textsuperscript{48} The physician's questions would not seem to exemplify good counseling technique and the woman's attitude was possibly somewhat atypical. The point is made, however, that there are situations when only information or referral is desired.

As part of an attempt to better understand and assist women requesting abortion counseling, Elizabeth Smith, a social worker and counselor for the Clergy Consultation
Service of Missouri, conducted a survey on a sample of clients with unwanted pregnancies. The survey is, of course, reflective only of this agency's clientele. However, a summarization of the survey results is included here to give an overview of the functioning and effectiveness of abortion counseling services.

The survey sample included forty-six women interviewed with an open-ended questionnaire. Findings showed that the clients were typically single women in their late teens or early twenties who attended college and felt unready for marriage. Most women contacted Clergy Consultation soon after pregnancy confirmation.

The women were asked with whom they had discussed their problem. Those who talked with professionals and with peers generally found them to be understanding. For various reasons, most women chose not to tell their parents, but those who did found them to be helpful. Responses of sexual partners to the idea of abortion varied.

Most of the women experienced some emotional discomfort in regard to their pregnancies and the normal emotional functioning of several was affected. The researcher felt that some of the women needed additional counseling for psychiatric or social problems which were separate from the pregnancy.

The majority of the women decided on abortion as a solution to their problem, but most knew little about the procedure.
Of the forty-six clients, four decided after counseling to carry the child to term. Those who chose to have the abortion later reported feeling relieved and happy with the decision. Some who had been initially fearful said that their anxiety was eased by the counselor's explanation of the procedure.

More long-range adjustment was examined by attempting to contact the women approximately one year later. Only nineteen of the forty-two who obtained abortions were available for interview at this time. None of these women expressed regret over the decision and, though a few had experienced some temporary depression, none had sought professional help.

All of the clients had positive feelings toward the counseling experience and some found it to be more helpful than others. Several women felt the total experience had been self-enlightening, others felt it had a maturing effect. Essentially, the clients felt secure with their decisions and were found to have made adequate adjustments.49 In her discussion of the survey findings, Smith reflects upon the function of the counseling in which had worked. She writes,

*Pregnancy counseling is crisis intervention, i.e., a problem-solving process that utilizes ego-supportive techniques to help the woman maintain or enhance her level of functioning. Thus, it does more than assist a woman with a problem pregnancy; it involves all aspects of her life.*

Callahan seems to concur in his assessment of the counseling function. He writes, "They
pregnancies must somehow come to a decision at a very personal level. The decision a woman makes will quite likely be determined by her way of looking at herself and at life. 

So it is that each counseling situation is a little different. When she arrives for counseling, each woman brings with her not only the problem of an unwanted pregnancy, but the total of her life experiences up to that point. Professionals seem to agree that the effective counselor must be able to objectively assess a woman's situation, consider with her the effects of various alternatives on her life and explain simply the relevant information.

III. THE DECISION

It was mentioned previously that a woman's basis for deciding whether a pregnancy is wanted or unwanted involves an interaction between her circumstances, values and beliefs. Going one step further, the response to an unwanted pregnancy will likely depend largely on social class and lifestyle.

According to a study conducted by Dr. Nancy Lee, the alternatives chosen by individual women tend to structure the acceptability of alternatives chosen by those who come after them. In other words, Dr. Lee's study suggests that the major factor which determines how a woman will react to an unwanted pregnancy is her perception of what others who live around her do in such a case. Those women who openly acknowledge and accept illegitimate pregnancy and birth will tend
to increase the likelihood of that solution being chosen by those who know them. Similarly, those who have legal abortions and are able to talk honestly about their experience will tend to make abortion a more likely choice by those who come in contact with them, either directly or indirectly.53

It is important at this point to note that some women and their families find it quite acceptable to bear a child out of wedlock.54 Many women, after having an opportunity to talk out negative feelings about their pregnancy through counseling come into contact with strong positive feelings about having the baby.55 It is not uncommon for a woman, married or single, to learn to love a child who was initially unwanted or for a family to adapt to the birth of another child despite limited space or income. The counselor, social worker, physician or clergyman must be able to examine all of the personal options available to a counselee, taking into account differences in social class and lifestyle.56

A related concern which should not be overlooked by the counselor or caseworker involves the social conditions which force many women to choose abortion. This type of problem may be best explained in the words of a black mother who told psychologist Robert Coles,

They say no, no--no more kids; the welfare worker she tells you you're overpopulating the world, and something has to be done. But right now one of the few times I feel good is when I'm pregnant, and I can feel I'm getting somewhere,
at least then I am--because I'm making something grow, and not seeing everything die around me like all it does in this street, I'll tell you. They want to give me the pill and stop the kids, and I'm willing for the most part; but I wish I could take care of all the kids I could have, and then I'd want plenty of them. Or maybe I wouldn't. I wouldn't have to be pregnant to feel hope about things. I don't know; you can look at it both ways, I guess.
CHAPTER FOUR

COUNSELING AND REFERRAL THROUGHOUT THE COUNTRY

I. INTRODUCTION

The need for abortion counseling and referral services has been recognized by many individuals and service agencies in the United States. Often, women who are unaware of the opportunities for abortion become victims of self-abortion myths, illegal abortionists and exploitive referral companies. Others are simply confused by the legal maze and red tape involved in obtaining abortions in some states. To meet the need for counseling and referral, agencies and programs have been organized in every state.

II. REFERRAL HAZARDS

There are certain hazards which a woman seeking an abortion may encounter. One of the most dangerous is the self-abortion myth. Well-meaning friends may give information regarding folk-medicine abortions. Every year, hundreds of women are fatally injured by attempts to self-abort a pregnancy. If a woman is not able to locate someone who will help her obtain a legal abortion, she may resort to a second hazard—an illegal abortion. Although some illegal abortionists are trained physicians who perform the operation well,
a woman will still be faced with the added emotional strain of having committed a criminal act. A rather recent study conducted by Dr. Nancy Lee attempted to shed some light on the referral network of illegal abortions. In her study, Dr. Lee interviewed 114 women who had undergone illegal abortions. Her findings showed that most women in the study began their search for an abortionist by asking a friend of their own sex and age; they did not consult their parents, a social worker or a religious counselor. In describing Dr. Lee's findings, Westoff and Westoff write,

Almost half of the women reached an abortionist by asking only one person for help. In other words, a woman or a couple asked someone who in turn referred them directly to an abortionist. The average number of people asked by all the women was five.

A third hazard involves the many commercial counseling services that are now advertising in magazines and newspapers. Some of these companies have recently been investigated for profiteering. As of 1971, there were at least fifteen such companies in New York City alone (such as the Abortion Information Agency) which, for a fee of up to $160, will arrange an abortion for a woman. In a study of referral companies, Westoff and Westoff explained,

They find the doctor and hospital bed, and make all the arrangements. Because the companies guarantee to keep a certain number of hospital beds filled, the service is often charged at less than the average rate. When an out-of-state
Thus, a woman applying to such an agency may spend $100 or more for referral when she can obtain the same help without charge through a non-commercial social service agency or program.

III. COUNSELING AND REFERRAL ASSISTANCE

The leading organization in the field of abortion counseling and referral is the Planned Parenthood Federation of America. A more recently formed organization also prominent in the field is the National Clergy Consultation Service on Abortion. Both organizations offer assistance without charge in most major cities throughout the nation.

Planned Parenthood Federation of America originated as a by-product of the feminist movement. Today, the philosophic goal of the movement is: "responsible parenthood—each child a planned and wanted child born into a family properly prepared to receive it." The Federation, with headquarters operating in New York, has 190 affiliate offices in the United States. They also conduct 595 medically supervised clinics which operate at or near capacity. These clinics offer services in contraception, diagnosis and therapy for infertility, and pregnancy detection. Some affiliates give marriage and abortion counseling. In principle urban areas,
Planned Parenthood physicians and nurses staff these "satellite" clinics in store fronts, housing projects, settlements, churches and community centers. Outreach workers visit homes, hospital delivery wards, youth serving agencies, health and well-baby clinics. This attention to individual need and convenience characterizes the Planned Parenthood programs whether they involve contraception, infertility or abortion counseling.

The National Clergy Consultation Service on Abortion, a totally non-profit service, was organized in 1967. Its services include counseling and referrals to hospitals, outpatient clinics, and competent physicians throughout the country. Its state offices, each managed by a Protestant minister or Jewish clergyman, maintain current records of approved facilities as well as records of facilities which received negative reports from referred clients. Volunteer counselors are often recruited from professional areas outside the ministry such as social work, medicine and psychology. These volunteers receive training in the medical, legal, social and emotional aspects of abortion. Referrals for counseling come from doctors, ministers, school counselors, social agencies and campus health services. In many major cities, Clergy Consultation also maintains answering services which give information regarding the nearest available counseling or abortion services.

A similar referral service is Zero Population Growth, a non-profit organization with headquarters located in
Los Altos, California. Although abortion referral is not the main function of ZPG, the staff felt they could not turn away the many requests they received. The result was an organization of data (hospitals, doctors, costs) into a computer. Currently, ZPG has over 500 such listings in an Abortion Information Data Bank (AID Bank). Women seeking abortions may call the AID Bank from anywhere in the country. A staff member takes the caller's name, address, financial status and may give preliminary advice over the telephone. The data is then fed into the computer and within five minutes a print-out is produced with names of the eight to ten doctors or clinics nearest the caller. Fees and other pertinent information are also included. The information is then mailed to the caller at no charge.68

There are other smaller organizations which provide free referral for abortion and counseling. The National Association for Repeal of Abortion Laws (NARAL) has a legal focus, but it also maintains referral service in its state offices.69 The Council on Abortion Research and Education is a small New York agency which provides free information, counseling and referral services to out-of-state women.70 The New York City Health and Hospital Corporation has a facility that deals with the complaints of both city and non-city residents. Any woman who has not been able to schedule herself for an abortion may receive assistance through this agency.71
Some social service agencies are also beginning to officially recognize the need for abortion counseling services. For example, the Florence Crittenton Association of America, Inc., a nationally known agency which provides residential care for unwed pregnant women, recently made official recognition of the "necessity of abortion counseling and referral to provide adequate maternity service." The agency recommended to its state affiliates that they provide such counseling or make appropriate referrals. A similar resolution and recommendation was adopted by the American Public Health Association (APHA). Their resolution, however, emphasized the options now open to women who are pregnant. They recommended that family planning and public health programs adopt pregnancy detection services available to all clients regardless of their age, economic, or marital status. The APHA also suggested that these services include pregnancy testing, confidential counseling for the maternity cycle, abortion, family planning, and referral to appropriate agencies according to individual need.

This expansion of services which APHA recommends has been implemented in one of the agencies previously mentioned, Planned Parenthood. In September of 1971, Planned Parenthood of New York City opened a new family planning clinic. Within this one clinic clients may receive contraceptive consultation, venereal disease screening, pregnancy testing and abortion. Similarly, in response to an overwhelming number of requests
for pregnancy counseling and abortion referral, the Planned Parenthood Association of Washington, D. C. opened a counseling and referral center funded by a private foundation.\(^74\)

Centers such as these, which offer a wide range of services, have been opened not only in parts of the country where abortion laws have been liberalized, but also in some states with "old" abortion laws. In a Philadelphia center for pregnancy detection, for example, each woman is offered counseling services. She is given the result of her test by a doctor who also gives her the opportunity to discuss her alternatives with a counselor trained by the Clergy Consultation Service.\(^75\) Tietze and Lewit describe the services of the center:

No woman with a positive test leaves the Philadelphia center without an appointment with a hospital or agency, depending on her choice, and she also has been given the name of the person at the referral source who will help her achieve her goal whether this be to terminate the pregnancy or to carry it to term.\(^76\)

In commenting on the future effectiveness of clinics with expanded counseling and referral services, J. M. Krummer, a psychiatrist at the University of California Medical School, stated that he felt it would be desirable to have such centers serve a follow-up function. Krummer explains,

Women who have undergone an abortion should have one or more counseling sessions where they can ventilate their feelings associated with this procedure. This should have far-reaching effects in preventing a buildup of guilt and depression. While... abortion does not
produce mental illness, there is evidence of considerable guilt feelings associated with it. These should be released as soon as possible.

Thus, in the future there may be an even greater expansion of counseling services to include post-abortion counseling for those who feel the need for such service.

As a final comment, the literature shows that, although some commercial firms are attempting to profit from this type of service, it is not the goal of Planned Parenthood, Clergy Consultation and other social service agencies to promote abortion or any one particular alternative to an unwanted pregnancy. Rather, as Alfred F. Moran, Executive Vice-President of Planned Parenthood of New York City explains,

... the integration of abortion services into all other aspects of fertility services helps make all of an individual's options easily available and makes it possible to stress the value of prevention of pregnancy over termination.
CHAPTER FIVE
COUNSELING AND REFERRAL IN MUNCIE

I. INTRODUCTION

As mentioned previously, both abortion and abortion counseling are prohibited by law in the state of Indiana. However, there are concerned individuals in Muncie and many other cities who choose to ignore the law which prohibits counseling. In some cases, these individuals are members of social service agencies whose chief purpose is that of counseling. There are other individuals—doctors, clergymen, etc.—who are involved in abortion counseling and referral as an added aspect of their professions.

Part of the purpose of this paper involves an investigation of such abortion counseling and referral services in the Muncie community. This chapter will focus upon these various agencies and individuals, their counseling techniques and the referrals they make.

II. PLANNED PARENTHOOD OF DELAWARE COUNTY

The Planned Parenthood Association of Delaware County, with offices in the Johnson Building on Walnut Street, receives clients referred to them by the Welfare Department, Family Counseling, the Child Guidance Clinic and other service organizations. Many women arrive without specific referral.
There are currently five full-time staff members at the Planned Parenthood office—two nurses, two community workers and a director, Mrs. Lois Seward. In addition, there are nine physicians and fourteen nurses who volunteer their time to staff the Planned Parenthood Clinic at Ball State Memorial Hospital. Information and counseling services are available to all interested members of the community. Services of the Clinic, which include pregnancy testing and contraception counseling, are available only to those persons who cannot afford to pay a private physician.

Each person contacting Planned Parenthood for abortion information is given an appointment for a confidential interview with a full-time staff member. The organization stresses that only information on legal abortion is given. It is also preferred, but not mandatory that the client be accompanied by the other person involved in the pregnancy (husband or sex partner). The director declined to comment on the number of abortion cases counseled or referred by Planned Parenthood.

The focus of the sessions varies with each woman, depending on her individual needs. Interviews often begin with a discussion of the woman's personal situation and problems. If the woman is under eighteen, parental or guardian knowledge is required before proceeding.

The staff member will usually discuss alternatives to the pregnancy (a home for unwed mothers, adoption procedures, keeping the infant, marriage). If she is uncertain that she
is pregnant, a woman may be referred to a private physician or, if she is without adequate funds, to the O-B Clinic at Ball Memorial Hospital. Should a woman desire further professional counseling, referrals may be made to Family Counseling or to Ball State Counseling and Psychological Services Center.

The entire clinic procedure is explained for surgical termination of pregnancy up to twelve weeks gestation. Women whose pregnancies have advanced beyond this point are given amniocentesis information. In addition, they are advised of the risk and mental trauma involved and are urged not to consider the latter procedure.

If a woman decides to terminate her pregnancy, she is given information in the form of a printed sheet regarding procedures for obtaining a legal abortion in New York. The sheet lists the names of two medically approved clinics, Pelham Medical Group and Dobbs Ferry Medical Pavilion, their addresses, phone numbers, appointment hours, fees, and driving instructions.

The staff member explains the information needed by the New York clinics before an abortion may be performed. Each patient must have a urine test and a pelvic examination by a physician. Students and non-indigent women are advised to obtain this assistance from a private physician. As mentioned previously, women without funds may obtain a free test and examination from the O-B Clinic at Ball Memorial Hospital. In addition to the tests, the clinics also require completion
of a medical form which includes a home referral physician for post-surgical care. Clinics send the surgical results and information regarding the patient's condition upon dismissal to the referred physician. Responsibility for surgically related problems is assumed by the clinics.

Each woman is responsible for all costs of transportation, clinic procedures, lab fees and medications. Planned Parenthood assumes no financial assistance. Total expenses for an early abortion range from $160 at Dobbs-Ferry to $188 at Pelham Medical Group. More advanced pregnancies require more difficult surgery and, therefore, a higher cost of $450. These costs do not include transportation expenses. Round trip plane fare from Indiana to New York is $120 or $80 for a student card holder. Transportation expenses may, of course, be minimized by taking a bus or driving to New York.

Women who are on welfare or who have very little money are often able to obtain abortions at no cost or at a reduced cost. Planned Parenthood does not investigate a woman's financial situation. They accept her statement that she is without funds and advise the New York clinics of her situation. Expenses are then arranged and adjusted by the clinics, not by Planned Parenthood.

All women seeking abortion information are responsible for making their appointments with clinics and physicians. At no time does a member of the Planned Parenthood staff attempt
to make a decision for a woman. The staff feels that by making appointments or other arrangements they would be assuming part of a woman's decision.

Women who are given abortion information from the Planned Parenthood office are asked to report back after their operation on care received, further counseling needs, physical condition, arrangements for post-operative examination and contraceptive needs. With this request, the session is concluded.

**Interview**

Planned Parenthood does not give abortion information over the telephone. Persons calling for information are given appointments for interviews. The following is a woman's report of an interview conducted in the Planned Parenthood Office. The client is a Ball State student who had previously called for abortion information. Her interview is included here to give a more detailed look at the counseling and referral process as it occurs at Planned Parenthood.

Couns.: What can I do for you?
Student: I'm here to find out about getting an abortion.
Couns.: Are you sure that you're pregnant?
Student: Yes. I went to a doctor over vacation.
Couns.: How far along are you?
Student: About six weeks.
Couns.: Well, abortions are legal in several states, but New York is the nearest one with no residency requirements. The cost is about $150 plus transportation.

Student: A hundred and fifty is about all we can come up with. Are there any funds at all for transportation or anything?

Couns.: No. We really don't have anything in the way of funds. Of course, you could drive. Plane fare is $120. Do you have a student card?

Student: Yes.

Couns.: Then you could fly round trip for about $80. Here's an information sheet on a New York clinic. (Hands student a mimeographed sheet.) They provide a limousine from La Guardia. Do you know anything about the procedure?

Student: Vaguely. Not much.

Couns.: When you arrive at the clinic you'll be counseled for awhile. Some talk about their reasons for deciding to have an abortion. You'll be given birth control information at this time. After the counseling, they'll give you a tranquilizer. It won't put you to sleep--it just relaxes you. The doctor will anesthetize the uterus--something like novocaine. You won't feel anything. You won't feel it when they dilate the cervix. After the cervix is dilated, they use suction to remove the clot. Most girls have