

Emotional Dynamics: Grieving Experiences of Women After Abortion

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Abstract

This study explores the complex emotional dynamics and grieving process experienced by a woman following an induced abortion, utilizing Kübler-Ross's five-stage grief model (denial, anger, bargaining, depression, acceptance) as a theoretical framework. A qualitative narrative approach was employed, with data collected through an in-depth, semi-structured online interview with a 20-year-old participant who underwent an abortion at age 18. Non-participant observation of non-verbal cues supplemented the interview data. Thematic analysis was conducted to map the subject's experiences onto the stages of grief. Findings confirm that the participant navigated all five stages of grief, though in a non-linear and highly individual sequence. The depression stage was notably prolonged, while the eventual movement toward acceptance was significantly facilitated by entering a new, supportive romantic relationship, which provided a crucial "safe space." The experience was compounded by feelings of isolation, stigmatization, and a lack of adequate social support from her partner at the time of the procedure. The study underscores that abortion, particularly under stressful conditions, constitutes a significant psychological loss that can trigger a profound grieving process. Recommendations include integrating psychosocial education into reproductive health programs and conducting further comparative research on the experiences following legal versus illegal procedures.

Keywords: abortion, grief, Kübler-Ross, qualitative research, psychological impact

Abstrak

Studi ini mengeksplorasi dinamika emosional yang kompleks dan proses berduka yang dialami oleh seorang wanita setelah aborsi yang diinduksi, memanfaatkan model kesedihan lima tahap Kübler-Ross (penyangkalan, kemarahan, tawar-menawar, depresi, penerimaan) sebagai kerangka teoretis. Pendekatan naratif kualitatif digunakan, dengan data yang dikumpulkan melalui wawancara online yang mendalam dan semi-terstruktur dengan seorang peserta berusia 20 tahun yang menjalani aborsi pada usia 18 tahun. Pengamatan non-partisipan terhadap isyarat non-verbal melengkapi data wawancara. Analisis tematik dilakukan untuk memetakan pengalaman subjek ke tahap kesedihan. Temuan mengkonfirmasi bahwa peserta menavigasi kelima tahap kesedihan, meskipun dalam urutan non-linier dan sangat individual. Tahap depresi sangat berkepanjangan, sementara gerakan akhirnya menuju penerimaan secara signifikan difasilitasi dengan memasuki hubungan romantis baru yang mendukung, yang menyediakan "ruang aman" yang penting. Pengalaman itu diperparah dengan perasaan terisolasi, stigmatisasi, dan kurangnya dukungan sosial yang memadai dari pasangannya pada saat prosedur. Studi ini menggarisbawahi bahwa aborsi, terutama dalam kondisi stres, merupakan kehilangan psikologis yang signifikan yang dapat memicu proses berduka yang mendalam. Rekomendasi termasuk mengintegrasikan pendidikan psikososial ke dalam program kesehatan reproduksi dan melakukan penelitian komparatif lebih lanjut tentang pengalaman mengikuti prosedur legal versus ilegal.

Kata kunci: aborsi, kesedihan, Kübler-Ross, penelitian kualitatif, dampak psikologis

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INTRODUCTION

Abortion is the act of terminating a pregnancy before the fetus is able to survive outside the womb. According to the World Health Organization (2021), abortion can occur spontaneously (spontaneous abortion) or be induced intentionally for specific medical, social, or psychological reasons. The WHO also categorizes abortion into safe and unsafe, depending on the method used, the qualifications of the person performing it, and the conditions of the facility. In Indonesia, abortion is a sensitive and highly regulated matter, permitted only under specific circumstances such as medical emergencies or pregnancies resulting from rape, as stated in Law No. 36 of 2009 on Health and Government Regulation No. 61 of 2014 on Reproductive Health. Despite these legal restrictions, the estimated number of abortions in Indonesia remains high, ranging from approximately 750,000 to 1,500,000 cases annually (Review UNES, 2024), with around 2,500 maternal deaths caused by complications. This situation highlights the urgent need for a more comprehensive understanding of abortion, including its psychological impact on women.

Abortion is not merely a medical procedure but also an emotionally complex experience. Studies indicate that women who undergo abortion may face post-traumatic stress, depression, and difficulties in social relationships (Zareba et al., 2020; Wijayanti, 2015). Feelings of loss, regret, and guilt are common, though some women show resilience and growth following the experience. Research conducted in Surabaya revealed that adolescents who underwent abortion experienced prolonged anxiety, hopelessness, and stress (Engry, 2019). However, most research still focuses on general medical or clinical outcomes, without deeply exploring the subjective emotional meaning of the experience.

The five stages of grief theory developed by Kübler-Ross (1969), denial, anger, bargaining, depression, and acceptance, offer a valuable framework for understanding emotional responses to various forms of loss, including reproductive loss such as abortion. While originally formulated in the context of terminal illness, this model has been widely applied to other grief experiences. Furthermore, Arnett's (2000) concept of emerging adulthood (ages 18–25) describes a developmental stage marked by identity exploration, emotional relationship building, and the making of major life decisions. During this phase, individuals may experience heightened emotional vulnerability, making the psychological effects of abortion particularly significant.

Research conducted abroad, such as Maguire et al. (2015), Grauerholz (2021), and Lyon (2021), has shown that grief after reproductive loss is highly individual and complex, sometimes persisting for extended periods and leading to serious biopsychosocial impacts. Kerns et al. (2022) highlight that abortion stigma intensifies emotional distress, while Kulathilaka et al. (2016) found that grief and depression following miscarriage can be profound, suggesting that all forms of reproductive loss deserve deeper emotional examination. Unfortunately, studies exploring these aspects in the Indonesian cultural context remain scarce, particularly among women in emerging adulthood. Seymour (2023) further emphasizes that the absence of adequate emotional and informational support before and after abortion may worsen psychological outcomes.

Given these gaps, this study aims to explore the subjective meaning of the grieving process among women in emerging adulthood who have undergone abortion, using the Kübler-Ross model as the guiding framework. The findings are expected to contribute to the development of more empathetic and culturally relevant psychological support services for women facing similar experiences.



METHOD

This study used a qualitative approach with a narrative method. This approach was chosen because it allows the researcher to understand and explain thoroughly the subject's emotional experience of having an illegal abortion (Abdussamad, 2021). Qualitative methods enable researchers to explore the subjective meaning of individual experiences in depth, within complex social and psychological contexts. Participants in this study were purposively selected by considering the relevance of their experiences to the research focus.

Data were collected through online field research using Google Meet, primarily via semi-structured interviews. Although interviews were the primary method, observation was also employed as a supplementary technique to deepen understanding of the subject's grieving experience. This involved non-participatory observation, in which the researcher paid close attention to nonverbal cues, such as facial expressions, body language, and changes in vocal intonation, during the interview sessions without participating in the experience being shared (Marshall & Rossman, 2016).

The research process involved several stages, beginning with a literature review and the identification of the research topic. Subjects were then selected via purposive sampling using clear inclusion criteria. Ethical considerations were addressed by obtaining informed consent and ensuring participant anonymity. Subsequently, data were collected through in-depth online interviews. The interview data were transcribed verbatim and analyzed using a narrative approach, guided by Kübler-Ross' five stages of grief theory. In the final stage, the findings were interpreted and compiled into a research report.

The instruments used in this study included a semi-structured interview guide based on the Kübler-Ross grief model, a voice recorder (used with participants' consent) to ensure accurate documentation, and field notes to capture important contextual details, emotional tone, and nonverbal expressions during the interview sessions.

RESULT AND DISCUSSION

Result

The subject of this study is a 20-year-old woman who underwent an abortion in 2023, specifically at the age of 18, when she was still in her first semester of university. The pregnancy occurred within a relationship that had only lasted for five months. Although the subject and her partner had previously discussed the worst-case scenario in the event of pregnancy, namely, undergoing an abortion, she still experienced significant emotional conflict when the situation actually occurred.

The subject discovered her pregnancy after experiencing a seven-day delay in menstruation. After taking several pregnancy tests to confirm, she decided not to undergo an abortion immediately but to wait until the pregnancy reached six weeks, considering health factors and her personal readiness. During this period, the subject admitted that she began to develop an emotional attachment to the fetus she was carrying. She stated that she had briefly wanted to continue the pregnancy; however, her life circumstances and limitations in both social and economic support ultimately led her to decide to terminate it.

When the decision to have an abortion was made, the subject reported that the dominant emotion she felt was sadness. She felt deep sorrow because she could not protect something she perceived as innocent, the fetus she was carrying. This sadness stemmed from an internal conflict between her desire to continue the pregnancy and the



pressures of social and economic realities that did not support such a choice. In addition to sadness, the subject also experienced anger, particularly toward the circumstances that forced her to make this difficult decision. She felt angry because she had to bear all the consequences alone without adequate support from her surroundings, including her partner. To calm herself, the subject chose to be alone and sought emotional support from her close friends and relatives. Information from two informants also supported these findings. The first informant, the subject's cousin A (22 years old), stated that the subject had told her that making the decision to have an abortion was extremely difficult because she believed the fetus was innocent. However, she also understood that the decision had been made after careful and painful consideration.

The subject explained that when she first discovered she was pregnant, she did not display an excessive emotional reaction. She described herself as being in an "autopilot mode" or experiencing mild dissociation, where she continued her daily routines as if nothing had happened, without truly processing the emotional impact of her situation. However, over time, she became frustrated as she had to bear all the consequences of the event alone. She stated, "I'm the one who did it, I'm the one who suffers everything," reflecting anger and disappointment at the lack of support from her surroundings.

In explaining her emotional dynamics, the subject stated that she believed no one would ever accept her again after the abortion experience. "I'm absolutely sure no one will ever accept me again after what happened," she said. This reflects an internal conflict regarding self-acceptance and self-worth.

After undergoing the abortion, the subject experienced feelings of emptiness and worthlessness. She described her sadness as extremely intense, rating it 8 out of 10. The second informant supported this finding, the subject's friend identified as D (20 years old), who stated that the subject had withdrawn from her social environment, spending hours in silence without saying anything, and appeared to be deeply suppressing her emotions. The subject also found it difficult to share her story with anyone, including her partner. In her own words, she said, "Even to my partner, I couldn't say anything. There was no place for me to truly talk."

However, the subject gradually began to show signs of acceptance. She explained that self-acceptance started to develop after entering a new relationship with a more supportive partner, whom she described as her "safe place." Nevertheless, the subject acknowledged that she still harbored feelings of guilt, not as a form of self-punishment but as a reminder to continue learning and growing from the experience.

Based on the subject's interview, the stages of grief she experienced not only manifested emotionally but also unfolded over varying periods of time, depending on the intensity of emotions, circumstances, and her process of self-acceptance. The denial stage lasted relatively briefly, for about one to two weeks after she discovered her pregnancy. During this period, the subject described herself as being in an "autopilot mode" and not yet fully allowing herself to process the situation she faced emotionally.

The bargaining stage lasted longer, approximately two to four weeks, during the period of delaying the abortion procedure. The subject admitted that she had considered keeping the pregnancy and had various considerations, both emotional and related to life circumstances. Anger began to emerge in the weeks following the abortion. The subject expressed feelings of frustration and anger toward the situation, particularly because she felt she had to bear the entire burden alone without adequate support from her partner or the surrounding environment.



The depression stage lasted for a considerable period, continuing for several months after the abortion. The subject experienced feelings of emptiness, loss of self-worth, and withdrew from social interactions. She felt unworthy of love and found it difficult to believe that others could accept her after the experience. During this period, she had no safe space to express her sadness, not even to her partner.

The acceptance stage emerged gradually over a longer period, estimated to occur within one to two years after the abortion. The subject stated that this process was facilitated by a new, more supportive relationship, which she described as a "safe place." Although feelings of guilt persisted, she began to regard the experience as part of her personal growth and learning.

By examining the temporal dynamics of each stage, this study demonstrates that the grieving process is not solely composed of emotional responses but also a complex, highly personal journey shaped by social context, interpersonal relationships, and individual coping mechanisms.

To clarify the emotional dynamics experienced by the subject based on Kübler-Ross's stages, the following is a summary of the findings in table form:

Table 1.

Emotional Dynamics of the Subject After Abortion Based on Kübler-Ross's Stages		
Stage of Grief (Kübler-Ross)	Description of Subject's Emotions	Interview Quote
Denial	The subject did not display excessive emotional reactions, feeling as if she was in an autopilot state or mild dissociation and had not fully processed the pregnancy emotionally.	"It happened. I have to deal with it, whether I like it or not."
Bargaining	The subject showed inner conflict and fear of social rejection, which kept her in a painful relationship.	"I'm really sure... no one will accept me again after what happened."
Anger	Feelings of anger and frustration emerged as she felt she had to bear the entire burden of the abortion decision alone, without support from her partner or surroundings.	"I'm the one who did it, I'm the one who suffers it all."
Depression	The subject experienced feelings of emptiness, unworthiness of love, and the absence of a safe space to express her sadness.	"Even to my partner, I couldn't tell anything. There was no place for me to truly speak."
Acceptance	The subject began to gradually accept the experience, aided by a new, more supportive relationship, although guilt remained as a form of reflection.	"I still want to blame myself, because that's the only way I feel I will learn."

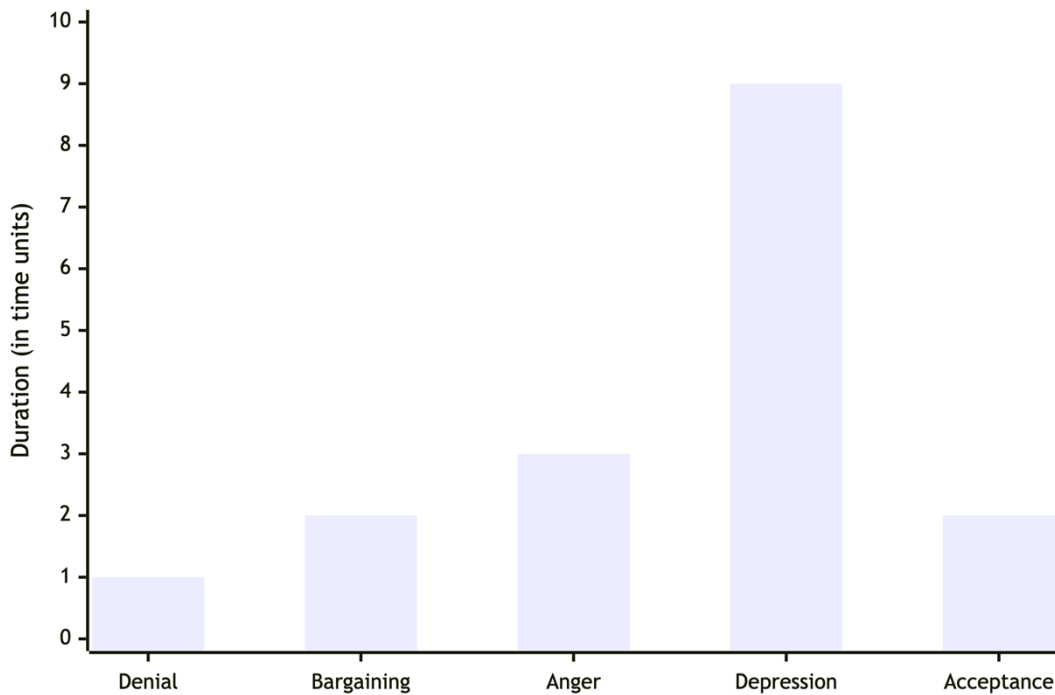
The graph below illustrates the relative duration of each stage of the Kübler-Ross grief that the subject experienced. The depressive stage (approximately 9 months) has the longest duration and is the most prominent, followed by the bargaining stage (approximately 4 weeks) and acceptance (which typically occurs after 1-2 years). The anger stage lasts for several weeks, while the denial stage is the shortest (1-2 weeks). This pattern reinforces the finding that the post-abortion grieving process is complex, dynamic,



and highly personal, where heavier emotional stages such as depression can last much longer than early stages such as denial.

Graph 1.

Relative Duration of the Subject's Grief Stages (in Weeks/Months)



Discussion

These findings indicate that the experience of abortion can generate complex and profound emotional dynamics, particularly in individuals who are in the stage of emerging adulthood (Arnett, 2000). At this stage of development, individuals are still forming their identities, exploring relationships, and developing an understanding of personal and social values. Therefore, major life decisions such as abortion have the potential to evoke strong emotional responses, including feelings of guilt, sadness, loss of direction, and crises of self-confidence.

The emotional processes experienced by the subject, characterized by feelings of distress, worthlessness, fear of rejection, and deep self-reflection, demonstrate that losses which are not physically visible, such as the loss of a fetus, can still trigger the stages of grief as described by Kübler-Ross. This experience is not only related to a medical event but also touches on deeper psychological dimensions.

In this research subject, emotional attachment to the fetus, even at an early stage of pregnancy, intensified her sense of loss and deep regret. Limited social support, particularly from her partner, led her to feel that she had to bear the consequences alone. This is reflected in her statement, "I'm the one who did it, I'm the one who suffers from it all," which conveys her anger toward the situation and the lack of emotional support.

The subject's personality, which tends toward emotional suppression and difficulty sharing her feelings, prolonged her emotional process. Furthermore, abortion, which is often considered taboo or inappropriate to express openly, made it difficult for the subject to socially articulate her grief, thereby worsening the grieving process. Parkes (2001) notes that factors such as the nature of the relationship with the lost entity, social support, personality characteristics, and the social context all influence a person's grief



reaction. Thus, the subject's grieving experience was shaped by her attachment to the fetus, minimal social support, individual coping style, and a social context that stigmatizes abortion.

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In this research subject, emotional attachment to the fetus, even at an early stage of pregnancy, intensified her sense of loss and deep regret. Limited social support, particularly from her partner, made her feel she had to bear the consequences alone. This is reflected in her statement, "I'm the one who did it, I'm the one who suffers from it all," which conveys her anger toward the situation and the lack of emotional support. Similar sentiments were found in a study by Kerns et al. (2022), which showed that women who lacked support post abortion were more prone to prolonged emotional difficulties and self directed anger.

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CONCLUSION

Based on the description that has been presented, this study concludes that the experience of illegal abortion can trigger an intense and complex grieving process according to Kübler-Ross's theory of the five stages of grief, in which the study subjects undergo stages of denial, anger, bargaining, depression, and acceptance, although not always sequentially. Overall, the results of this study confirm that abortion, especially those performed in stressful and coercive conditions, not only has a physical impact but also touches on a deep emotional aspect, where the loss of a fetus can cause real grief that requires time and emotional support to process healthily. The grieving process experienced by the subjects reinforces the relevance of the Kübler-Ross theory in understanding the psychological dynamics of post-abortion women. For future research,



it is recommended to involve more participants and compare the emotional experiences of women who have experienced legal (medical) abortions with illegal (non-medical) abortions to gain a more comprehensive understanding of the factors that influence the grieving experience. In addition, educational and social institutions are advised to provide sexual education that not only includes reproductive aspects, but also psychological aspects in making significant decisions such as abortion, so that adolescents and young adults are better prepared mentally and able to prevent prolonged trauma. Given the importance of emotional support in helping participants reach the acceptance stage, it is recommended that families and close social environments be more active in providing psychological assistance to women experiencing similar conditions, to facilitate a healthier grieving process, reduce feelings of isolation, and encourage better self-acceptance.

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