

A New Understanding of the Trauma of Abortion

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A Paradigm Shift

In 1998 *First Things* published the article "Abortion: A Failure to Communicate," an overview of a psychological study about the mindset of pro-choice women conducted by The Right Brain People®, a firm known for its pioneering work in the area of emotional research. This research was commissioned by the Vitae Foundation, a pro-life communications organization based in Jefferson City, Missouri. The article became the most requested reprint in the history of *First Things* magazine. It has been translated into many languages and re-published in countless journals around the globe. It has reached thousands of counselors and pro-life supporters. The interest in the article is driven by the research findings, which recommended a paradigm shift in pro-life communications from focusing on babies and preserving life to focusing instead on the agonized and traumatic state of women experiencing unwanted, unplanned pregnancies. The purpose of this article is to first review the research findings from the 1998 article and then to introduce new findings from a subsequent Right Brain Research project commissioned by the Vitae Foundation.

When Vitae teamed up with the Right Brain People, they took a radically different approach to researching the mindset of pro-choice women. Historically, research in the pro-life movement has focused on measuring attitudinal trends using traditional survey techniques. This traditional approach leads to information about the percentages of people who self-identify as pro-life or pro-choice, but it fails to shed light on why women feel the way they do about abortion. Rather than asking analytic, rational questions which draw responses primarily from the left side of the brain, Right Brain Research uncovers the underlying emotional reasons why people make particular decisions or hold certain beliefs. The Right Brain Approach has profound implications for understanding emotionally charged topics such as abortion.

An Overview of the Research Findings from the 1998 article "Abortion: A Failure to Communicate"

The research team recruited women who consider themselves to be pro-choice even though they expressed conflicts about abortion and believe that abortion is wrong. The

team interviewed them about their relatives and friends who had experienced an unplanned, unwanted pregnancy. They also interviewed the respondents about their own personal experiences when they were afraid that they were pregnant and did not want to be.

The research shows that these women see all the potential outcomes of an unplanned, unwanted pregnancy as evils. Choosing to keep the child is seen as evil for several reasons. First, the woman is not prepared to become a mother. Second, she perceives becoming a mother as a kind of death of her current self because it shatters her current self-identity. Finally, it is felt to be a death of the future self, because it destroys her projected plans for the future.

Placing the child for adoption is considered the most evil option. The woman will not only experience a death of self by becoming a mother, but, even worse, she will be a failed mother who gives her own child away to strangers. This option represents another kind of death, the “death” of the child through a kind of abandonment. She further worries that the child could be abused, or perhaps return and disrupt her life many years later.

In essence, adoption does not solve her situation; she will have to go through childbirth, and then a lifetime of worry about the child’s future. What a woman in this situation most craves is a quick and final resolution. Adoption offers no clear resolution, not emotionally, not physically, not now and not in the future. That is why respondents feel that it is the greatest of the three evils.

The third option, abortion, is perceived as evil for several reasons: it ends a life, it could endanger the woman’s own health, and it involves a burden of guilt. However, the women we interviewed believe that abortion allows the best chance for the woman to maintain her current sense of self, to get on with her life, and to avoid bringing a child into the world who might be poorly cared for, either by her, or by prospective adoptive parents.

An unplanned, unwanted pregnancy is a life-changing event for the respondents. They say that the prospect of carrying to term makes them feel like their own lives are over. The research findings reveal that the primary issue in their minds is not whether or not the unborn child is a human life. Instead, the issue is whether a woman must end her life as she knows it by becoming mothers or end this new life to preserve her own. Instead, the issue is whether they must end their own lives as they know it by becoming mothers or end the new life in order to preserve their own lives.

The stunning insight here is the intensity of the struggle between the universal instinct of self-preservation and the more distant, abstract consideration of the value of the nascent life. Centering on the child, rather than on the woman’s own conflicts and needs, may only deepen her sense of isolation and despair – the very emotions that often lead to choosing abortion.

Pro-lifers might be inclined to jump in and say, “But abortion does not solve anything, it only makes things worse. This death of the self is not reality. It is just a perceived, subjective and temporary difficulty that must be weighed against the permanent and real death of a human being.”

These ideas are not at the forefront of the minds of most women. They do not see a positive future for a child born into a highly unstable situation, so “preserving” the child’s life is not always considered virtuous. These women argue that it is simplistic to say abortion is a selfish decision, whereas choosing life is altruistic. They wonder, “Is it altruistic to bring a child into a world of poverty, violence, foster homes or single parenthood? Is it really clear that preserving the embryo is an absolute moral imperative, when weighed against the lifelong suffering that could be brought upon many people as a result of bringing an unwanted pregnancy to term?”

Pro-lifers believe the above reasoning is misguided, but it is critical to understand the emotional struggles that women in the throes of unplanned, unwanted pregnancies are experiencing and to use language that keys into those struggles in order to reach them. The research shows that it is impossible to reach women in agony in a short commercial without first providing a way for women to identify with the speaker and the message. Marketing always needs to focus first on segments of people who are potential converts to the brand; later, the targets can shift. Funds are seldom available to reach all segments at the same time.

A Revolutionary Understanding

Following the success of the first project, the Vitae Foundation commissioned The Right Brain People® to conduct a second research project with women who had been through an unplanned, unwanted pregnancy. In this project we interviewed women who chose abortion, those who delivered and are raising their children and women who placed their children for adoption.

The goal of this research project was to understand the Psychological Dynamics that shaped respondents' final decisions to choose abortion, adoption or to keep the child. The findings led to a revolutionary understanding of how women deal with an unwanted pregnancy. It was the first time that any in-depth qualitative research had been conducted with women who made one of these three decisions. The discoveries from this project have guided the communication and the development of messaging for media ads by the Vitae Foundation.

It is hoped that the release of this information will create a platform for conversation on how to best understand and assist women facing unplanned, unwanted pregnancies.

The Right Brain People's Taxonomy of Human Emotional Needs and Emotional Barriers

The interview methodology is the first part of the Right Brain Approach. The second part is the analysis process, which is rooted in the Taxonomy of Emotional Needs and Barriers. Over the years we have identified 47 Emotional Needs and 24 Emotional Barriers. We uncover the Emotional Needs fulfilled by each decision and the Emotional Barriers to making alternative decisions. While Emotional Needs and Barriers are universal for all people, the objective of Right Brain Research is to discover which Needs and Barriers are significant for a particular domain of interest. For example, in the case of a commercial product, like a car, a person might choose a hybrid vehicle to meet his need to feel like a good person, which we call the Emotional Need for Character Preservation. Buying a hybrid car makes him feel like a good person who makes good choices. A barrier to choosing this type of car might be Fear of Loss of Control because the engine is less powerful than a traditional engine.

The combination of Emotional Needs and Barriers creates the Psychological Dynamics that explain respondents' behavior and how they make decisions. Once the Dynamics are understood, one can influence the decision by addressing needs and lowering barriers. Returning to the car example, a salesman can heighten a prospect's feeling of being in control by focusing on the details of the bells and whistles on the console. He can also help his customer fulfill his Need for Character Preservation by touting the environmental footprint of the car and emphasizing that a hybrid car owner is doing his part to protect the environment.

We identified a number of Dynamics that drive the decisions women make when dealing with unplanned, unwanted pregnancies. The dynamics revealed a great deal of conflict. Most of the respondents experienced a deep moral dilemma as they struggled with making a decision.

We designed the research to develop a communication strategy for decreasing the incidence of abortion. We developed specific recommendations for messaging, but the findings can also inspire and direct the following:

- Advertising
- Counseling
- Public speaking
- Educational materials
- Potential confidantes and other family members and close friends
- Professionals such as teachers, ministers, nurses and doctors
- Signage to be used at demonstrations
- Fundraising
- Websites
- Social media

A Deeper Look into the Second Research Project

When respondents first learn about their pregnancies, they all experience suspicion, fear and denial. Respondents notice changes in their bodies, fear that they are pregnant, but tell themselves, "I can't be pregnant." Next, they experience panic as their thought processes break down and are swept aside in the intense conflict between denial and acceptance. Here is a verbatim¹ that illustrates how denial works:

"Denial...I kept telling myself that maybe it's just pre-period soreness. I can't be pregnant. No way. It would ruin my life. No way could I be pregnant. I hadn't missed any pills. I needed to go to the doctor...Scared. Anticipation of the possibility that I might be pregnant...I don't know what I'd do. It would end my career. I might end up homeless. I didn't trust my boyfriend...That's it. Scared, worried and denying that it's possible."

This verbatim demonstrates how the first stage of reacting to an unwanted, unplanned pregnancy is usually denial that it is even possible. Women in this circumstance often try to convince themselves that they could not be pregnant, and when that does not work, they start talking about how impossible it is for them even to consider the reality of their pregnancy.

They are experiencing an emotional trauma and their discomfort continues until an event occurs that finally triggers action. This event may occur when others discover the pregnancy. It may be a pregnancy test, or a visit to the doctor who confirms the pregnancy. Or it may be the unavoidable fact that they can no longer wear their regular clothing. At that point, they make the decision to verify what they already know emotionally. They confirm the pregnancy. Then comes the true agony. Women report that they feel alone, experience guilt and shame and feel stupid for having gotten themselves into the situation. The following respondent tells us of her feelings of aloneness:

"I felt alone because I didn't think I was strong enough to ask for help from people I know could give it to me. I knew if I told my mother she would have taken me to get an abortion. My father would have paid for it. But telling them would have been devastating."

Women can choose from three options when coming to terms with an unplanned, unwanted pregnancy: carrying their children to term and keeping them, carrying their children to term and placing them for adoption or abortion. However, they do not weigh all three of these options at the same point in time. Surprisingly, the decision making process is actually comprised of two steps. The first step is the decision of whether to carry the child to term or to abort. If the decision is made to carry to term or if a woman procrastinates past the point where abortion is an option, then the second step is the

¹ A verbatim is an exact quote from a respondent, but more than that – it is a statement that captures the feelings of many respondents. Verbatims are only included when they represent the feelings of many respondents.

decision to keep the child or place the child for adoption. This surprise has major implications for Pregnancy Help Centers and anyone who counsels women in this situation. For example, it is not necessary to talk about adoption at step one. Women experience internal conflict while arriving at their final decision and emerge feeling relieved. Respondents tell us that once the decision is finally made, they are resolute and no longer agonize over what to do.

The best way to see the essence of the conflict that these women experience is to review the Psychological Kernel for this project, which crystallizes the findings in one sentence.

The Psychological Kernel

The Psychological Kernel is the core psychological theme that ties all of the research findings for this project together. The Psychological Kernel is like the vinyl part of an umbrella that holds the spokes together. The various findings are analogous to the spokes of the umbrella. Just as an umbrella keeps its owner dry and safe, the Kernel provides the inspiration and direction for an effective communication strategy.

The Psychological Kernel for this project is as follows:

Women carry an unwanted pregnancy to term when guilt wins out over shame, when they feel that the pregnancy will not end their own current and future selves, and that the unborn will be better off alive than dead.

After reading through the findings, the meaning of the Psychological Kernel will become self-evident. As different communication executions are developed, the Kernel serves as an ever-ready guidepost against which the visual design and the messages can be assessed.

Now let us turn to an in-depth look at the Psychological Dynamics that drive the decision.

Psychological Dynamics that Affect the Decision

Self-Identity and the Fear of Death of Self

Respondents who abort their unborn children feel strongly that having a baby does not fit their self-identity at the time of their pregnancies. They fear that who they are and who they are destined to be in the future will be destroyed if they carry their pregnancies to term. They feel that to bring a child into the world would be a disservice to both themselves and the child. In their minds, a child is better off not being born than being born into a negative environment and therefore abortion is perceived to be a kinder option. They also tell us that there are other things they want to do with their lives before

they become parents. These women correspond roughly to the “abortion-minded” segment that many pro-lifers have discussed. Their conflicts focus more on self-identity issues than on right and wrong.

One respondent remarks that she might even blame the child for her future failures:

"I didn't form any sense of attachment. I haven't thought much about it. I wouldn't have been a good mother. Babies should be wanted and loved. The likelihood was low that I would love it. My mother had three children in three years. I was unexpected and unwanted by my mother. I saw what an unexpected pregnancy can do. The child didn't need to experience that and neither did I...[Adoption] wouldn't be an option. If I had it, I would have to keep it. I see no justification for adoption and don't understand how people can do that...Abortion is done early. I don't see it as an entity. Once you have gone through pregnancy and delivery, you form an attachment. It would be difficult to give a baby up at that point. Not know where the baby is or who it is with. With abortion you know what happened. There are no questions...I might never have developed feelings for the child. The child would have been seen as a hindrance. I could have blamed the child for future failures. I don't really know. It doesn't bother me because we have to correct our messes the best way possible. No other doors were open to me at the time."

Like many, she feels that bringing a child into the world would be a disservice to both her and the child. She rationalizes her decision, saying that her child is better off not being born.

When grappling with an unplanned, unwanted pregnancy, some women fear that they might not be good to a child at that time in their lives. Some even mention a fear that they might abuse the child. They feel no emotional attachment to what they usually call "a mass of cells," and because they never intended the pregnancy, they compartmentalize it as an isolated event in their lives that they do not have to think about again. One respondent says,

"I had no feelings. It was over with. It was done. I know I've done it, but I don't feel guilty about it. I don't feel bad about it. I'm indifferent to it. It's almost like it didn't happen, but for other people it might be different. It might have more emotional consequences to it...Probably, because I didn't give birth to a baby. I mean, it's almost like you know, being ill and you go – this is a terrible thing to say, I mean this doesn't sound good – it's like you had a cold and you got over it."

This respondent's need to preserve her current self drives her decision to eliminate her unwanted pregnancy. She has no emotional attachment to the pregnancy because having a child does not fit her identity at this point in her life. The abortion becomes an isolated event in her life and she appears to experience very little guilt.

Married women sometimes choose abortion because they feel that the time is not right for them and their husbands and/or their families. In choosing to abort, they believe they will preserve their marriage.

Many women feel sadness and remorse later for a child they could have had, but they rationalize their decision by saying that they made the right decision at the time. They say that they will know when the right time to have a child is at hand, and do not appreciate an outsider attempting to give them unsolicited advice. Counselors need to keep this information about women experiencing unplanned, unwanted pregnancies at the forefront of their minds.

Women with strong maternal drives, when faced with an unwanted pregnancy, resist abortion, because in their minds it would negate their self-identity and bring about the death of the maternal self. As soon as they accept that they are pregnant, they identify with the life inside of them. Even so, they are conflicted, because they feel that having a child will "cheat them" out of realizing their future plans. These women know at the start of their pregnancies that abortion is not an option for them. They may consider it in an abstract way, but they know from the beginning that they cannot abort; feeling that to do so would be to kill a child.

"I just know. My friends are okay with it. It's real. I can tell there is something there. I'm thinking how I will take care of it. It is something that is actually there."

Respondents tell us that they feel they must carry a child to term when their self-identity is tied to motherhood and they perceive abortion as leading to the end of the dream of being a mother. One respondent says,

"I picture holding the baby and rocking the baby. It's a good feeling. Something to love. The baby looks so cuddly and nurturing. It makes me feel it's something from me and my boyfriend that only we share. That's the only thing two people can share together...a special bond that they created – a child. It makes me happy and excited. I feel all bubbly."

Even though this respondent was unable to keep her child and raise it herself, the picture she paints of the unborn as a baby rather than a mass of cells prompted her to carry the child to term rather than have an abortion. This finding explains why ultrasound can be such a powerful tool in the arsenal of a Pregnancy Help Center.

Character and Judgment

When deciding what to do with an unplanned, unwanted pregnancy, women have a strong need to preserve their character, which is the belief that they are good people

who do the right thing. They are threatened by the judgment they anticipate will come from others who are close to them in their lives. One woman states,

"If I had an abortion it would change me completely...I would have been very bitter and disappointed with myself. I try to be a good person. It is a human being. I could not live with the guilt."

For these women, abortion is not compatible with their need to feel like people of strong character who make good choices. For them it is easier to tolerate shame for having a baby than to handle the guilt that they would suffer if they were to choose to have an abortion. In other words, the need to preserve their character is stronger than their fear of being judged.

However, some women are influenced more strongly by their fear of being judged, leading them to choose abortion as a means to cover up the shame of an unwanted pregnancy. Psychologically, their locus of control is external, rather than internal. They tell themselves, "Sex before marriage is a sin, the baby is a terrible mistake, people will judge me as a bad person, and I fear being rejected by others; therefore, I will choose abortion so that I am not rejected by others." One respondent says,

"I'm really upset...What my parents are going to do to me. How things will change. My parents will be ashamed of me. My grandparents will be unhappy. I am totally ashamed."

This respondent acknowledges that abortion is a sinful act. However, she is drawn to it, because it protects her from being publicly judged for her mistakes. To avoid public shame, women like her will choose the life-long burden of private guilt, whereas others will choose to carry to term to avoid the pain and guilt associated with doing something they perceive to be very wrong.

Regret

Some women who sense that abortion is wrong for them do not heed their own feelings. During the decision making process, they report doubt about the decision they are making. They say that abortion is wrong, fear that they will *burn in hell* and yet still choose to have an abortion. Fear associated with negative judgments from others (in particular, parents) and fear of destitution if the pregnancy is revealed lead these women to choose abortion despite their belief that it is murder.

This segment of women suffers extreme emotional trauma later, feeling crippling guilt and making highly judgmental statements about themselves. These women are the ones who exhibit the symptoms of Post-Traumatic Stress Disorder, as described by Vincent Rue and others.

As they make the decision to abort, the conflict that these women feel is stronger than it is among those who believe that abortion is their best option and do not believe that abortion is murder. One respondent starts out rationalizing the decision and then becomes visibly upset as she relives the experience. First she says,

"That, it was the justification...I don't know if when I get there, I'll actually be able to do it...I just had to do it. It's the only intelligent thing to do to keep my life on track...Pressure...That's what I had to do...the pressure came from trying not to allow myself to think about the other option. I couldn't allow that in my head. I wouldn't let myself think about it...The other options would be too painful...How cute and how sweet the baby would be...It's common. Many women do it because it's not a good time. It's no big deal...just another justification. Feels like, it's okay for me if everybody else does it. I can do it too. Because others do it."

Then she is asked to go to a time in her mind's eye when she is having second thoughts. As she cries uncontrollably, she tells us about...

"...the day I had the abortion and I spent the rest of the afternoon and evening in bed. It was a little uncomfortable. But that wasn't the problem. But the guilt was overwhelming and all I could think of was how this baby would have probably looked, and how sweet they are, and how they're...All I could think about is what the baby might have been like, that I never gave it a chance because I'm so selfish...Just guilt. Just, you know, realizing that the whole time, from the time I found out I was pregnant, made the decision to have the abortion and had it, that whole time I was just being very self-centered and very selfish in not wanting to inconvenience myself. And I really didn't have the right to do that...I guess that I deserved to feel guilt. I prayed a lot. I prayed for God to forgive me for what I've done – it was wrong. I felt like I had murdered. And I still do pray for that. And, I forgot, just – to give me guidance and to show me – let me be a good Christian so that maybe I could do something in my life to make up for it...I was worried that I didn't know how I was going to deal with it...I'm feeling that – just a second – that just a few hours ago, I had a baby inside that depended on me. And I had, I had it killed and it depended on me. It was all I had and I killed it...I was an accidental pregnancy for my mom and she had me under really hard conditions. She never let me down...I felt ashamed of what I had done. I knew she would be ashamed of me...If she had a choice she wouldn't have become pregnant with me, but she did and she did her best...more guilt and shame. Knowing that my mom, whom I respect as strong – conditions weren't different than mine...This is not the way she taught me...Mom is almost a saint. I would like to be, but I have murdered. I believe that God forgives, but you don't forget. There's no way to erase the tape. I try not to dwell on it, but every day I ask God to forgive me...shame. Very ashamed of myself."

Women who believe that abortion is murder and yet choose to abort will suffer guilt and regret for the rest of their lives. We hear repeatedly from these women that they live in pain. They feel that they are *being punished* when unhappy events, unrelated to the abortion, occur in their lives and *they pray for forgiveness*, yet cannot forgive themselves. This finding carries major implications for pro-life communications, because it tells us that there is a deep-seated unmet need among a substantial segment of women.

Using What We Know about Character, Judgment and Regret in Messaging

Women who express guilt, regret and remorse after an abortion give us a clear picture of the market that pro-life organizations should target in their ad campaigns. Women who are troubled by the idea of abortion are the women who are reachable. While it would seem that these women would not make the decision to abort, in this project we found that many women have abortions even though they are deeply troubled by doing so. For example, several of our respondents who felt that they were murdering another human being had abortions because they were driven to preserve their identities as unencumbered women with plans for the future. They live with regret that can be very painful.

These women believe that abortion equals murder from the beginning of the decision making process. It is possible to reach them before they abort, but they do not want to be "preached" to. A commercial called *Night* discourages abortion by depicting regret that is so profound that it causes a woman to have sleepless nights years later. It runs as follows:

[A woman rises from her bed, the clock showing 3:00 a.m. She goes to the window, staring into the black, rainy night. She stands silently, as a female voice speaks.] *"They said you wouldn't be bothered by a voice calling for you in the night. . . There would be no trail of cereal through the house, no spills or stray toys. The clock ticks. All is calm. And you realize... there is still a voice. If you've faced the pain of an abortion, call 1-800..."*

Women who experience regret after an abortion say they wish that they had sought kind, loving guidance when struggling with their decision. Many report that they would never have aborted if they had found such guidance. This type of loving guidance can be portrayed in print and in commercials, using the findings that stem from the portion of the research in which we asked respondents about women they admire.

The Admired Woman

During the course of the interviews, we asked women to imagine discussing their pregnancies with a woman whom they admire. Respondents say that this admired woman is non-judgmental, caring, compassionate, a good listener, encouraging, has

overcome obstacles in her life, is approachable and manages her life effectively. Some also say that the admired woman does not give unwanted advice.

We identified a low and a high conflict group of respondents who had elected abortion. Women in the low conflict group deny that they feel deep-seated regret and were not as focused on wishing that they had talked to an admired woman. On the other hand the high conflict group, the women who abort and then feel extreme guilt, regret and remorse, hear the admired woman telling them NOT to abort their children. The following example captures the desires of these women.

When asked to go to a time when a woman she admires is giving her advice about her unwanted pregnancy, the following respondent sees her mother. She tells us:

Being with my mother... At her house...I'm in the living room, crying. I'm saying I just couldn't do it (have a baby). It would destroy everything.

Her mother is telling her:

No, you're wrong. I won't let you do this if it kills me. You just think you can't do this but you can...She would talk me out of it. I would know that what she's saying is true...I believe her. She is strong. She's never lied to me. She's positive. If she thought it would screw up my life she'd look out for me. If she told me we'd get through this, I'd believe her. She's done it...Scared but a good positive feeling...I know she knows what she's talking about. She wouldn't mislead me...she would say, "It's tough, but it's worth it." She would have convinced me that we could do it. Abortion is not necessary. I REALLY wish I had talked to her.

She describes what she would tell a woman who comes to her with an unplanned unwanted pregnancy:

Think about it. Don't jump into it. It will affect her life one way or the other... It's important because it's a baby's life. Choosing the easiest way may not be the best thing to do. It might work now, but she may regret it later.

This woman wishes she had talked with someone she trusted and admired before making the decision to abort. Doing so would have eliminated much guilt, shame and self-recrimination later.

The key to presenting a dialog between a woman with an unwanted pregnancy and a woman she admires is to let the pregnant woman do the talking, discussing her fears and the moral dilemma that she is facing. Portray the confidante as an older, mature family member whose relationship to the decision maker is a longstanding, caring one. The confidante should be compassionate, non-judgmental and non-manipulative, a woman who can show them there is hope for both them and their babies. This approach

removes any feelings of "preaching," gives the message that the pro-life sponsor of the message understands that it is a very difficult decision that is not taken lightly and points women in the direction of choosing life.

These potential confidantes should be considered to be the targets of pro-life messaging as well. Enlist their aid in preventing abortions by considering the psychological dynamics that drive women's feelings and thoughts when suffering with an unwanted pregnancy. Show potential confidantes that many women cannot live with the decision to abort. Let them see that they can be supportive and best serve the women who come to them by asking them questions, showing empathy and helping them discuss other options. Guide them to focus on the regret and remorse that women feel after aborting a baby, showing that many women cannot live with this decision, and that there can be unfortunate emotional consequences later.

Messages should not, however, attempt to place blame or guilt. Avoid direct mention of the guilt, as that only intensifies the emotional stress without adding to the attractiveness of keeping the baby or choosing adoption. Instead, show one woman talking to another about her feelings after her own abortion.

A Fine Line

As part of this project we showed women storyboards of three different thirty-second commercials in the making. We discovered that it is crucial to "walk the fine line" between preaching and judging on the one hand and gently encouraging women to see the reasons to steer away from abortion on the other.

The fine line between these two poles comes from the intense emotional involvement with this subject matter. It often causes respondents to draw inferences when they hear and see pro-life messages. If the messages are vague, respondents often read pro-choice messages into them. Also, when women are shown in the midst of the decision making process, the negative aspects of the unwanted pregnancy are brought into the forefront, reminding respondents of all the reasons to discontinue the pregnancy, rather than the emotional ramifications of abortion. On the other hand, if the message is strong enough to be clear, it evokes anger. Respondents rejected messages that were perceived as being "*pushy*," "*manipulative*," or are seen as trying to sway a woman's decision toward one that might not be in her best interest.

We concluded that it is always necessary to conduct in-depth testing of ideas and concepts in storyboard form prior to production, because approaches that "look good" to pro-lifers might not work or might even cause a boomerang effect.

Implications for Counseling

Knowing that shame is a primary driver of the decision to abort, counselors can ask their clients open-ended questions about their nuclear families, their relatives and their friends, exploring what they believe these important people in their lives will say and how they expect them to react when finding out about the pregnancy. Vitae is currently working on a systematic counseling model based on segmenting women by their life plans and what is most important to them and then showing counselors how to address their clients' Emotional Needs with careful probing techniques.

Comparing and Contrasting Adoption and Abortion

While at first glance the reader might see adoption and abortion at opposite ends of the decision spectrum, the two decisions have some attributes in common. For example, fear of neglect or abuse can lead a woman to either decision. The following respondent tells us earlier in her interview that she was sexually abused by her stepfather as a child. She never knew her own father. She chooses abortion so that her child does not “*have to go through what I went through*”:

"I felt no hatred toward my mother, but I did not want to bring a child into the world in my situation...Abortion is better for me. I have to deal with the abortion. The child doesn't have to grow up and go through what I go through. It is not as if it is a life – I am ending a life or killing a person. It is a solution to a problem."

The next respondent also discusses the fear of abuse that leads some women to abort:

"I definitely made the right decision for the time. I wouldn't do it now, because I can provide for a child. Lisa Steinberg was killed around this time. That took care of any lingering adoption feelings. It may be selfish [to abort a child] but I don't think so."

When she was younger and experienced an unplanned, unwanted pregnancy this respondent could not provide for a child. She also feared that her child would be abused if put up for adoption, as Lisa Steinberg was, who died from the brutal abuse inflicted on her by the man who took her in and never legally adopted her, so she chose to abort. She says she is now in a position to provide for a child, and if faced again with an unwanted pregnancy, she would not choose abortion.

Women sometimes fear that if they choose to raise their children, they will neglect or abuse them, which can motivate them to place their children for adoption. If they are in unstable relationships or fear that they are too immature to provide for the emotional and financial needs of a child, they will sometimes choose adoption. The next respondent is an example. She was involved in a serious car accident and her pregnancy was discovered as the emergency room staff struggled to save her life:

"I can't take care of a child. My recovery will take two years. Plus, I'm only 15. I don't have the money, the independence, or a stable family. I have only two options: adoption or abortion...[chooses adoption]. He's a lawyer. She's a doctor. The child will have a good home. A stable family... You have to have a mother and a father. The child needs to know where it came from. If it wants piano lessons, it should have them. And the stability of the parent's commitment to each other and to family financial security too."

This respondent recognizes that she cannot care for a child. She could not provide a stable family or financial security. She feels that if she keeps her baby, the needs of her child will be neglected, so she finds a couple that can provide the stability that she cannot.

For respondents, adoption is not an event; it takes months to make the decision and then the memory lasts for a lifetime. They say that there is no such thing as a "clean" adoption because they are always painful emotionally, and lead to years of suffering. Respondents say that while abortion is not always an easy decision, it is much easier to live with than adoption.

Abortion leads to a resolution of a sort. There is some finality in it. The woman does not have to wonder where the child is or if he is being cared for. This type of resolution, however, is not complete. While respondents tell us that the decision was right for them at the time, they are often haunted by the decision later.

Respondents' Parents Compared to the Biological Fathers

Family members and family experiences also affect women's decision making. Quite surprisingly, the father of the woman facing the unplanned, unwanted pregnancy is more of an influence than the biological father of the unborn child. In fact, most respondents view the biological father as a passive observer, willing to agree with whatever the woman decides. On the other hand, the parents of the pregnant woman have very strong opinions, and are not afraid to assert them. According to the respondents, their parents vocalize their own values and needs, instead of focusing on their daughters' needs. One woman says,

"If I have the baby, it's here for the rest of my life. They're [her parents] going to get tired of it. Not seeing the view far in the future. They're just thinking about the here and now..."

Another respondent shows how the anticipated reaction of her father pushes her to choose abortion:

"I've got to take care of it. I can't let my dad know... I won't have to face up to it. My dad will never have to know. I won't have to pay for the mistakes I

made. Nobody ever has to know... If I tell my dad, the only thing that's going to happen is there would be a big fight, he'd kick me out of the house and I'd have no place to go."

Of course respondents do not know for sure how their parents will react to the news of the pregnancy. In many cases the prospective grandparents overcome their initial shock and become very supportive. Counselors need to ask their clients questions that will bring out their perceptions and assumptions about how their parents will react to the pregnancy and why.

Conclusions

Pro-life groups should focus on helping the high conflict segment of women, who report experiencing emotional pain as a result of deciding to abort. Comments such as, "Not a day goes by that I don't think about it" are common among women in this group. The aborted child, for this segment, is a real, living entity. It is not just a "mass of tissue." This group feels strongly that they have killed a person. They are a reachable, delineated segment of women for whom abortion is truly not the answer. They feel a strong need for forgiveness and resolution, yet it is difficult for them to attain it. They tell us that their lives would be much happier if only they could go back and undo their previous actions.

For many years the media and pro-choice advocates have stifled women who have had abortions by telling them that it is just a group of unwanted cells, no more than that. These findings show that, to many women, an abortion is a choice that has brought life long suffering and pain.

In recent years a number of programs such as Silent No More and Rachel's Vineyard have emerged giving women a forum for speaking out about their experiences with abortion. Such programs provide outlets for catharsis, whereby women can talk about their unexpressed feelings and suffering. Short of having a counselor or therapist, these programs can serve as the beginning of the road to recovery.

In contrast, women who choose abortion but are not as conflicted about their choice downplay the humanity of the unborn child, and tend to isolate their abortion experience, distancing it from who they are as a person. They see the abortion as justified "at the time," and use phrases like "there really was no other choice," "it was something I had to do," and "I try not to think too much about it." In a sense they create a kind of emotional callus around the experience, in the hope of moving on with their lives. This group is a secondary priority to the high conflict women, because they are much more difficult to reach.

Intellectually, it seems that adoption would be the ideal solution for an unwanted/unplanned pregnancy, but it does not provide the resolution that women seek and need. Details are available in the following reports:

- "The Missing Piece"

- “Birthmother, Goodmother: Her Heroic Act of Redemption”

Both are available from their co-sponsors, Family Research Council and the National Council for Adoption.

In the midst of their emotional struggles over an unwanted/unplanned pregnancy, they do not always see that raising their children is the best pathway for them, but it does offer the most complete resolution in the long term. It eliminates the uncertainty associated with adoption and the potential haunting guilt of abortion.

Pro-life communications should depict the presence of an understanding, wise and empathetic woman as often as possible, given the discovery of how important the confidante is to women experiencing an unplanned, unwanted pregnancy. The pregnant woman is traumatized. As such, she is not herself. She is reactive, rather than proactive. She is confused, hurt and desperate. It is no wonder that she so often defaults to abortion. For these reasons she needs a woman she trusts who can empathize with her, but also asks her vital questions and explores with her the advantages and disadvantages of her options. Above all, the confidante needs to ask some hard questions about the implications of a decision to abort, how it will affect her and how it will make her feel. At this stage of the process the woman in agony over an unplanned, unwanted pregnancy is not readily able to consider anything but her own emotional state, so the confidante needs to base her approach on this insight, rather than focusing on the baby.

These findings point clearly to the need for counselors to avoid judgment and discussions of right and wrong and focus on their clients' emotional state of mind. It is especially important to explore the reasons their clients give for why they are leaning toward an abortion and to probe deeply, never accepting any reason at face value, and always seeking deeper understanding. The key is to ask questions and listen and do not preach a point of view.

Counselors should focus on what motivates women to make the decision to abort from an emotional perspective. They need to understand how the Need for Self-Identity serves as a barrier to carrying to term and how the Need for Character Preservation can motivate women to do what their conscience tells them is the right thing.

Vitae's Mission

Connecting women in need with centers that can help them is a primary goal of the Vitae Foundation. Vitae develops psychologically based television, radio and public transportation advertising to reach women in need. The television commercial below contrasts with *Night*, because it serves a much different purpose. Rather than showing the risks associated with abortion to a wider audience, it addresses women who are in the moment of agony and trauma.

[African-American woman standing alone, in great distress] (Voiceover)
"That was me when I found out I was pregnant. I really lost it. My boyfriend wanted me to have an abortion. My parents, they sent me mixed signals. Everybody knew what I should do, except for me. Then I talked to some people I didn't even know. They were kind, caring and compassionate. They helped me make a choice I can live with [shows young child playing in front of her]. And maybe they can help you too. Call them today..."

This commercial shows the viewer that there is a place she can go for help.

Vitae also develops strategies for the volunteer counselors to follow when working with their clients. Therefore, when women come to the pregnancy help centers, counselors have a complete understanding of the emotional mind-set of their clients and they can follow the advice for the Admired Woman presented in this article and other counseling techniques based on it.

Since initiating such campaigns, over 90,000 calls have been directly routed to Pregnancy Help Centers. Advertising campaigns of this type are underway in New York City, Washington D.C., Boston, Ft. Lauderdale, Dallas and Los Angeles with reports from pregnancy centers attesting to their effectiveness. As Janet Durig, the Executive Director of Capitol Hill Pregnancy Center in Washington, DC, wrote, "Vitae Foundation helped the center again this year....Within a few months we went from a little over 200 hits on our web page monthly to more than 9,000 monthly. This has created an increase in college and professional women seeking help..."

Those in the pro-life movement who want to support women struggling with an unplanned, unwanted pregnancy, need to understand the emotional landscape of women facing this situation. The insights uncovered in this project can aid in all pro-life work around the world.