



Woman in Development and Politics

Women's Coping Strategies in Confronting Intentional Abortion: From Decision to Experience

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Article Info	ABSTRACT
Article type: Research Article Article history: Received: 10 May 2025 Received in revised form: 18 July 2025 Accepted: 7 September 2025 Published online: 23 October 2025 Keywords: <i>Descriptive Phenomenology, Intentional Abortion Experience, Women's Coping Strategies.</i>	Introduction Intentional abortion is a multidimensional act that is situated at the intersection of individual, social, cultural, and ethical factors, making it one of the most complex lived experiences of women. Abortion is not merely a medical event—it is a lived experience that forces women to redefine their personal identity, maternal role, and ethical standing—from an individual perspective. This redefinition frequently transpires as a result of cognitive and behavioral processes that women implement to traverse this experience. These processes manifest themselves both prior to and subsequent to the abortion procedure. Women are placed in a complex position by intentional abortion, which is a multidimensional experience that is characterized by psychological distress, moral conflicts, and social pressures. Consequently, they implement a variety of coping strategies. Accordingly, the objective of the current investigation is to ascertain the methods that women employ to confront intentional abortion, both during the decision-making process and subsequent to the procedure. Methodology This qualitative study, which employs a descriptive phenomenological approach, investigates the strategies that women employ to cope with the experience of intentional abortion. Using purposive sampling with maximum variation (considering age, education level, socioeconomic status, religious beliefs, and reproductive history) and applying the criterion of data saturation, 40 eligible participants (women with experience of intentional abortion, married at the time of abortion, and residing in Alborz Province) were identified through professional and social networks. While rigorously adhering to ethical considerations and privacy protections, data were collected through in-depth semi-structured interviews that lasted 45–120 minutes. The data were subsequently analyzed using Colaizzi's seven-step method to guarantee a comprehensive phenomenological examination of the lived experiences. Findings The results suggest that women who have experienced intentional abortion may employ a variety of strategies, including "attempting to change circumstances and avoid abortion," "compensatory actions," "reflection," "repentance and seeking forgiveness," "self-blame," "confession," "seeking legitimacy," "attribution to fate and external conditions," "rationalization," "concealment," and "cognitive avoidance." These strategies can be categorized into four primary approaches: "protective-restorative actions," "moral reckoning," "justification-building," and "comprehensive avoidance." The "justification-building" approach allows women to convert abortion from a stigma to a rational and inescapable decision by incorporating logical, religious, and social arguments. Simultaneously, "comprehensive avoidance" serves as a defense mechanism, alleviating the

emotional toll of this decision by means of memory suppression, social concealment, and indifference. "Moral reckoning" is a reflection of the efforts of women to redefine their relationship with their value system in the wake of abortion. This is demonstrated by their oscillations between self-blame, repentance, and rational justification. Finally, "protective-restorative actions" illustrate women's endeavors to mitigate the repercussions of this experience, whether through active prevention prior to abortion or symbolic and palpable compensation subsequently. Collectively, these strategies represent women's endeavor to maintain psychosocial equilibrium within socio-religious contexts that marginalize abortion, illustrating how they systematically navigate this challenge through justification frameworks and emotional regulation.

The results indicate that women adopt a combination of strategies that are influenced by individual, familial, social, and cultural factors when confronted with intentional abortion experiences, resulting in varying situational assessments. A significant proportion of participants regarded contraceptive failure as a personal failure, which resulted in their decision to undergo intentional abortion when they encountered an unanticipated pregnancy. These women typically convinced their spouses to consent to abortion when confronted with spousal disagreement. Primarily fearing opposition from relatives, this group employed concealment strategies to hide their abortion decisions from close associates. Conversely, some participants faced spousal opposition, despite their personal desire to continue the pregnancy. In order to circumvent abortion, these women implemented resistance strategies that were designed to alter the circumstances. Prior to the procedure, certain participants engaged in legitimacy-seeking behaviors to alleviate moral distress arising from conflicts with religious norms or to secure social support. Additionally, numerous participants implemented concealment strategies subsequent to their abortions in order to guard against negative judgments and social stigma.

The study results indicate that a spectrum of participants experienced psychological repercussions as a result of intentional abortion, such as emotional distress and mental anguish. Upon confronting temporal and spatial contexts related to the fetus, circumstances leading to abortion, and factors influencing their decision-making process, these women underwent multiple phases of reflection. Findings demonstrate that most suffered from guilt and moral anguish, leading them to adopt strategies such as confession, self-blame, rationalization, repentance and seeking forgiveness, and compensatory actions. A progressive decrease in psychological distress was observed within this subgroup as time progressed. These individuals successfully achieved emotional regulation and adapted to the psychological consequences of abortion after completing a grieving period. Their abortion decision was predominantly justified by their cognitive mechanisms, which were based on rationalization and attribution to external circumstances based on the specific conditions. Others alleviated their distress by referencing potential fetal abnormalities or maintaining beliefs about the suspended life and humanity of the fetus. In contrast, another group continued to endure persistent psychological consequences. Cycles of mental rumination and reflection were initiated in these individuals by exposure to reminders. The outcome was prolonged guilt and an inability to self-forgive, even years later. This group employed strategies including "suppressing abortion memories to alleviate guilt," "repeated pleas for forgiveness," and "confessing wrongdoing and accepting punishment." On the other hand, certain participants did not exhibit any substantial psychological consequences subsequent to their abortions. The "analysis of circumstances leading to abortion" strategy was employed by these women, who rationally justified their decision and expressed no regret. Their most distinctive characteristic was their cognitive detachment from the embryo and their lack of emotional attachment, which allowed them to lead normal lives. Some members of this group employed "avoidance strategies," which were influenced by a variety of factors including life preoccupations, beliefs about fetal non-viability or non-personhood, or positive outcomes from abortion, such as an enhanced quality of life. Another subset of participants occasionally contemplated the fetus, but these thoughts did not cause any distress. This group effectively adapted by employing strategies such as "fatalistic beliefs that minimized personal agency," "avoiding fetal reminiscence due to conviction in their decision's validity," "preemptive suffering avoidance," and "external attribution of circumstances," as revealed

by data analysis. Some individuals within this group demonstrated “compensatory actions” through financial contributions and implementing “repentance and seeking forgiveness” strategies without experiencing emotional distress.

Conclusion

The findings of this study demonstrate that women implement intricate, multifaceted coping strategies when confronted with the trauma of intentional abortion. These strategies can be classified into four frameworks: comprehensive avoidance, ethical reversal, protective-restorative actions, and justification-building. These strategies reflect women's efforts to manage psychosocial stressors, reconcile value conflicts, and mitigate the emotional burden of abortion decisions within religious-cultural contexts. Although some women are able to adapt by rationalizing or attributing their experiences to external factors, others encounter persistent remorse and cognitive rumination. Individual factors (such as religious beliefs), interpersonal factors (like spousal support), and structural factors (including social norms) are the primary factors that influence variations in psychological responses. This research emphasizes the importance of culturally sensitive supportive interventions and non-judgmental policy approaches in order to alleviate women's distress. This study holds fundamental significance from two perspectives. Initially, a thorough comprehension of the repercussions of intentional abortion is inadequate without examining women's coping strategies, as these strategies dynamically interact with the outcomes of experience and may either exacerbate or mitigate the negative repercussions. Secondly, the identification of these strategies from an applied perspective is essential for the development of targeted psychological interventions. This can be achieved through preventive programs that reinforce adaptive strategies prior to abortion decisions or therapeutic protocols that alleviate post-abortion sequelae.

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