

# Reasons Why Women Have Abortions

By Carolina Gnad

For many women, abortion appears to be a pressured pragmatic response to a pregnancy, rather than an affirmative action in her life, which is consistent with her highest and best aspirations.(1)

Labour may be induced and a pregnancy terminated in cases of foetal abnormality or where there is serious risk to the health or life of the mother. However, other reasons women give for abortions include:

- pregnancy was the result of casual or unwelcome sex
- relationship broken up before or since pregnancy discovered
- unsupported by spouse or partner
- feeling pressured or co-erced
- lack of financial or material security
- lack of information
- very young and feels not ready for the responsibility of a child
- the pregnancy is untimely or unplanned
- prior abortions
- use of abortion as back-up contraception
- existing large family
- middle aged
- social or lifestyle reasons

Many women have an abortion out of fear and desperation. The woman considering abortion doesn't feel autonomous, but enmeshed in relationships which bind and constrain her decision. "I let other people take charge of my life because I felt out of control"(2) That abortion is a woman's "choice" is in many cases questionable. Many who come for help afterwards, express the sense they ultimately felt they had little or no choice, when weighing up the stresses and anticipated losses for them in their relationships and life.

Research studies show that women do not see any "good" resulting from an unplanned pregnancy. Instead they must weigh what they perceive as three "evils", namely motherhood, adoption and abortion. Unplanned motherhood, represents a threat so great to modern women that it is perceived as equivalent to "death itself." While a woman may rationally understand this is not her own literal death, her emotional, subconscious reaction to carrying the child to term is that her life will be "over." (2)

Many women have developed a self-identity that simply does not include being a mother, and some hold to their right to regulate reproduction so strongly that the sudden intrusion of motherhood is often perceived as a complete loss of control over their present and future selves, and this can paralyse their ability to think more rationally and realistically. Abortion then becomes a matter self-preservation.

Adoption is often regarded as the most "evil" of the three options, as it is often perceived as a kind of double death. First, the perceived death of self, as the woman would have to accept motherhood by carrying the baby to term. A woman may imagine herself being a 'bad' mother if she were to give her own child away to strangers. The second perceived death is the death of the child "through abandonment" with accompanying worries about the chance of her child being abused, the uncertainty of the child's future, and about the possibility of the child returning to intrude on her own life many years later. A woman with an unplanned or

unwanted pregnancy seeks a sense of resolution to her crisis, and in her mind, adoption leaves the situation most unresolved, with uncertainty and guilt as far as she can see for both herself and her child.(3)

The terrible miscalculation of women is that abortion can make them “un-pregnant”, that it will restore them to who they were before the crisis. But a woman is never the same once she is pregnant, whether the child is kept, adopted or aborted. Abortion may be a kind of resolution, but it is usually not the one the woman most deeply longs for, nor will it even preserve her sense of self.

Many women say after an abortion that they would have kept their baby if they had ‘felt’ supported. There is a marked difference from knowing she will be supported, for example practically, to feeling supported emotionally, and feeling she herself and her baby are wanted. Women are very sensitive to whether or not a partner or spouse is really open to having a baby and most will take the responsibility to deal with the problem if the partner’s response is ambivalent or negative. The hurt and sense of betrayal from this experience of feeling ‘let down’, and herself and her baby abandoned, is for many immeasurably deep.

To grasp these underlying contributing thoughts and dilemmas is helpful in understanding how a woman might feel before an abortion and the significant impact afterwards at different levels of her being. All those working in abortion related fields need to grasp and appreciate the themes and struggles for women (and men) contemplating abortion or recovering from an abortion experience. Understanding post-abortion complications is fundamental to all abortion-related issues: training doctors and abortion providers; crisis pregnancy interventions; pre-decision counselling; abortion counselling; informed choice and informed consent; prevention of physical and psychological complications; follow-up care; revision of legislation; and the provision of treatment, justice and compensation for women who have sustained complications.(4)

## References:

1. *Why Do Women Have Abortions*, Aida Torres and JD Forrest, Family Planning Perspectives 20(4):169, July/Aug, 1988
2. *Real Choices*, Frederica Mathews-Green, Multnomah Books, 1994, p34
3. *Abortion: A Failure to Communicate*, Paul Swope, FIRST THINGS, <http://www.firstthings.com>
4. *Government’s Response Fails Women*, Phillippa Peck, Abortion Concern, NZ

## Women at Risk

Some women are more at risk of negative abortion reactions than others. Abortion is always stressful, and how well a person copes with this stress depends on the individual’s resiliency and conditions under which the stress occurs. Post-abortion research over the last forty years shows that women who have existing mental health problems experience more severe negative post-abortion reactions. But the fact that they are more vulnerable to stress than others might be, does not mean that their abortion is not the cause of their current problems.

Pioneering post-abortion researcher Dr David Reardon of the Elliott Institute, USA, notes: If a glass plate and a plastic plate are both dropped, the glass plate is likely to shatter, while the same stress may cause the plastic plate to only crack or chip. In

either case the damage cannot be blamed on the material; it must be blamed on the fall. While the extent of the damage is related to the nature of the material, the fall itself is the direct cause of the damage. In the same way, while the nature of an individual psyche or the mental state of the person at the time, helps determine the extent of post-abortion injuries, it is the abortion itself which is the direct cause of these injuries.

Dr Reardon has done studies on factors predicting negative abortion reactions (see Identifying High Risk Abortion Patients appears in the Post Abortion Review 1993, [www.afterabortion.org](http://www.afterabortion.org)). A summary of this research follows:

## **FACTORS PREDICTING NEGATIVE POST-ABORTION REACTIONS (1)**

### **I. CONFLICTS ABOUT THE DECISION**

#### **A. Difficulty making the decision, ambivalence, unresolved doubts**

##### *Moral beliefs against abortion*

- a. Religious or conservative values
- b. Negative attitudes towards abortion
- c. Feelings of shame or social stigma attached to abortion
- d. Strong concerns about secrecy

##### *Conflicting maternal desires*

- a. Originally wanted or planned a pregnancy
- b. Abortion of a wanted child due to foetal abnormalities
- c. Therapeutic abortion of a wanted pregnancy due to serious health risk to the mother
- d. Strong maternal instincts
- e. Being married
- f. Prior children
- g. Failure to take contraceptive precautions, which may indicate an ambivalent desire to become pregnant
- h. Preoccupations with fantasies of the foetus, including sex and awareness of the due date
- i. Second or third trimester abortion, which generally indicates strong ambivalence or a coerced abortion of a "hidden" pregnancy

#### **B. Feels pressured or coerced**

##### *Feels pressured to have abortion*

- a. By husband or boyfriend
- b. By parents
- c. By doctor, counsellor, employer, or others

*Feels decision is not her own, or is "her only choice"*

*Feels pressured to choose too quickly*

**C. Decision is made with biased, inaccurate, or inadequate information**

**II. PSYCHOLOGICAL or DEVELOPMENTAL LIMITATIONS**

**A. Adolescence, minors having an increased risk**

**B. Prior emotional or mental health problems**

- Poor use of psychological defence or coping mechanisms
- Prior low self-image and esteem
- Poor work patterns
- Prior unresolved trauma
- A history of sexual abuse or sexual assault
- Blames pregnancy on her own character flaws, rather than on chance, others, or on correctable mistakes of behaviour
- Avoidance and denial prior to the abortion

**C. Inadequate network of social support**

- Few friends
- Made decisions alone, without assistance from a partner
- A poor or unstable relationship with the male partner
- Lack of support from parents and family, either to have the baby or to have the abortion
- Lack of support from male partner to have the baby or to have an abortion
- Accompanied to the abortion by the male partner

**References:**

1. *Identifying High Risk Abortion Patients*, David C. Reardon, PhD, Post Abortion Review, Vol 1, No.3, Fall 1993