

## **THE EXPERIENCE OF ABORTION: A BIBLIOGRAPHIC ESSAY**

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### **INTRODUCTION.**

The recently changed legislative framework in South Africa has significant implications for research into abortion. Based on the World Bank Report on Women's Health, ARAG (Abortion Rights Action Group) (1995) estimates that 250 000 legal abortions will be performed yearly in South Africa. It is likely that research into the experience of abortion will become a key research area. The legalisation of abortion on demand has occurred and research on the experience of abortion and all its implications is vital for three main reasons.

Firstly, the Choice on Termination of Pregnancy Act of 1996 promotes the provision of non-mandatory counselling, before and after abortions are performed. Thus health and social workers will need a theoretical framework for understanding the experience of abortion - in order to counsel women who are about to undergo, or who have just undergone, abortions. Providers of abortion services also need an understanding of how women experience abortion in order that they can provide sensitive services to minimize the distress of abortion.

A second related point, is that psychotherapists will also require such a theoretical framework, as of the many hundreds of thousands of women who will now have legal abortions, many may seek psychotherapy to deal with their experience.

Thirdly, there is a dearth of research on the experience of abortion in South Africa. Prior to the 1990s research into this issue was practically non-existent in South Africa (there are still no local journal articles on the experience of abortion); but obviously the change in legislation on abortion will alter this. Taking into consideration that abortion has only very recently been legalised in South Africa (after decades of criminalisation and unremitting moral stricture, and amid considerable controversy) the finding that abortion is experienced differently in legal and illegal contexts (Gold-Steinberg, 1991) is crucial. Given South Africa's history, it is possible that abortion will be differently experienced here than in countries where it has long been legal.

### **DEFINING ABORTION.**

Abortion is widely researched throughout the world, within legal, philosophical, religious, health, women's studies, social work and psychological perspectives. Research on the experience of abortion covers experiences of therapeutic abortions,

spontaneous abortions, induced abortions, and in certain countries what are, criminal (illegal) abortions as opposed to state authorised abortions. Frequently researchers do not distinguish between the type of abortion experience that their research encompasses. For example, some studies (see Speckhard, 1987) erroneously research therapeutic and induced abortion cases simultaneously and do not analyze the experiences separately. Other studies include legal and illegal abortions in the same sample, when illegal abortions are known to be more stressful than legal abortions (Gold-Steinberg, 1991).

**The Concise Oxford Dictionary** (1995:4) defines abortion as: "The expulsion of a foetus (naturally or especially by medical induction) from the womb before it is able to survive independently, especially in the first 28 weeks of a human pregnancy." The Choice on Termination of Pregnancy Act (1996:4) refers to abortion as the "termination of pregnancy" meaning " ... the separation and expulsion, by medical or surgical means, of the contents of the uterus of a pregnant woman."

For this literature search (which went back as far as 1975) a particular kind of abortion experience was specified - namely induced abortion (abortion due to medical induction) where the woman decides to have an abortion not for therapeutic reasons.

### **CRITICAL REVIEW OF LITERATURE ON THE EXPERIENCE OF ABORTION.**

Abortion is widely researched around the world; however, research on the woman's experience of abortion forms only a small part of the total research on abortion. While attitudes, responses and experiences of all actors connected to the woman (male partner, nurses, therapists) are investigated, there is not enough emphasis on the woman herself.

This may be a symptom of women's issues typically being sidelined in mainstream research, or it could flow from a perception (or indeed from a prescription of *certain* feminists [see Keller, 1985]) that only women should research women's issues, and there are fewer female than male researchers in academia. Alternatively, researching the experience of abortion requires a qualitative approach, and there are fewer qualitative than quantitative researchers.

### **The political nature of abortion research.**

Psychological research in the US is becoming increasingly involved in debates surrounding abortion. Findings from psychological research are conveyed to policy makers, and there is a strong link between psychological research and court decisions. In light of this, the political interference in abortion that has occurred in the past and may continue in the future is to be viewed in a very serious light.

While recognising that abortion research is inherently political one is still disturbed to discover the extent of overt political interference in abortion research. For example, the conservative Reagan administration in the 1980s attempted to suppress research on abortion (Adler et al, 1992), as psychological research was discovering that abortion had no long-term damaging psychological effects on women. (Similarly in the 1980s research on abortion in South Africa tended to have a strong conservative bias. Research titles linked abortion with pornography, homosexuality and euthanasia). This raises the issues of the political uses to which psychological research is put, and conditions under which, and methods whereby, it is appropriate for psychological

organisations to render explicit their stance on matters of pressing social concern (see, for example, Prilleltensky, 1989; Fox & Prilleltensky, 1996; Jones, 1996; Kendler, 1996; O'Donohue & Dyslin, 1996a&b; Smith, 1996).

Abortion is an extremely emotive issue; politically charged and divisive. Pro-life and pro-choice advocates not infrequently meet at the barricades, with occasionally fatal consequences. For researchers to claim neutrality in this field is almost impossible. Broadly speaking, research on abortion stems from three main perspectives: feminist, religious and medical/health. It is usually easy to discern the perspective of researchers or authors, being either pro-choice or pro-life. Feminist researchers are necessarily pro-choice, while orthodox religious authors are overwhelmingly pro-life. Medical / health researchers have representatives of both the pro-life and pro-choice stance in their ranks.

### **Key issues of current research interest in abortion.**

South Africa has seen a dramatic increase in research on abortion over the past six years. Current research interests are focused on four main areas. The first area is the influence that abortion on demand will have on public health services and health workers, that is, the health development implications of abortion (see Kay, 1994; le Roux, 1995). The second area is the changing legislative and constitutional framework (see Leyshon, 1990; Cope, 1993; Sarkin, 1995). The third is social work concerns, primarily the necessity for pre- and post-abortion counselling for women (see Taylor, 1996; Townsend, 1996). The fourth area of current interest is the experience of abortion. Two Masters theses are being undertaken at present (Butler-Smith, 1994; McCulloch, 1996) while one honours thesis has been completed (Townsend, 1996).

Further subsidiary areas of research have focused on abortion as a human rights issue (Makatini, 1993), and as a moral and ethical dilemma for society (Swanepoel, 1983; Botha, 1988). Finally, attitudes of various sectors of society, for example, students (Du Preez, 1993), health workers (Walker, 1993) and religious groups (Ganga, 1995) have also been researched.

Current international research has two main threads. The first is social psychological, focusing on the psychology of the pro-life movement. It is research that attempts to understand why people join and remain in this movement, and what leads them to violent protest action (see Cairn, 1981; Maxwell, 1994). The second thread of research is concerned with the psychological response to abortion, that is, the abortion experience understood either as an aspect of normal stress and coping, or within a psychopathological framework.

The psychopathological effects of abortion, specifically post-abortion syndrome, have been widely researched (see Speckhard, 1985; Wisielewski, 1992; Doherty, 1995). Research on psychological responses to abortion within a normal stress and coping framework has been done by Lodl, McGettigan & Bucy (1985), Burnell & Norfleet (1987), Osofsky & Osofsky (1987), Kesselman (1990), Armsworth (1991), Williams (1991), Adler (1992), Miller (1992). Further research in this area has focused on decision-making about abortion (see Hoshiko, 1993; Gilligan & Belenky, 1994; Smetana, 1994; Rivera, 1995).

Beyond the scope of the experience of abortion, international research has focused on attitudes of, for example, different genders (Walzer, 1994), students (Bailey, 1993) and abortion counsellors (Jones, 1982) towards abortion. Again, there is on-going research on the moral, ethical, philosophical and religious aspects of abortion. Cross-cultural research on abortion has examined differences across cultures in attitudes towards abortion (see Newman, 1991; Fassbender, 1994; Rylko-Bauer, 1996). Various researchers have also examined questions relating to men and abortion. Research themes include male attitudes towards abortion; the effects on women of partner support for the abortion; and male partners' appraisal of the pregnancy and abortion and the implications this has for women's adjustment to abortion (see Major, Cozzarelli & Testa, 1992; Cozzarelli, Karrasch, Sumer & Major, 1994; Holt, 1994).

### **Key theoretical perspectives on the experience of abortion.**

Turning specifically to research on the psychological response to abortion, much of it has been descriptive rather than theory-based. According to Adler, David, Major and Roth (1992) there are two broad theoretical perspectives that underlie research on the psychological response to abortion. The first perspective is based on psychoanalytic theory. Such research inevitably concludes that the experience of abortion leads to long-term psychopathologies in women - usually a form of post-traumatic stress disorder is posited (post-abortion syndrome). The second perspective interprets the experience of abortion within a framework of normal stress and coping. This tends to be the more recent work, and generally concludes that the experience of abortion has no long-term psychological effects on women.

Differences in the two perspectives (psychopathology versus normal stress and coping) impinge on how abortion is perceived. Adherence to a particular perspective affects the kinds of questions asked and the methodologies used to study the experience of abortion. Speckhard (1987), for example, sampled women who reported experiencing psychological distress and looked almost exclusively at indications of psychological distress (Adler et al, 1992). This is directly opposed to Lunneborg (1992) who was criticised in the Book Review Digest (1993) for only concentrating on the positive aspects of the experience of abortion.

### **Researchers and their media.**

It is interesting to identify *who* is doing research on abortion. Of the research accessed ninety five percent of it was conducted by women. (All of the researchers and authors on the *experience* of abortion in the attached bibliography are women). Interestingly men tend to concentrate on the moral issue, and on health and development implications of abortion. This may be due to the fact that abortion is a feminist issue. It may also be that there are problematic methodological issues - the difficulties of men interviewing women on what is a fundamentally female experience. Further, it may reflect the patriarchal bias (see Figes, 1970; Daly, 1991) - the long tale of men attempting to control women's reproductive rights through theorising about abortion, and through research findings.

As mentioned above, there are no South African journal articles on the experience of abortion. As abortion had always been illegal in South Africa, apart from exceptional cases (eg. rape; medical danger to the mother), research into the experience of abortion was neither institutionally supported nor easy to conduct.

There are six main international journals where research on the experience of abortion is published. These are the **Journal of Social Relations**, **Journal of Social Issues**, **Journal of Counselling and Development**, **Women and Therapy**, **Psychology and Human Development**, and **Family-Systems-Medicine**. All are psychologically oriented journals. The author did not find a link between doctoral theses being undertaken on the experience of abortion and the same researchers publishing journal articles on their findings. There appears to be a paucity of journal articles directly on the experience of abortion.

Many of the books published on the experience of abortion are more journalistic than scholarly. Winn (1988) for example is a freelance writer and journalist. Such writing has been criticised for a lack of methodological rigour (**Book Review Digest**, 1993). This reflects the need for more scholarly research on abortion.

### **Evaluation of research methodologies.**

Without exception, research exploring the experience of abortion employed qualitative approaches. The three main methodologies used were the case-study (Lincoln, 1982), grounded-theory (Brennan, 1989), and the phenomenological approach (Haber, 1990). Qualitative research approaches are undoubtedly best placed to access and interpret human experience (see Taylor & Bogdan, 1984; Silverman, 1993).

The research design framework for researching the experience of abortion was usually based on pre-abortion events, the abortion itself, and post-abortion events.

Research samples ranged from single case-studies to samples of thirty women. Sample make-up ranged from being specific groups (students, adolescents, inner-city teenagers) to being completely varied across ethnicities, socio-economic statuses and ages.

It is desirable that researchers specify the composition of their samples, for example that the sample relates to adolescents, or inner-city teenagers. This kind of specification is vital in light of findings such as those of Franz and Reardon's (1992) that adolescents report greater severity of psychological stress than adults after undergoing an abortion.

Sampling procedures also varied. A number of American researchers approached women through abortion health clinics, while convenience sampling and snowballing procedures were also employed. On sampling procedures - sampling from one abortion clinic is problematic if the researcher attempts to generalize her findings, since the experience of abortion is likely to be mediated by the environment in which it occurs and the attitude and behaviour of health professionals. Further research needs to be sensitive to the issue of how immediate environmental influences affect the experience of abortion.

Data collection in these studies occurred mainly through interviewing. Interviews ranged from focused, to semi-structured, to non-structured and in-depth. Sometimes interviewing was combined with administering questionnaires (see Burnell & Norfleet, 1987; Gold-Steinberg, 1991). Such questionnaires were mostly clinical measures, for example, Williams (1991) used the *Grief Experience Inventory*, while Smetana (1994) used *Cochran's Current Pregnancy Resolution Decision Questionnaire* to assess decision-making. In addition to interviewing, Brennan (1989), Marguerite (1994) and

Avalos-Bock (1995) incorporated women's dreams and artwork, and accessed women's private discourse on abortion, going beyond the public abortion debate.

The timing of data collection differed among researchers. Some researchers sampled women who had had abortions between two weeks and four years prior to interviewing (Eibel, 1992), and between one and twelve years prior to interviewing (Brennan, 1989). Demb (1991) interviewed all her participants within a week of having an abortion, while Pellet and Michault (1975) actually spoke to women while they were undergoing the abortion! Miller (1992) employed a longitudinal approach and conducted interviews in the weeks following the diagnosis of the pregnancy, two weeks following the abortion, and finally two to three months after the abortion.

The timing of data collection is important, given Osofsky and Osofsky's (1973) follow-up study which found that women's attitudes changed little after the first two months following the abortion. This implies that if there is an attitude change it will occur within the first two months, and it is therefore important that researchers collect data at least two months after the abortion. It is suggested that the longitudinal approach adopted by Miller (1992) is the best approach because discrete moments of the experience can most accurately be picked up, obviating retrospective distortion of experience.

## **CONCLUSION.**

Researchers on the experience of abortion should be mindful of a number of issues. Firstly, that clarity about one's own presuppositions concerning abortion is necessary, and that the burden of responsibility to conduct valid and reliable research is particularly acute given that such results are frequently used in the formulation of public policy. Secondly, careful distinctions must be made between spontaneous, therapeutic and induced abortion experiences. Thirdly, caution must be exercised in generalising from particular samples of women. Finally, the timing of data collection is important, as allowing too great a lapse of time between the experience and the data collection raises the possibility of distortion in memory.

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