

A New Understanding of the Trauma of Abortion

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The pro-life movement has long endeavored to understand the complex emotional struggle behind a woman's decision to continue or abort an unplanned pregnancy. To explore the dynamics of this dilemma and to aid pro-life groups in assisting women in crisis, the Vitae Foundation in Jefferson City, Missouri pioneered a series of landmark studies on women and abortion. Unlike previous research, these revolutionary studies focused neither on the moral reasoning of the pro-life movement, nor on attitudinal surveys that yield primarily statistical snapshots, but on independent psychological analysis of women's hidden, emotional response to pregnancy, abortion and motherhood. The interviews followed Right Brain Research™ methodology: lengthy one-on-one interviews lasting 75 to 110 minutes, utilizing, visualization, repetition, and relaxation techniques to access the emotional mind and uncover deeply seated emotional needs and barriers, often with very surprising results.

The first project, "Abortion As the Least of Three Evils - Understanding the Psychological Dynamics of How Women Feel About Abortion," was published in summary form by *First Things* under the title "Abortion: A Failure to Communicate" (1998). The findings from a cross-section of women of child-bearing age, were groundbreaking, and became the most requested article since *First Things* was founded.

The second project titled "How Women Make Decisions About Unwanted Pregnancies," is the subject of this article. It focused on women who had already been pregnant and it sought to uncover the dynamics behind the decision to keep, adopt, or abort a child. The findings provided deep insights into the stages that women who face a surprise pregnancy experience: suspicion, then fear, then denial, then panic. As one participant explained:

"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....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."

Once the reality has set in, a woman faces the key question: to keep or to abort the child. The adoption question is essentially a subset of the decision to keep the child. Generally, she only confronts adoption as a possibility after deciding to give birth to the baby. From a counseling point of view then, it is counterproductive to force the adoption question in the beginning.

The study also enumerated a number of factors that lie behind the decision to keep or to abort, including an umbrella concept ("Psychological Kernel") with three main findings that ties all the research together:

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.

Expanding on each of these three crucial insights is the subject of this article. First, however, it is important to note that none of these three findings have much to do with biology (Is it a baby?), or abstract moral reasoning (Is abortion right or wrong?). Instead, the insights revolve around how the woman feels about herself, and only secondarily about the baby, but only within the context of the woman's own immediate situation. Understanding this dynamic is essential to reaching these women.

The first finding of the Psychological Kernel is that a woman will choose to keep her child if feelings of guilt about the decision to abort are stronger than feelings of shame about public judgment resulting from continuing the unwanted pregnancy. Put another way, if a woman's sense of self-worth centers more on how she will view herself, as opposed to how she believes others will view her then she is most likely to keep her child. Here is how one woman described it:

"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."

This woman chose to keep her child.

For a woman who is more concerned about shame than guilt, she can focus on the ideas like "...sex before marriage is a sin, the baby is a terrible mistake, and people will judge me as a bad person. I fear being rejected by others. I will abort the baby so no one will know and I will not be rejected by others." After all, abortion at least keeps the pregnancy and its consequences private. In essence, to avoid public shame, a woman will risk the life-long burden of private guilt. In many cases, deep-seated regret surfaced years later, causing anxiety and depression.

A second dynamic identified in the Kernel is that a woman chooses to keep the child when she feels that pregnancy will not destroy her current and future "self." Abortion is a fairly common choice today partly because many modern women have not incorporated the idea of motherhood into their self-image, their ideas and feelings about who they are. Pregnancy and motherhood completely shatter some women's idea of who they are and who they plan to be. In their minds, motherhood is equated with a kind of death.

This insight has far-reaching consequences for the pro-life movement. Whether right or wrong in the abstract, under the panic of this life-changing crisis, abortion can seem to align itself with the deep and universal instinct of self-preservation. When this instinct is pitted against a more distant and abstract consideration of the value of the nascent life, many women choose abortion. The pro-life tendency to focus exclusively on the child, rather than on the woman's own circumstances and emotional needs, only

deepens the woman's sense of isolation and despair – the very emotions that often lead her to choose abortion.

Conversely, a woman who chooses to keep her child might have a more developed maternal instinct. She might imagine and look forward to the idea of being a mother. To abort her child would be a kind of death, in this case the death of her “maternal self.”

Obviously this dynamic plays out in how women view the unborn child. For those who are more centered on their individual future and how a child would destroy such plans, the unborn child tends to be dehumanized. As one participant stated:

“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 knowing where the baby is or who it is with. With abortion you know what happened. There are no questions.”

This statement highlights a theme throughout the research. In crisis mode, many women seek a final and quick resolution, regardless of its moral content. Abortion offers closure. For these women, both motherhood and adoption are more complicated, longer lasting, and thus less attractive.

The third dimension of the Kernel uncovered is that a woman will choose life if she believes the unborn child is better off alive than dead. This may seem obvious, but the situation into which the child is to be born in a crisis pregnancy is far from ideal. In fact, other women argue that preserving the child's life is *not* virtuous. They do not necessarily equate abortion with selfishness or keeping the baby with altruism. They wonder, “Is it altruistic to bring a child into a world of poverty, violence, foster homes and neglect? Is it really clear that preserving the embryo is an absolute moral imperative, when weighed against the lifelong suffering as a result of bringing an unwanted pregnancy to term?” Pro-lifers may disagree with this reasoning, but we dismiss it at our peril if our goal is to reach, understand and help women in crisis.

Some married women with children reported choosing abortion because they felt carrying to term would threaten either their marriage or the overall stability of the current family. One woman, who described herself as “pro-child,” cited her own happy childhood as a basis for choosing abortion, as she believed every child deserved to be born into better circumstances than her immediate situation.

There are many layers underlying the decision to keep or abort a child. There are findings that apply to all women interviewed, but there is also a unique aspect of the crisis as each woman experiences it. What happens, for example, when a woman has a very high “shame” concern, but also a strong maternal instinct? What if a woman loves children but finds herself in a seemingly impossible material situation? The findings show that if these women override their own conscience and choose abortion, they are likely to face extreme emotional trauma and crippling guilt.

Many women report how urgently they need gentle, loving guidance when struggling with their decision. Many report that they would never have aborted if they had found such help. Most of the women did not have deep trust or confidence in their boyfriends or in the ability of their marriage and family situation to accommodate another child. Rather than relying on their parents, whom they felt were controlling rather than supporting, they longed for a female confidante who could have listened to them as they expressed their emotional turmoil and helped them explore their options.

The implications for pro-life counseling are clear. Pro-lifers may believe they have the high moral ground, but a woman in crisis will not turn to one if she perceives that person to be preachy, rigid, or manipulative. Even a woman with pro-life instincts may default to abortion if it appears to solve her fear of public shame, her loss of self, or even her concern for the child's future. This is a tragic miscalculation, but the pro-life community must help women realize what is happening to them on an emotional level within their own and psychological framework.

Decision-making at this stage hinges on emotional and circumstantial factors, rather than moral or intellectual ones. It suggests that counselors should focus on open-ended questions about the woman's family, her relatives and friends, her expectations, fears, and hopes. There is certainly a role for offering ultrasound imaging of the unborn child, as this helps the woman reconnect with her maternal self, but only if offered in a non-judgmental context.

In summary, it is not likely that the pro-life message will be persuasive to a woman who is focused on her perception of public shame, on her own career and future, and who either dehumanizes the unborn child, or justifies abortion as a way to avoid bringing a child into an unstable situation. It is also doubtful that pro-lifers need to spend their resources reaching out to women at the other extreme, for whom abortion is out of the question. The women who most need help and support are those who fall into the "conflicted middle," women for whom abortion is troubling but may appear to offer resolution. It is hoped that the insights uncovered in this research project can aid those who work to help such women, sparing those facing an unwanted pregnancy from making a decision that may haunt them for the rest of their lives.

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