

(e.g., the University Psychological Services Center) to complete their 1-month follow-up (1%) or returned the follow-up questionnaire by mail (72%).⁴ Participants who returned their 1-month follow-up questionnaire by mail completed a questionnaire version of the DIS.

Measures

Unless otherwise indicated, all variables were scored so that higher scores indicated higher levels of the construct. **The psychometric properties of the major study variables are presented in Table 1. The measures were administered in the same order for all participants.**

Perceived social support and social conflict. Abortion-specific social support was measured before the abortion with three parallel scales assessing women's perceived social support from their partner, their mother, and a friend. Items were adapted from the Social Provisions Scale (Russell & Cutrona, 1984). Women rated the extent to which their partner, their mother, and a friend, in that order, each performed seven supportive behaviors since learning of the pregnancy. Items were rated on a response scale ranging from *didn't do this at all* (1) to *did this a great deal* (5). The women were instructed to circle *does not know* if the designated individual (the potential support provider) did not know about the pregnancy. The seven support items were "Let you know [he, she] would be there for you no matter what you decided to do," "Expressed concern for your well-being," "Assured you that [he, she] loves you or cares about you," "Let you know you could depend on [him, her] for things you need (such as money, transportation to the doctor, etc.)," "Boosted your spirits if you were feeling low," "Listened if you wanted to talk about your problems or worries about this experience," and "Let you know [he, she] agreed with the decision to have this abortion." Items were averaged to yield a single support score with good reliability for each source: For mother, $\alpha = .92$; for partner, $\alpha = .94$; and for friend, $\alpha = .90$.

Abortion-specific social conflict was assessed after the assessment of social support. Three parallel scales, each consisting of eight items, assessed preabortion social conflict the women received from their conception partner, their mother, and a friend, in that order. Women rated the extent to which these three sources performed each conflict behavior since learning of the pregnancy on the same 5-point scale on which they rated support. As with the social support measure, women were instructed to circle *does not know* when a given person did not know about the pregnancy. The person-specific conflict items were: "Said cruel or angry things to you," "Fought or argued with you more than usual," "Let you know that you let [him, her] down," "Rejected you or withdrew their love and affection from you," "Criticized you more than usual," "Refused to give you help that you needed (such as money, transportation to the doctor, etc.)," "Let you know [he, she] disagreed with the decision to have this abortion," and "Pressured you to have the baby." The items were averaged within each source to yield a social conflict score for mother ($\alpha = .81$), partner ($\alpha = .90$), and friend ($\alpha = .79$).

Factor analyses using varimax rotation of the combined support and conflict items within each source confirmed the existence of separate support and conflict factors. Specifically, for each source the factor analysis revealed separate support and conflict factors accounting for 53–68% of the total variance. Furthermore, the reliability of the separate support and conflict scales was superior to that of the combined support and conflict scale for each of the three sources (composite scale reliabilities were .61 for friend, .67 for partner, and .64 for mother). Hence our decision to separate support from conflict was justified empirically as well as conceptually.

Postabortion adjustment. Psychological distress was assessed at the 1-month follow-up with the Symptom Checklist—90—Revised (SCL—90—R; Derogatis, 1983). Women reported the extent to which they experienced symptoms of depression (14 items), anxiety (10 items),

hostility (6 items), and somatization (12 items) since having the abortion on a 5-point scale from *not at all* (0) to *a great deal* (4). Correlations among the four subscales ranged between .53 and .82, with an average correlation of .68. A higher order factor analysis of the four subscales yielded factor loadings of .92, .91, .81, and .68 for anxiety, depression, hostility, and somatization, respectively, indicating that the four subscales loaded on a single factor. Therefore, we created a composite measure of psychological distress that was the average of the four standardized subscale scores ($\alpha = .90$).

Positive well-being was assessed at the 1-month follow-up by using an 18-item abbreviated version of the Positive Well-Being Scale (Ryff, 1989). This scale was administered after the SCL—90—R. To indicate how they usually felt, participants rated the extent to which they agreed or disagreed with each statement on a 6-point scale from *strongly disagree* (1) to *strongly agree* (6). Sample items included "I am quite good at managing the many responsibilities of my daily life," "I have confidence in my own opinions, even if they are contrary to the general consensus," "I live life one day at a time and don't really think about the future" (reverse scored), and "I like most aspects of my personality." Items were averaged to yield a single composite index that was reliable ($\alpha = .85$).

Control variables. Positive and negative affectivity were measured before the abortion, and after measurement of social support and conflict, by using the Positive And Negative Affectivity Scales (PANAS; Watson, Clarke, & Tellegen, 1988). The PANAS consists of 10 positive adjectives (e.g., *proud* and *excited*) and 10 negative adjectives (e.g., *distressed* and *upset*). Participants were asked to rate the extent to which the adjectives described how they usually felt on a 5-point scale from *You usually do not feel this way at all* (1) to *You usually feel this way a great deal* (5). Reliabilities for the PA ($\alpha = .91$) and NA ($\alpha = .91$) subscales were high, and the two measures were modestly negatively correlated ($r = -.15, p < .01$). Scores on these two scales were covaried in all analyses.

Additional control variables consisted of two measures of adjustment history and several sociodemographic characteristics. Lifetime history of depression (before this pregnancy) was assessed with either an interviewer-administered or written version of the DIS (Robins et al., 1981) given at the follow-up.⁵ The DIS was used to yield a diagnosis of whether or not the woman had a history of depression before the pregnancy (1 = no, 2 = yes). As an additional index of mental health before the pregnancy, a single item on the follow-up questionnaire asked women whether they had ever sought professional counseling for mental or emotional problems before this pregnancy and abortion (1 = no, 2 = yes). These measures of adjustment history (depression and counseling) were covaried in all analyses.

Sociodemographic characteristics included as covariates in all analyses were selected by entering all available sociodemographic variables as a block in separate regressions predicting each source of support and

⁴ Women who completed the follow-up questionnaire at the clinic or another interview site were more likely to be non-White ($p < .001$), on Medicaid ($p < .05$), and satisfied with their abortion decision ($p < .05$) than were women who completed the follow-up questionnaire by mail.

⁵ Women with whom a personal interview could be arranged were administered the DIS by a trained interviewer in a face-to-face interview. The remaining women completed a self-administered version of the DIS, created for this study, and returned it with their follow-up questionnaire by mail. A random subsample of 35 women completed both the face-to-face interview and the self-administered questionnaire, usually within 1 week. The diagnosis was concordant across the interview and self-administered measures in 32 of the 35 cases (r between versions = .91).

Table 1
Psychometric Properties of the Major Study Variables

Variable	n	M	SD	α	Range		Skew
					Potential	Actual	
Dispositional affectivity							
Positive	560	3.27	0.77	.91	1-5	1.0-5.0	-0.36
Negative	563	2.26	0.79	.91	1-5	1.0-4.7	0.63
Social support							
Mother	160	4.17	1.08	.92	1-5	1.0-5.0	-1.54
Partner	474	4.03	1.19	.94	1-5	1.0-5.0	-1.26
Friend	396	4.37	0.89	.90	1-5	1.0-5.0	-1.94
Social conflict							
Mother	159	1.22	0.47	.81	1-5	1.0-3.6	3.07
Partner	471	1.40	0.79	.90	1-5	1.0-5.0	2.63
Friend	381	1.15	0.45	.79	1-5	1.0-5.0	5.27
Postabortion adjustment							
Distress	609	0.59	0.63	.90	0-4	0.0-3.0	1.56
Well-being	606	4.60	0.69	.85	1-6	2.3-6.0	-0.53

Note. The variation in *n* is due to the variation in the number of women who told a particular source about the abortion.

conflict and both psychological adjustment outcomes. Any variable that was significantly related to one or more of the criterion measures was controlled in all analyses. These were age, race, education, marital status, religion, and whether or not this was the woman's first abortion.⁶

Results

Descriptive Information for Support, Conflict, and Adjustment Measures

Descriptive statistics for the major study variables are summarized in Table 1. On average, our participants perceived their partners, mothers, and friends who knew about the pregnancy and abortion to be sources of high support and little or no conflict about the abortion. This pattern is consistent with other research indicating that conflict is experienced less frequently than support in social relationships.⁷ In addition, as Table 1 indicates, more women told their partner in conception of the pregnancy and abortion (85%, *n* = 463) than told their friend (69%, *n* = 379) or their mother (25%, *n* = 154). Only 17% (*n* = 104) of the women told all three sources (partner, mother, and friend) about their abortion. These patterns are very similar to those found by Major et al. (1990).

Women who told more than one person about the abortion reported receiving significantly less support from their partner ($M = 4.03$) than their mother ($M = 4.17$), $t(128) = 2.13$, $p < .05$, or their friend ($M = 4.37$), $t(315) = 5.38$, $p < .001$, but similar amounts of support from their mother and their friend, $t(121) = 1.59$, *ns*. Likewise, women reported receiving significantly more conflict from their partner ($M = 1.40$) than from their mother ($M = 1.22$), $t(132) = -6.33$, $p < .001$, or their friend ($M = 1.15$), $t(315) = -3.59$, $p < .001$. Reported conflict from mother and friend did not differ, $t(119) = -0.76$, *ns*.

Relationships Among Support, Conflict, and Adjustment to Abortion

Zero-order and partial correlations (covarying demographic variables, prior adjustment, and NA and PA) among the three

sources of support and conflict and the two postabortion adjustment measures are shown in Table 2. Overall, the more supportive women perceived one person (e.g., their partner) to be, the more supportive they tended to perceive other people (e.g., their mother or a friend). Likewise, the more conflict women perceived from one person, the more conflict they tended to perceive from other people as well. Zero-order correlations between perceived support and perceived conflict within a source were all significant and negative. That is, if a woman perceived a specific person as being supportive, she also perceived him or her as being less conflictive. This correlation between support and conflict was significantly weaker for friends ($r = -.27$, $p < .001$), however, than it was for either mothers ($r = -.46$, $p < .001$; $z = 2.20$, $p < .05$) or partners ($r = -.51$, $p < .001$; $z = 4.04$, $p < .001$). These latter two correlations did not differ significantly.

Zero-order correlations computed between NA and PA and perceived social conflict and support were consistent with the hypothesis that individual differences in the tendency to experi-

⁶ The scoring of the sociodemographic variables included as covariates in the analyses was as follows. Age was scored in years; race was scored as 1 (Black/Hispanic/Asian) or 2 (White); marital status was scored as 1 (nonmarried) or 2 (married); education was scored as 1 (elementary school), 2 (some high school), 3 (high school graduate), or 4 (college); and whether this was the woman's first abortion was scored 1 (no) or 2 (yes). Two dummy variables were created to control for religion: Catholic versus other (0 = non-Catholic, 1 = Catholic) and Protestant versus other (0 = non-Protestant, 1 = Protestant).

⁷ Because the overall distribution of social conflict exceeded acceptable levels of skew for each of the three interaction partners, logarithmic transformations were performed on all conflict variables before they were included in analyses. These transformations reduced but did not eliminate the skewness of the distributions for mother and partner conflict. Large samples, however, are generally robust to violations of normality (Tabachnick & Fidell, 1996). Transformed conflict variables were used in all analyses.

Table 5.10. Sample Table Display of Psychometric Properties of Key Outcome Variables

Table X

Psychometric Properties of the Major Study Variables

Variable	<i>n</i>	<i>M</i>	<i>SD</i>	α	Range		Skew
					Potential	Actual	
Dispositional affectivity							
Positive	560	3.27	0.77	.91	1-5	1.0-5.0	-0.36
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Mother	159	1.22	0.47	.81	1-5	1.0-3.6	3.07
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Friend	381	1.15	0.45	.79	1-5	1.0-5.0	5.27
Postabortion adjustment							
Distress	609	0.59	0.63	.90	0-4	0.0-3.0	1.56
Well-being	606	4.60	0.69	.85	1-6	2.3-6.0	-0.53

Note. The variation in *sample size* is due to the variation in the number of women who told a particular source about the abortion. Adapted from "Mixed Messages: Implications of Social Conflict and Social Support Within Close Relationships for Adjustment to a Stressful Life Event," by B. Major, J. M. Zubek, M. L. Cooper, C. Cozzarelli, and C. Richards, 1997, *Journal of Personality and Social Psychology*, 76, p. 1355. Copyright 1997 by the American Psychological Association.

The two illustrative samples in Table 5.3 demonstrate how table formatting can be varied depending on the emphasis desired. Tables may contain entries other than just numerals (e.g., text; see Table 5.16) as long as the basic row by column structure is maintained.