

**AFTER THE ACT: WOMEN'S EXPERIENCE OF ABORTION
IN ONE SOUTH AFRICAN COMMUNITY**

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STATEMENT

I, the undersigned, hereby declare that the work contained in this thesis is my own original work, and that I have not previously in its entirety or in part submitted it at any university for a degree.

ABSTRACT

Abortion is a universal phenomenon which has occurred in every society throughout history and which evokes extreme reaction. In South Africa, until the acceptance of the “Choice of Termination Act 92 of 1996”, elective terminations were illegal. This qualitative study explores the various contexts that impact on and influence the meaning women attribute to their abortion experience. Six women who have undergone abortions and who now reside in the greater Cape Town area, South Africa, were recruited and interviewed about their abortion experience. A semi-structured interview schedule was used. Charmaz’s (1990) social constructionist approach to grounded theory was utilized for data analysis. The premise of social constructionist theory is that the meaning of experiences is not universal, but actively constructed by people in specific contexts. The meanings are dependent on the context in which they are experienced. The findings suggest that a range of emotional responses follow abortion, but that women often feel very ambivalent about abortion. These responses are influenced by the different contexts in which they occur namely the legal, social, religious, gender and personal contexts. Recommendations for future abortion research are included.

UITTREKSEL

Aborsie is 'n universele verskynsel wat dwarsdeur die geskiedenis in alle gemeenskap voorkom en dikwels uiterste reaksies by mense ontlok. In Suid-Afrika was dit onwettig om op eie keuse 'n swangerskap te beëindig – tot die goedkeuring van die “Choice of Termination Act 92 of 1996”. Hierdie kwalitatiewe studie ondersoek die verskeie kontekste wat 'n invloed het op die betekenis wat vroue aan hul aborsie-ervarings toeskryf. Ses vroue wat aborsies ondergaan het en wat tans in die groter Kaapstad-omgewing, Suid-Afrika, woon, is gewerf om aan die studie deel te neem. Persoonlike onderhouds is met hulle gevoer oor hul ervarings. 'n Semi-gestruktureerde onderhoudskedule is gebruik. Charmaz (1990) se sosiale konstruksionistiese benadering tot “grounded theory” is gebruik vir die data-analise. Die basis van dié teorie is dat die betekenis van ervarings nie universeel is nie, maar aktief gekonstrueer word deur mense in spesifieke kontekste. Die betekenis is dus afhanklik van die konteks waarin dit ervaar word. Die bevindinge dui daarop dat aborsie gevolg word deur 'n reeks emosionele response, maar dat vroue dikwels ambivalente gevoelens oor aborsie het. Hierdie reaksies word beïnvloed deur die verskillende kontekste waarin dit voorkom – wetlike, sosiale, religieuse, geslags en persoonlike kontekste. Voorstelle vir verdere aborsie-navorsing word gemaak.

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**“THE CONSTRUCTION OF ANY WORK ALWAYS BEARS
THE MARK OF THE PERSON WHO CREATED IT”
(RIESSMAN, 1993, pg. V)**

CHAPTER ONE: INTRODUCTION:

Abortion is as old as womankind. It is a universal phenomenon and has occurred in every society throughout history (Bradford, 1991a; Shortall, 1997; Stotland, 1996). It is a subject that evokes extreme reactions and emotive responses. This complex topic which concerns individuals and communities is often shrouded in secrecy (Allen, Reichett & Shea, 1977; Bailey, 1993; Bennet, 1974; Davies, 1991; Dollar, 1997; Emerson, 1996; Erikson, 1993; Greene, 1995; Haslam, 1996; Hordern, 1971; Kelly, Evans & Headley, 1993; Le Baron & Carstorphen, 1997; Miller, 1992; Miller, 1996; Osofsky & Osofsky, 1973; Patterson, Hill & Maloy, 1995; Pipes, 1986; Russo, Horn & Schwartz, 1992; Shortall, 1997; Smith, 1995; Suffla, 1997; Wennberg, 1985; Winn, 1988).

1.1 DEFINITION OF ABORTION:

There are many different ways of defining abortion. The most common way is to rely on the legal definition given in different countries. According to Ferreira (1985), the most widely accepted definition of abortion is the termination of a pregnancy before the fetus becomes viable, in other words capable of existence outside of the uterus. The term abortion, therefore, is usually applied to the premature expulsion of the product of conception before 28 weeks of pregnancy, the period before which the fetus is considered viable. With the constant improvement of medical knowledge the fetus may become viable at an earlier stage. Currently a fetus may be viable at 24 weeks (Davies, 1991).

Abortions fall into two broad categories – spontaneous and induced. Spontaneous abortions are those which occur naturally and are, by definition, beyond the control of the pregnant woman and her caregivers. Induced abortions are those which occur as the direct result of deliberate action taken, by artificially inducing the loss of the fetus, with the intention of terminating the pregnancy (Ferreira, 1985). This research will focus on induced abortions and the word “abortion” will be used to refer to induced abortions.

1.2 THE SCOPE OF ABORTION:

The scope of abortion is immense. It is one of the ways in which women have always attempted to regulate their fertility (Bradford, 1991b). Data collected from 87 countries in 1971 indicated that for every ten live births more than four abortions were performed (Ferreira, 1985). In the United States of America, it is estimated that one in five women has had at least one termination of pregnancy with approximately 1.4 million being performed annually (David & Morgall, 1997; Osler, Cozzarelli, Karrasch, Sumer & Major, 1994; Russo et al., 1992; Speckhard & Rue, 1993). It is estimated that worldwide 55 million pregnancies end in abortion annually (Haslam, 1996; John & Sonne, 1997; Pipes, 1986; Sachdev, 1988; Sonne, 1997; Swindoll, 1990; Timpson, 1996). The World Health Organization in 1990 estimated that every year 500 000 women die in pregnancy and childbirth, which means one woman almost every minute (Timpson, 1996). An estimated 40 % of these maternal deaths are caused by complications from unsafe, illegal abortions (Timpson, 1996; Webber, 1983).

In Africa, 20 to 35 % of maternal deaths are attributed to unsafe abortion practices (Rees et al., 1997). It is accepted that maternal morbidity figures are under reported and that therefore the real impact is difficult to quantify. In developing countries, and in countries where abortions are illegal, it is one of the major causes of maternal mortality.

A situation analysis completed by the South African Medical Research Council in 1995, prior to the introduction of the "Choice of Termination Act 92 of 1996", found that approximately 200 000 abortions were performed each year. Of this figure 1 000 were legal abortions (De Pinho & Hoffman, 1998). Annually, approximately 400 women died from complications due to illegal terminations (Rees et al., 1997). Before the aforementioned change in legislation in 1996, it was believed that backstreet abortions were occurring at a rate of one every 2.5 minutes (Bradford, 1994). The cost of incomplete abortions to the medical sector, prior to the change in legislation, was estimated to be R18.7 million annually (Benatar et al., 1994; Fawcus et al., 1997; Kay, Katzenellenbogen, Fawcus & Karin, 1997). Complications which arose as a result of backstreet and incomplete abortions included infertility, infections, hysterectomy as a result of infection and bleeding, chronic pelvic pain, uncontrolled bleeding, sepsis and death (De Pinho & McIntyre, 1996).

Since the change in legislation in South Africa it has been possible to keep accurate records of legal abortions. For the time period February 1997 to February 1998, 27 452 women have had legal abortions nationally (Department of Health, 1998). Regional figures show that from February 1997 to December 1998, 8 804 women had legal terminations in the Western Cape. Of these terminations, 1 238 took place at the Paarl and Stellenbosch hospitals (Provincial Administration of Western Cape, 1999).

What is clear from the above-mentioned statistics is that abortions are performed frequently, regardless of the legal or social context. As Bradford (1991a, p.22) comments: “Until mothers cease to bear prime responsibility for child care, until women have the material ability and social rights to keep the children they conceive, until pregnancies cease to happen in female bodies, abortions will continue”.

When one considers the scope of abortion it is evident that research is needed in order to render appropriate mental health services to women who have had abortions (Russo & Dabul, 1997). Taking into account the millions of abortions performed annually, and if only a percentage of women who have abortions develop symptoms, then even a small percentage results in a large absolute number of women who may need psychological support and counselling (Turrel, Armsworth & Gaa, 1990).

When considering the above-mentioned statistics it is crucial to remember that despite the obvious prevalence of abortions, society at large still tends to condemn women who decide to terminate. This can be witnessed by the very political nature of the abortion debate. This means that women who do terminate may be very unwilling to speak of their experiences. Firstly, because to do so might, in certain countries, be confessing to committing a criminal act. Secondly, irrespective of the legality of the abortion, many women may fear social ostracism and moral judgment. Another point to consider is that some women may not use the medical services offered to procure their abortions. For this reason it is important to acknowledge that the statistics might be underreporting the actual occurrence of terminations (Pipes, 1986).

1.3 A BRIEF HISTORY OF ABORTION:

Historically, the termination of pregnancies appear to have happened for as long as women have been able to become pregnant and bear children (Ferreira, 1985). Abortions have occurred in every society, at every time, throughout the history of civilization. As previously mentioned, whether illegal or legal, an abortion could not be prevented if a woman decided she did not want to carry a pregnancy to term (Webber, 1983). Bradford (1994, p.1) states that “for most women in most countries, for almost all of recorded history, abortion has been an absolutely central form of birth control.”

Anthropologists who have researched traditional societies and historians who have studied ancient texts all agree that induced terminations have been procured since prehistoric times (Hulme, 1983; Stotland, 1996). As now, the motives for terminating pregnancies were many, for example; preservation of the mother’s life, economic problems, fear of disgrace and rape (Hulme, 1983). One can say then that abortion is in no way unique to modern civilization (Oosthuizen, Abbott & Motelovitz, 1974). Throughout the ages women have resorted to hot baths, jumping from heights, throwing themselves down stairs, skipping, piercing the uterus with hangers and any sharp object which might bring on the abortion (Hordern, 1971). As Kaufman (quoted in Timpson, 1996) notes, the history of abortion forms a continuous, irrefutable record of women’s determination to make reproductive choices based on their opinions and definitions of their social, sexual and economic needs.

Between the World Wars, women’s expectations rose and there was a demand for civil rights. Women were entering the work place and their roles were changing. They had more choices open to them than ever before and for the first time could consider a career outside of the home. They were in a position to limit the size of their families for emotional, physical or economic reasons. Contraception became readily available and in 1921 Marie Stoppes opened her first birth control clinic in England (Webber, 1983).

In South Africa, from 1840 to 1910, the most common way of obtaining an abortion was to ingest poisonous roots and herbs (Bradford 1991a). This was followed by the introduction of surgical methods as a means of terminating unwanted pregnancies and resulted in abortions being performed by those in the medical domain (Bradford, 1991a). With the beginning of

Apartheid in 1948, there was greater opposition to the practice of abortion and the introduction of the “Abortion Act of 1975”, the aim of which was to restrict and control access to abortion (McCulloch, 1996).

Globally, it is only in the last 150 years that government and social institutions have become involved in and actively restricted the procurement of abortions. This interference in the domain of abortion has occurred in the medical, social, legal and moral arena (Ferreira, 1985). The debate around abortion has become increasingly political and heated. There are many possible reasons for this, namely, religion, morals, sexuality and women’s roles (Dollar, 1997; Le Baron & Carstarphen, 1997; Wilmoth, 1992). For feminists, gaining access to free, legal, safe abortion was central to winning female self-determination and greater democracy (Bradford, 1994).

The history of abortion clearly suggests that while abortions have always been performed, the meaning they have had politically, socially and morally have varied over time (Ferreira, 1985). When examining societies from a historical context one must acknowledge that as society transforms so too does what is considered socially acceptable.

1.4 THE AIMS OF THIS RESEARCH:

The current study will explore the experiences of six South African women who have undergone abortions. Previously such studies were problematic due to the illegality of procuring an abortion. With the introduction of the “Choice of Termination Act 92 of 1996”, it was hoped that women would be open to talking about their abortions as it is no longer a criminal offence. In this way insight could be gained into the experiential world of these women. As Dollar (1997, p.48) states: “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 actions connected to the woman are investigated, there is not enough emphasis on the woman herself”. In general, little research has been conducted on abortion in South Africa. More specifically there is a paucity of research that examines the emotional experiences from the perspective of the women who undergo abortions.

The assumption of this research will be that although individuals, who experience things in very personal ways, go through abortions, these individuals are always situated within a specific socio-economic and cultural context. Following social constructionist theory (Stoppard, 1998), it will be suggested that the meaning of the abortion experience is socially constructed and shaped by many culturally shared discourses.

The current research will thus attempt to situate abortion in a social context and will specifically explore how gender discourses (that is, what it means to be female), impact on a woman's experience of abortion. Wasielowski (1992) states that a woman's experience of abortion occurs in a social context, which promotes both positive and negative definitions of the context and emotions expected of them. This is not only because the women themselves will be directly affected by such a discourse, but also because this discourse will influence the amount and kind of social support that a woman will receive.

This study will consider the ways in which the social and political contexts of specific women impact on and shape their emotional experiences of abortion. This is important because with the change of legislation many women may now seek psychotherapy to deal with their experiences (Dollar, 1997). Psychologists would therefore benefit from a greater understanding of this complex subject (Dollar, 1997).

CHAPTER TWO: LITERATURE REVIEW

2.1 THE PSYCHOLOGICAL AND EMOTIONAL IMPACT OF ABORTION

Abortion is a powerful experience. It invokes a wide range of emotions, ranging from guilt and depression to a great sense of relief (Garton, 1979; Ney, 1993; Reisser & Reisser, 1989; Speckhard & Rue, 1992; Turrel et al., 1990; Wasielowski, 1992; Zolse & Blacker, 1992). It is also a controversial issue which illicit different reactions from different groups and individuals.

Ferreira (1985, p.11) states that a shift can be seen from “earlier moral-religious arguments to the new humanistic-individualistic view of man and being”. Thus, as the discussion on abortion has moved through a religious to a legal to a medical focus, it has become clear that the next frontier for discussion involves the psychological perspective. Much has been written regarding the possible emotional responses that women have to abortion. Researchers have disagreed about 1) what emotional responses women experience; 2) what proportion of women develop psychological problems as a result of abortion; and 3) how this issue should be addressed by mental health workers.

The need to research the psychological sequela of abortion results from the fact that even though most of the literature supports the view that abortion is not a psychologically harmful procedure, there is agreement that a minority of women do experience problems (Congleton & Galhoun, 1993; Cozzarelli et al., 1994; Cozzarelli & Major, 1994; Guilbert & Roter, 1997; Miller, 1996; Russo & Dabul, 1997; Suffla, 1997; Turrel et al., 1990). Thus, in order to provide good therapeutic service, a thorough understanding of the contexts within which problems develop should be obtained (Char & McDermott, 1972; Russo & Dabul, 1997; Stotland, 1996).

An overview of the literature reveals that most studies find that women experience their abortions as a potential growth opportunity (Major & Cozzarelli, 1992; Miller, 1992; Osofsky & Osofsky, 1973; Pipes, 1986; Turrel et al., 1990; Wilmoth, de Alteris & Bussel, 1992). Smith (quoted in McCulloch, 1996) conducted a study of 125 women who had had a termination, and found that the essential crises ended with the termination of the unwanted pregnancy. In the follow up of these women it became clear that many of them felt that their termination had been a source of growth and that it allowed them to realize inner resources which they had not thought they had.

Webb (1985a) discusses a study in which it was found that adolescent girls interpret their abortion experience positively in a two-year follow up. After the abortions they felt more mature, better able to make decisions and more in control of their lives. Use of contraceptives increased from 2 % to 84 % and the majority did not wish to repeat their experience. Other adolescents who had proceeded with their pregnancies did not do as well, either leaving school or employment, becoming pregnant again and not achieving economic independence.

Following an abortion, many studies report that the feeling most commonly expressed is relief and happiness. The majority of women express satisfaction with their decisions to abort (Cozzarelli, 1993; Cozzarelli et al., 1994; Davies, 1991; Gilchrist, Hannaford, Frank & Kay, 1995; Haslam, 1996; Horbern, 1971; McCulloch, 1996; Osofsky & Osofsky, 1973; Stotland, 1996; Suffla, 1997; Turrel et al., 1990; Wilmoth, 1992). Wasielowski (1992) states that the newest studies dispute the existence of widespread abortion related stress or anxiety symptoms.

Freeman (quoted in Turrel et al., 1990) examined emotional responses to abortion four months after terminations using a follow up questionnaire. Of the 106 women who completed the questionnaire, 55 % felt relieved, 42 % felt it was a learning experience and 7 % regretted the decision. In another study Bogen (quoted in Turrel et al., 1990) found that of the 205 women who were interviewed, 90 % felt that the abortion was the best option, 96 % felt relief at the time of the follow up, 5 % felt depressed and 11 % sought counselling after their abortions. Smith (quoted in Turrel et al., 1990) conducted research which followed women



up for more than a year after their terminations and found that 94 % felt relieved and 3 % felt ambivalent.

Osofsky and Osofsky (1972) interviewed 380 women within 24 hours of their abortions. They found that 14 % were depressed, 8 % were angry and 24 % felt guilty. They also found that 65 % of the sample felt that abortion was the best option. Belsey, Greer, Lal, Lewis and Beard (1997) conducted pre-abortion interviews with 360 women. Three months later, at follow up interviews, the 326 women contacted were experiencing similar emotional states – 80 % were pleased that their pregnancies were terminated, 13 % felt guilty, 3 % regretted the decision and 17 % felt ambivalent.

Studies have also indicated that pre-existing psychological problems predispose a woman to experiencing difficulties after abortion. The World Health Organization's collection of data on induced abortions in 1978 found that there were frequent psychological benefits and low incidence of adverse psychological sequela to abortion (Webber, 1983). When post-abortion depression does occur, it is more apparently due to stress other than the abortion. A longitudinal study which interviewed 5 295 women yearly from 1980 to 1987, and explored their mental health response to abortion, found that the most important predictor of well-being seven years after a termination, was a sense of well-being prior to the termination (Russo & Zierck, 1992). The study thus found that the women were not negatively affected solely by the abortion. Russo and Dabul (1997, p. 28) conclude that "the experience of abortion plays a negligible, if any, independent role in women's well-being over time".

A study concluded in Britain, which followed up 13 261 women for up to ten years after their abortions, found that there was no greater psychiatric and psychological sequela reported to their general practitioners, than in the population of women who did not end their unwanted pregnancies (Butler, 1996). A study carried out in Britain by the Royal College of General Practitioners in collaboration with the Royal College of Obstetricians and Gynecologists, found that early psychiatric complications were identified in 2.5 % of 6 195 women who had abortions. Only 1.5 % of these women required treatment. Those with a previous history of depression were found to have a risk of post-abortion depression 2 ½ times greater than

expected (Clare & Tyrrell, 1994).

No research has shown that abortions cause more harmful psychological consequences than the alternatives, for example childbirth, mothering or adoption (Wilmoth, 1992). There is a lower rate of psychiatric distress after a termination than after childbirth (Wilmoth, 1992). Gilchrist et al. (1995, p.243) comment that since abortion is one outcome of the unwanted pregnancy “any psychiatric sequelae should be compared with those of the other possible outcomes. It is inevitably difficult to isolate the effect of termination because of confounding variables such as social or psychiatric difficulties, which may lead to a request for a termination and may also be associated with increased risk of subsequent psychological disturbance”.

The aforementioned literature would allow one to draw the conclusion that the psychological risks associated with terminating an unwanted pregnancy are minimal. However, there is also a body of literature that focus on the negative emotional consequences of abortion. For instance, Speckhard and Rue (1992), in their article proposing the recognition of the diagnosis of Post Abortion Syndrome (PAS), report on a Danish study completed by David et al. (1981) which found that women who obtained abortions were at a higher risk for admission to psychiatric hospitals than were women who delivered.

A study undertaken by Speckhard (quoted in Speckhard & Rue, 1992) found that all of the 30 women in a self-selected descriptive sample had a long-term grief reaction. In structured telephone interviews, the majority reported feelings of depression (100 %), anger (92 %), fear that others would learn of the abortion (89 %), preoccupation with the aborted child (81 %), feelings of low self worth (81 %), discomfort around small children (73 %), frequent crying (81 %), flashbacks (73 %), sexual dysfunction (69 %), suicidal thoughts (65 %) and increased alcohol usage (61 %).

Liebermann and Zimmer (quoted in Speckhard & Rue, 1993), who report on their study of 70 post abortive women, found that 58 (83 %) of these women identified their abortions as causative of emotional problems in their lives. Bagarozzi (1994) described a sample of 18

women who came for marital therapy as presenting with a symptom complex characteristic of individuals suffering from Post Traumatic Stress Disorder (PTSD). Detailed assessments revealed that abortion was the single most traumatic event shared by all these women.

Speckhard and Rue (1993) report on a study by Barnard (1990) which applied standardized outcome measures for PTSD to abortion. This study found that 45 % of the sample of 80 women had symptoms of avoidance and intrusion and that 19 % met the full diagnostic criteria.

Speckhard and Rue (1992, p.96) state that “while abortion may indeed function as a stress reliever by eliminating an unwanted pregnancy, other evidence suggests that it may also simultaneously or subsequently be experienced by some individuals as a psycho-social stressor capable of causing PTSD. We suggest that this constellation of dysfunctional behaviors and emotional responses should be termed Post Abortion Syndrome”. They describe PAS as a woman’s chronic inability to 1) process the fear, anger, sadness and guilt surrounding her abortion experience; 2) grieve or even name the loss of her baby; and 3) come to peace with God, herself and others involved in the abortion (Reisser & Reisser, 1989; Speckhard & Rue, 1992). They conclude that Post Abortion Syndrome is an “adaptive” response to the “maladaptive” decision to abort.

After considering the available literature on the psychological sequelae of abortion it would appear that the existing literature highlights the following points. Firstly, most studies find that abortion is a benign procedure. Secondly, in a majority of studies, most women report feeling relieved and happy with their termination decisions. Thirdly, abortion has been found to lead to self-growth. Fourthly, pre-existing psychological problems have been found to be an indicator of post abortion functioning. Finally, in most studies it has been found that some women do experience post abortion problems. The research is not conclusive about what percentage of women experience problems and the severity of the problems. It can thus be said that the literature does not link abortion to severe psychological trauma in the short or long term (Butler, 1996; Clare & Tyrrell, 1994; Osofsky & Osofsky, 1973; Turrel et al., 1990). As Butler (1996, p. 396) states: “For the majority of women, unwanted pregnancy is a time of crisis that is quickly resolved by termination”.

When considering the literature and the clear contradictions in findings it is imperative to recognize the political nature of the abortion debate and its ability to make researchers uncomfortable (Le Baron & Carstarphen, 1997; Turrel et al., 1990; Wasielowski, 1992). Research on abortion is used and shaped by activists on both sides of the abortion debate. As previously stated, Speckhard and Rue (1992), both anti-abortion in their beliefs, propose a clinical diagnosis for women who experience problems after abortion, namely Post Abortion Syndrome. This syndrome, they say, is an emerging public health concern. Stotland (1996), aware of the political nature of the debate and the energy and belief systems invested in the debate, states that it is logical that opponents of abortion, desiring to discredit the practice, are increasingly turning to assertions of psychological damage. This is necessary because, as Stotland (1996) states, statistics show that legal abortions performed under medical supervision are associated with far fewer medical risks than childbirth. Thus, the opponents have to find an alternative path to halting legal abortions. (In order to locate oneself in the debate it should be remembered that anti-abortionists state that symptoms occur as a result of the fact that women are murdering their unborn children and that therefore, in an attempt to protect women from such symptoms, and the lives of the unborn, abortions should be illegal).

Miller (1996) concludes that at the heart of the abortion debate lies the issue of the control of facts. It is important to realize that the impact an abortion has on a woman is a complex interaction of various social and psychological contexts (Patterson et al., 1995). It is naive to assume that this singular event creates all the problems a woman may experience (Miller, 1996). It would seem that to experience some feelings of grief, loss, anger and sadness after a termination would be a normal reaction. Because one experiences such emotions does not mean that abortion is the evil to be eradicated. If one was to follow this reasoning, then childbirth, moving home, marriage and divorce, to name a few, would all be experiences that would need to be eradicated (Osofsky & Osofsky, 1973).

As Wasielowski (1992, p.104) comments: "It seems unnecessary to argue about whether or not abortion produces emotional reactions". One can readily assume that procuring an abortion, not to mention falling pregnant, is a major life experience and, as all major life events tend to be, emotionally charged. Wasielowski (1992) concludes that just because an

event produces intense emotions one cannot immediately assume that such emotions are problematic or indicate psychological diagnosis. This argument appears under-represented in the literature and it could be that the very political and heated nature of the debate distracts and prevents people from considering abortion in the light of a major life event. Wasielowski (1992) highlights the dilemma by saying:

The ultimate problem however, is that these ideological battles are fought on top of women experiencing a tremendously difficult time in their lives, in which the meanings of their actions are not clear cut. The women wrestle with these contradictory meanings in making their decisions, all within a relatively short period of time. Most women do not have the luxury to analytically deconstruct the arguments of the opponents or advocates. They must act, and as they do, they will continue to experience their abortions in ways which reflect this emotive battle. (p. 126)

Instead of continuing to view this debate as an either/or problem we might begin to move to a view which accepts that abortion is a potentially stressful event and which considers an and/both explanation (Conklin & O'Connor, 1995; Shortall, 1997). This would allow for the recognition of numerous variables, for example, social support, employment, income, education, the meaningfulness of pregnancy and childbearing factors, all of which determine whether the outcome of a termination will be positive or negative (Conklin & O'Connor, 1995). It would also allow for an understanding of women as unique, each having their own way of dealing with this event.

Increasingly, there appears to be an understanding that abortion is neither all positive nor all negative. The reality is that abortion can result in the experiencing of both negative and positive emotions. McCulloch (1996, p.1) states that "findings suggest the abortion is followed by a range of responses influenced by the meaningfulness of the pregnancy to the woman involved, her belief system, her personal circumstances, her coping style and the social climate surrounding the abortion experience". The emotional responses could be shame, embarrassment, anxiety, sadness, relief and thankfulness (McCulloch, 1996).

For many women the overwhelming emotional reaction to abortion may be one of ambivalence (Bracken, Hachamovitch, & Grossman, 1974; McCulloch, 1996; Wasielowski, 1992). Ambivalence is defined as “having simultaneous, contrasting or mixed feelings about some person, object or idea” (Reber, 1985). Abortion is characterized by a co-existence of opposite and conflicting feelings. Ambivalence also plays a role in the societal context when one considers the difference between public policy and private morality. As Ferreira (1985, p. 4) states: “The dominant pattern has been and remains one of ambivalence and lack of clarity between societal standards and practices”.

It is quite realistic to expect a certain measure of ambivalence to be present at the discovery of the pregnancy and at the subsequent abortion. People can feel ambivalent about most life events, for example, motherhood and marriage. It is not in and of itself significant that women will experience ambivalence around abortion (Hordern, 1971; Suffla, 1997; Webb, 1985b). For some women discovering that they are pregnant with an unwanted child will be a surprise and serve as confirmation of being a fertile woman. This can provide a sense of satisfaction and joy, even though at the same time one may be feeling anger, panic or fear at the thought of being pregnant (Patterson et al., 1995; Wasielowski, 1992). Thus, on terminating a pregnancy a woman may experience the much reported feeling of relief but also a sense of loss (McCulloch, 1996; Patterson et al., 1995). As Wasielowski (1992, p.118) states: “Many women directly refer to having mixed emotions about the process. The combination of social controls and the emotions we expect, and the actual emotions felt in the defiance of these controls, set up a situation in which both types of emotions must be managed”.

Much of the ambivalence could also be generated by society’s condemnation of abortion, and the fact that women have to deal with their decisions with a sense of shame and secrecy (Webber, 1983). Ambivalence is not often allowed expression and this impinges and creates difficulties in personal explanations (Roe, 1989). If one considers that society holds motherhood as a wonderful and glorious goal for women and that not much is said about the reality of childbirth as sometimes very traumatic and a life stressor, it is not surprising that

ambivalence around abortion is not freely discussed (Webber, 1983).

Ambivalence concerning the decision to abort, combined with a long wait to have the abortion, can lead to greater negative reactions post-abortion. Patterson et al. (1995, p.681) state that “women will vary in the character and the duration of their reactions to the abortion experience, as well as its long-term impact upon their lives. Ambivalence concerning the wantedness of the pregnancy, conflict over the meaning of abortion, and late term abortions will tend to increase negative emotions. Support from relevant others for the abortion decision will improve coping skills, and lack of support will have the opposite effect”. Clearly abortion may be a form of loss (Findeisen, 1993). For some it is a loss filled with guilt and shame, and for others, a loss which is filled with relief and which represents the end of a crisis. Miller (1996) in Parrott and Condit (1996) concludes that there is an:

Insistence upon universalizing conclusions for all women, the need to define issues of safety narrowly, in terms of the event of abortion, without examining the larger social consideration that may lead to negative psychological responses; and a tendency to assume that negative emotions are a sign of having made the wrong decision. As a result, the media coverage of both perspectives denies post-abortion women the right to acknowledge conflicting feelings and still affirm the choice they made. By posing the issue of emotional response in terms of absolutes, both sides deny women the right to feel sadness while still believing they made the right decision. (p.42)

Thus, on reviewing the literature and considering the existence of ambivalence, it would seem that it is better to look at the complexity of the emotional experience, to recognize that different women have different emotional reactions to abortions, dependent on their social contexts and the discourses they are exposed to. Assuming this then, it is important to understand how and why different women in different contexts experience abortion differently (McCulloch, 1996). If one is to consider the impact of different contexts on a woman's experience of abortion, then social constructionism provides a useful theoretical framework.

2.2 SOCIAL CONSTRUCTIONISM:

As Bradford (1994, p.6) states: “Whether abortion is homicide or a woman’s right is a matter of socially constructed opinion”. Social constructionism is a method of reviewing and understanding the world. Social constructionist theory holds that our beliefs about the world are social inventions (Hoffman, 1990). It states that people move and interact with their worlds and build up belief systems, ideas and experiences through their communication with the other inhabitants of the world and their communication with themselves. Social construction theory “sees the development of knowledge as a social phenomenon and holds that perception can only evolve within a cradle of communication” (Hart, 1996, p.3). Durrheim (1997, p.175) says that “human meanings originate in socially shared constructions”. He highlights the need for those in the field of psychology to recognize that the “predictive model of science” has failed psychology because it is not appropriate to the subject matter.

Constructivism challenges the scientific tradition of positivism, which maintains that reality is fixed and can be observed directly, uninfluenced by the observer (Hare-Mustin & Marecek, 1990; Hart, 1996). It represents an ideological shift and approaches research with different assumptions, namely that values and beliefs determine what are taken as facts and that the question being asked is already part of the construction of the answer. Constructivism also highlights that scientific knowledge cannot be disinterested or politically neutral. (Hare-Mustin & Marecek, 1990). This approach contests the emphasis on empiricism in the social sciences, specifically also in psychology.

Kritzinger (1995, p.188) holds that social constructionism represents “the taken-for-granted category of science as itself socially constituted and historically determined, arguing that our notions about what it is to ‘do’ science, what ‘counts’ as facts and what constitutes ‘good’ scientific practice are the products of the particular place, time and culture in which they are embedded”. Social constructionists challenge the essentialist beliefs of the biomedical sciences which would like to establish life itself as a stable and cohesive entity (Stein, 1997).

Although traditional positivist notions of truth are questioned within social constructionism, it does not deny that there are truths. All it maintains is that truths and facts are always “perspective interpretations which can only emerge against the backdrop of socially shared understandings” (Durrheim, 1997, p. 177). We assume that our knowledge and the meaning of our experiences are factual and often we do not realize that a fact is actually an opinion, until we are shocked by the discovery of another fact which is persuasive and yet contradictory to the initial fact (Hart, 1996).

Social constructionism holds that we actively construct the meanings of our experiences in our social context. Hare-Mustin and Marecek (1990, p.27) state that “our understanding of reality is a representation, not an exact replica, of what is out there”. Thus, social constructionism provides an alternative understanding of science and the relationship between knowledge and reality (Durrheim, 1997).

Gallimore, Goldenberg & Weisner (1993, p.537) state that “the socially constructed ‘meaning’ of an activity setting is a complex mix of ecological, cultural, interactional and psychological features”. The meaning of a particular activity to the participants is constructed from the meanings that are an intrinsic part of culture and human activity. Our perception of events, our ideas about our experiences, and our verbalization of them are shaped by our mental processes and our context (Chamberlain, 1990; Griffith & Griffith, 1990).

Inherent to this approach is a rejection of the idea that language reflects or describes reality and an understanding that language is constructive (Potter & Wetherell, 1987). Social constructionists regard the self as being constructed through, and in language and narrative (Hart, 1996). Using the work of Gergen (1977) and Gergen and Kaye (1992), Hart (1996, p.44) states that “our knowledge of ourselves can be viewed as social or interpretive constructions which adapt to changing social situations, rather than being immutable characteristics or existing in some independent or objective sense”. Our sense of self and our identities are created through our experiences in inter-relation with other individuals and social contexts. Not only is there a bi-directional relationship which exists between context, meaning and the individual, in that you give your context meaning and the context defines the meaning an element has for you, but a bi-directional relationship exists between our

knowledge of self and the contexts in which our experiences occur. Thus, “there is an interactive process between the social constructions of ourselves and the variety of our experiences” (Hart, 1996, p: 45).

This implies that we are always in the process of creating our self and may use alternative discourses to construct ourselves from the dominant models in society. The idea of a fixed concept of self is an illusion, because we are always in process. Inevitably there are many versions of the self, for example; self as mother, self as daughter, self as wife, self as worker, self as woman. Thus, it is possible to establish and construct alternative knowledge of self, as one moves into different contexts (Hart, 1996). Being embedded in a particular “form of life” or context makes available certain discourses which lend meaning to objects and events (Durrheim, 1997). Thus, in the abortion arena, having an abortion when it was criminal to do so, would colour the manner in which one lives and relates one’s experiences.

Meanings are derived within a context and the contexts are multi-layered. (Deaux & Major, 1990; Hare-Mustin & Marecek, 1990; Mouton, 1996; Riessman, 1993). As human beings living in the infinite contexts which exist on our planet, we are socialized by our culture, our religion; our gender, our family and our race to accept certain ideas as truths and others as not truths. We assimilate and absorb the values, morals, ideas and traditions of our society or we rebel against them, and thereby give new meaning to our contexts (Mouton, 1996).

The meaning, explanation or words that people choose to use to tell the stories of their experience, reflect belief systems or styles that they prefer or are familiar with (Coates, 1996). They construct and give meaning to their stories and subsequently their lives (Kaye, 1990). People’s most personal stories are shaped by their social context, more directly people’s stories take on a different form as they are told to different listeners (Riessman, 1993). People make choices around what to say or not to say, given the context in which their communication will be interpreted (Riessman, 1993).

Schiffirin (1996, p.167) states that “the stories we tell about our own and other’s lives are a pervasive form of test through which we construct, interpret and share experience”. When we

language our experience, we are situating that experience in a context globally. “By drawing our cultural knowledge and expectations about typical courses of action in recurrent situations, we construct story topics, themes and points” (Schiffrin, 1996, p.168). It is further noted that we also situate them locally. “We verbally place our past experiences in and make them relevant to a particular “here” and “now”, a particular audience, and a particular set of interactional concerns and interpersonal issues” (Schiffrin, 1996, p.168). Thus, telling a story allows us to create a “world” in which we can represent ourselves against a backdrop of cultural expectations about a typical course of action. Our identities emerge as we construct our own individual experience as a way to place ourselves in relation to social expectations (Schiffrin, 1996).

It is imperative to recognize the changing nature of these social constructions. As Riessman (1993) states:

When talking about their lives, people lie sometimes, forget a lot, exaggerate, become confused, and get things wrong. Yet they are revealing truths. These truths don't reveal the past as it actually was, aspiring to a standard of objectivity. They give us instead the truths of our experience. Sometimes the truths we see in personal narratives jar us from our complacent security as interpreters “outside” the story and make us aware that our own place in the world plays a part in our interpretation and shapes the meanings we derive from them. (p.22)

Thus, defining abortion as a subject which is created and evaluated by individuals operating in a certain context, means that we would understand that there is no absolute truth or experience. Instead of the either/or view proposed by the dominant discourses in society we could begin to understand it as an and/both subject (Conklin & O'Connor, 1995). This would create space to begin to address the issues underlying the topic instead of focusing on the heated political debate. We would in this way become more tolerant, recognizing that each person's experience is unique and that the social construction of each individual's experience is a complicated interplay between context, meaning, ideas of self and a sense of community.

Social constructionism would therefore suggest that the different contexts within which an abortion is performed would impact on the meaning the experience has for the woman and her emotional reaction. It is necessary to continue by investigating the relevant contexts and discourses as suggested by the literature.

2.3 THE BROADER CONTEXTS THAT IMPACT ON ABORTION:

Abortion has been defined as a woman's right, a destructive act, part of the practitioner's work, a technical procedure, a positive act, murder and irresponsible (Roe, 1989). It is an intensely private experience that occurs in a social context (Bradford, 1994a; Ferreira, 1985; McCulloch, 1996; Petchesky, 1986; Shortall, 1996; Winn, 1988). Turrel et al. (1990, p.49) remind us that "a woman's emotional response towards abortion cannot be separated from the influence of the cultural climate in which it occurs".

We are social beings who exist in a community of people, ideas and moral values. We cannot ignore the influence which this has on the way in which we interpret the day to day experiences of our lives. Thus, the context and circumstances within which a woman becomes pregnant, discovers her pregnancy and makes the decision to terminate, will affect the meaning which the woman constructs around her experience. Before looking at how the circumstances within which abortions take place impact on the emotional experiences of women, it is important to consider some of the broader contexts that are almost always influential in the construction of the meaning of abortion.

2.3.1 ABORTION IN THE LEGAL CONTEXT:

The literature suggests that the context of abortion in each country is shaped by the legal position of that country (Ferreira, 1985; Wiederman & Senisibaugh, 1995). Induced abortions may be legal or illegal, depending on the country in which they take place and the laws governing that country. In South Africa, until the acceptance of the "Choice of Termination Act 92 of 1996", elective terminations of pregnancy were illegal. According to the "Abortion and Sterilization Act 2 of 1975" which the aforementioned act repealed, abortions could only

occur in the following circumstances:

- a) Where the pregnancy endangered the life and physical health of the woman,
- b) Where the pregnancy constituted a serious risk to the mental health of the woman,
- c) Where there was a risk that the child could be born with a serious defect, and
- d) Where the fetus is alleged to have been conceived as the consequences of unlawful carnal intercourse.

It was necessary for two medical practitioners to agree and submit their decisions in writing.

This meant that women did not have access to terminating their pregnancies within the system of the law unless they were able to prove that their pregnancies would be a threat to their mental health. In keeping with the worldwide trend, which began after the Second World War, towards liberalization of abortion, the South African situation was changed with the “Choice of Termination of Pregnancy Act 92 of 1996”. As Bradford (1994, p.1) states, “the right to vote and the right to legal abortion do not usually appear simultaneously on the historical stage, but in 1994, three months before the collapse of the last racist regime in the world, the ANC announced it favoured abortion on demand. Late entry to the world of democracy seemingly has some advantages, neck and neck arrival of the most basic and most advanced rights”.

This Act states that a pregnancy may be terminated:

- a) upon request of a woman during the first twelve weeks of her pregnancy,
- b) from the thirteenth to the twentieth week of gestation, if a medical practitioner is of the opinion that:
 - 1) the continued pregnancy would pose a risk of injury to the woman’s physical or mental health,
 - 2) that the fetus would suffer from a severe physical or mental abnormality,
 - 3) that the pregnancy resulted from a rape or incest,
 - 4) continued pregnancy would significantly affect the social or economic circumstances of the woman,

c) after the twentieth week of gestation if the medical practitioner after consultation with another doctor or registered midwife, is of the opinion that the continued pregnancy would:

- 1) endanger the woman's life,
- 2) result in severe malformation of the fetus (De Pinho & Hoffman, 1998; Marais, 1997).

This change in the legislation meant that for the first time South African women had access to legal abortion on demand. De Pinho & Hoffman (1998) state that as one would expect with the passing of legislation regarding abortion, there were heated debates both for and against the new legislation. They further state that irrespective of the debates there are three facts about abortion which make it a public health issue that must be acknowledged and worked with, namely:

- “Abortions performed illegally under unsafe conditions are a major cause of morbidity among women.” (1998, p.786).
- “The need for induced abortion and for women to control their reproductive health is a dominant reality” (1998, p.786).
- “When hygienically and correctly induced, the procedure is extremely safe and women need not die or suffer from the consequences of unsafe abortion – mortality and morbidity due to abortion are preventable” (1998, p.786).

The “Choice of Termination of Pregnancy Act 92 of 1996” recommends the provision of counselling, both before and after abortions are performed (Dollar, 1997). This implies that with the new legislation it is imperative for those in the mental health field to be informed and in a position to provide therapeutic services. It is also important that medical practitioners are familiar with the new legislation in order to facilitate effective use of it. Failure to do so, in the form of preventing the lawful termination of a pregnancy, could lead to prosecution (De Pinho & Hoffman, 1998; Francome, 1994). Since the new legislation has

come into effect, the National Abortion Advisory committee has been monitoring the transition period. It has been noted that there has been a decrease in the maternal morbidity and mortality rates (De Pinho & Hoffman, 1998).

Prior to the change in legislation, abortion on demand technically existed in South Africa (Walker, 1994). It was well known that a woman could obtain an abortion even though it often was at high medical and legal risk. The new legislation enables women to have greater freedom of choice over their reproductive lives. However, this change in legislation does not mean that society's perception of abortion and the women who procure them has altered (Suffla, 1997). To understand where these perceptions began it is important to consider the other relevant contexts of abortion.

2.3.2 THE SOCIAL CONTEXT:

Society as a whole tends to be judgmental towards others whom it perceives as different, odd or in the case of abortion, deviant. One can consider elements like race and sexual orientation to realize that people tend to make judgements based on belief systems rather than actual experience. Webb (1985a) states that people attempt to construct a positive, virtuous image of themselves and in order to do this they need to morally downgrade others. This may account for the existence of prevalent, preconceived attitudes about abortion, all of which impact on women's experience of their abortions.

Attitudes in our society which hold that 1) women can only be sexual in a marriage context and 2) that women's primary purpose is to bear children, create a social context which could result in women feeling anger, guilt, shame and embarrassment around their decision to abort (Ferreira, 1985; Gaylod, 1975). Furthermore the myth abounds in the social context that women who decide to terminate make the decision lightly (Gerber-Fried, 1990; Haslam, 1996; Winn, 1988). It would seem that a double standard exists in public morality in that people condemn terminations as immoral until they or one of their loved ones is in the predicament of an unwanted pregnancy (Ferreira, 1985). This serves to highlight the split in

the public debate and the personal realities of the people involved. One has to consider the abortion debate as being fueled by society's ideas of what women should or should not be doing (Shortall, 1997).

The high incidence of rape also reveals the way in which women are regarded in our society. It has been estimated that approximately one woman is raped every three minutes in our country (Shortall, 1997). Unfortunately when a woman is raped, she is often seen as the guilty one (Bradford, 1991b). As Stotland (1996, p.239) comments: "When sexual intercourse was physically forced upon a woman by a man, social forces contrived to question her behavior and not his and to punish her rather than him. The persistence of such attitudes, can be perceived in the substance of current debates about abortion, and influences the psychological experience of women, considering, undergoing and recovering from abortion".

A further factor which is prevalent in the South African context is the silence which exists around the topic of abortion (Winn, 1988). As McCulloch (1996, p.23) states: "There is a strong perception of social stigma and shame attached to abortion which has silenced women on the topic of abortion". Social disapproval has limited women's freedom to talk about their abortions. Not talking about one's experience serves to protect one from dealing with the possible negative reactions of others (Suffla, 1997). Bradford (1991a) contends that this is due to women's role in society. She states that "women often avoid publicly naming experiences which are beyond the first hand knowledge of men, especially if they are simultaneously breaking taboos around death, sexuality and privacy" (1991a, p.5). She adds that this should not be mistaken for ignorance. Traditionally women's voices have been silenced through the years. Because much of our external reality has been defined and created by men, the female experience is largely hidden from history (Bradford, 1991a).

The result of this silence in the social context is that women are left to carry their burden alone, with limited support from friends and family for their feelings of loss. The literature shows that women who are not supported, or who do not perceive support are at risk of developing symptoms (Bracken, Klerman, & Bracken, 1978; Cozzarelli et al., 1994;

Cozzarelli, Sumer & Major, 1998; Dyson, 1996; Guilbert & Roter, 1997; Reisser & Reisser, 1989; Suffla, 1997; Turrel et al., 1990).

Speckhard and Rue (1993) draw attention to the fact that women who are not traumatized by their abortions often are stigmatized by a society that views it as a deviant act. This means that any grief process that should occur cannot be expressed publicly because there is no outlet for women. Experiencing grief may be a perfectly normal response to the decision to abort, however the hostile atmosphere may shut down any attempt to discuss the experience (Davies, 1991; Pipes, 1986; Walker, 1995).

It is clear that within the social context, attitudes may exist about women in general and abortion specifically, which directly impact on the experience of abortion for women. Perhaps the issue that is of greatest concern is the secrecy which surrounds the topic. As previously stated, the abortion figures for the Western Cape reveal that for the time period February 1997 to December 1998, 8 804 women had terminations (Provincial Administration of the Western Cape, 1999). This figure shows that a high number of women are terminating and yet the ideas and attitudes mentioned above still remain prevalent and silence seems to be the order of the day.

2.3.3 THE RELIGIOUS DISCOURSES:

In considering the abortion debate and the basics of the societal context, religion emerges as one of the foremost contributors to the discussion (Kelley et al., 1993). Many people's worldviews are structured and shaped by their religious beliefs and these have direct influence on people's subsequent abortion beliefs.

The literature shows that the religious discourses which promote opposition to abortion use the following arguments; firstly, that life comes from God and abortions violate the sanctity of life; secondly, that humans are created for eternal life; thirdly, that humans are created for fulfillment or purpose; and finally, that life and death belong in the helm of God's providence and therefore to abort is to rebel against God's word (Garton, 1979; Kelley et al., 1993;

Strong & Anderson, 1989). It is important to recognize the impact that such beliefs may have in creating the meaning of an abortion. For some these principles may be seen as a form of social control on the part of religious leaders in that they serve to define pregnancy as punishment for sexual indulgence and keep women in subservient positions at home rather than in careers (Kelley et al., 1993; Shortall, 1997). For others these principles are central to their beliefs and shape their opinions around abortion.

When one begins to consider the impact of religion on the abortion debate, it is important to realize that religious opinions can and do change. As Stotland (1996, p.239) points out “the Roman Catholic Church until two hundred years ago, considered abortion a sin only after the embryo was considered to have a soul, many weeks into gestation and earlier for males than female embryos”.

The important point to remember is that the moral issues have always been in dispute – for example, when the embryo is considered to be alive, the various religious opinions and the roles of women. If one resides in a religious setting, then a certain doctrine will influence the way in which one approaches the topic of abortion. For example, the belief that sexual activity is only condoned in legal marriage will allow for the condemnation of sex outside of marriage and view it as promiscuity and therefore punishable.

In conclusion, as Kelley et al. (1993, p.608) state: “The deep religious and moral roots of the abortion debate, and the intense feelings engendered by it, suggest that these future conflicts will not necessarily be the mild and genteel disputations of a calm and rational secularism. Rather many will be reprises of the strident and irreconcilable religious conflicts of generations past”.

2.3.4 THE GENDER DISCOURSES:

When examining the various contexts and discourses which affect women in their experiencing of abortion it is crucial to review women's position in society and the traditional patriarchal structures. In addition an understanding of how gender has been socially constructed is required.

Gender is not a fixed quality as some would believe, but rather a socially constructed idea given to men and women around what is, or is not, appropriate behavior (Deaux & Major, 1990; Gagnier, 1990; Hart, 1996; Norton, 1997; Schiffrin, 1996; Shrage, 1994). As Hart (1996, p.43) states: "The social construction of gender emphasizes the various stereotypical norms predominant in our western culture that prescribe different roles to men and women, which in turn, reinforce the inequalities between them". That which is considered masculine or feminine is not fixed but rather a fluid, multi-layered concept describing a range of behavior. Ten Dam and Rijkschroeff (1996, p.75) state that "femininity and masculinity are not intrinsically the same or different. The meaning of gender varies according to context".

As Hare-Mustin and Marecek (1990, p.54) comment: "gender is not a property of an individual but a socially prescribed relation, a process and a social construction. Like race and class, however, gender cannot be denounced voluntarily. Constructing gender is a process, not an answer". Stein (1997, p.82) concludes that much of our "social life is organized around binary constructs such as gender, race and sexual orientation that put one category of traits in opposition to another, when in fact the traits never formed a cohesive unity in the first place".

The terms masculine and feminine are used to describe polarized behaviours. Men, or the male experience, is seen as the standard with women representing the deviation from this standard (Emerson, 1996). As Coates (1996, p.244) comments: "The dominant discourses in our society teaches us to see ourselves in relation to men. In so far as dominant discourses place men at the center of the universe, then women are always marginal and only have meaning when fulfilling roles that are significant for men, as mother, as partner, as daughter".

The implication of this is that often the ways in which women's lives are regulated and influenced by the social conditions, for example, inadequate child care services, pay inequalities, sexual harassment in the work place and unequal opportunities, are not recognized and acknowledged (Stoppard, 1996). The purpose of discussing the following ideas in the context of gender is to make visible the ways in which these factors impact on women's experience of abortion.

a) Motherhood:

Traditionally it is held that women are meant to have children, to care for and nurture their family, to remain at home and to avail themselves to the needs of others (Timpson, 1996; Trad, 1993; Walker, 1994; Westmore, 1977). This idea that motherhood is a women's reason for being is deeply embedded in our patriarchal society. Bradford (1991a, p.1) highlights that "abortion fundamentally challenges patriarchal control over female fertility and sexuality". This argument is given credibility when one considers the words of Dr. Lapa Munnick in 1974 namely: "a pregnancy does not affect the mother only. A pregnancy affects the mother, it affects the fetus and it affects the father and it affects the doctor, it affects the state and it affects the very soul of the nation because it determines whether the nation will survive or whether it will deteriorate and disappear. If one allows abortion one is murdering one's own nation" (Bradford, 1994, p.24).

Abortion raises questions around motherhood and women's traditional roles (Walker, 1994). In a society which idealizes birth and motherhood and holds it as the ultimate way of fulfilling feminine and societal aspirations abortion "inevitably jars against a legacy of massive proportion, to which many hold a strong and vested allegiance"(Timpson, 1996, p.779).

In addition, the belief exists that women are responsible for the domestic realm. As Hare-Mustin and Marecek (1990, p.187) state: "The idea that women's association with the domestic sphere is natural and an inevitable product of their biological function, and the assumption that domestic labor is all that women do, are both readily disputed by labor force statistics. Women are and have always been substantial contributors to the income generating

activities of their households. Women carry the burden of family welfare and household maintenance in addition to generating income". Luker (1984, p.201) highlights the politics of the gender arena by saying that "in a world where men and women have traditionally had different roles to play and where male roles have traditionally been the more socially prestigious and financially rewarded, abortion has become a symbolic marker between those who wish to maintain the division of labor and those who wish to challenge it".

Thus, it can be seen that social relationships and the inherent gender patterns "define the 'good' woman as responsible for fostering and maintaining relational ties with family and friends" (Bryson, 1992; Stoppard, 1998). Women's lives are judged according to the way in which they fulfill this socially constructed idea. As Stoppard (1998, p.88) states: "Whether women are married or mothers or not, their daily activities continue to be shaped by culturally shared discourses of femininity and notions of the 'good woman' which serve as an invisible backdrop, prefiguring their lived experience".

Walker (1994), in a study of nurses in Soweto clinics, found that the nurses felt that abortion symbolizes a denial of a woman's true calling. To them, when a woman decides to terminate her pregnancy, she is also denying her opportunity to be a mother, and her womanhood. So, beyond the tradition of women as caregivers and providers of life, is the stereotype that women who reject their pregnancies are also rejecting their womanhood (Walker, 1994).

McCulloch (1996), in her study of twelve women who had abortions, draws attention to the role of women in society and how this influences their decisions and perceptions. She found that "a prevalent theme within the relationships of the twelve women interviewed is an assumption that the responsibility for maintaining the child rests on the woman, and for various reasons she feels unable to shoulder this responsibility" (McCulloch, 1996, p. 25).

As Walker (1994, p.59) comments, many believe that to "be a woman then is to bear children". A woman who rejects this fundamental role is deemed to be uncaring and selfish (Russo et al., 1992). Questions are inevitably raised about her character and integrity (Radsma, 1994; Walker, 1994). Luker (1984, p.205) states that "abortion therefore strips the

veil of sanctity from motherhood. In effect, the legislation of abortion serves to make men and women more unisex, by de-emphasizing what makes them different – the ability of women to visibly and directly carry the next generation”.

A discussion on motherhood and the idea of the ‘good woman’, would not be complete without considering the traditional roles of men. To a large extent men’s roles in the activities required for nurturing and raising children are not questioned. Many feel that men’s roles are inherent and that this is the way the world should be organized. Society allows men to abdicate responsibility for their born and unborn offspring without attacking their character. There is a double standard in existence. Fathers of unwanted children are ignored in the abortion debate. Statistics show that fathers, especially those no longer in relationship with the mother of their children, often fail to assume an equal share in child care and the financial responsibility associated with that (Stotland, 1996).

In conclusion then, it is vital to remember that only the woman herself can know whether having a child will be best for her (Erikson, 1993; Gaylod, 1975). It is not a biological imperative but rather a choice (Hare-Mustin & Marecek, 1990). As Kruger, Campbell and Germann (1998, p.1) state: “Mothering perhaps more than any role in society has been invested with ideological meaning and cultural significance. The meaning and significance attached to motherhood are not universal. In different contexts different sets of expectations and preconditions are associated with motherhood”.

b) Sexuality and stereotypes:

As mentioned, there are many stereotypical ways of viewing men and women. Timpson (1996, p.780) states that “throughout recorded history, women are not only differentiated from men because of their womb, but are deemed weak, vacillating and possibly immoral by virtue of their reproductive qualities and are thus considered inferior and in need of supervision, relegated for their own protection to a private domain where the privileges and power, controlled by men in the public world are denied them”. Women are seen as emotional, dependent, irrational and submissive, in contrast to men who are perceived as intellectual, rational, independent and aggressive (Webb, 1985a).

Women's sexuality is an area in which many fallacies have been allowed to develop. Women have traditionally been perceived as having little or no sex drive and paradoxically been blamed when they are found to have had sexual intercourse (Stotland, 1996). They are ostracized as rape victims, and when they become pregnant outside of marriage (Davies, 1991). No consideration seems to be given to coercive sexual activity and the failure of contraception (Haslam, 1996; Miller, 1996; Parrot & Condit, 1996; Stotland, 1996). Stotland (1996, p.239) highlights that abortion attitudes are related to societal attitudes and sexuality. The author states that "in western and eastern history, women, though possessed of little if any power, have been held responsible for heterosexual activity and its outcomes".

The use, availability and knowledge of contraception are factors which demonstrates the influence of individual and societal contexts. Abortion is correlated to the availability of contraception and women's position in society (Webber, 1983). Whilst both men and women engage in the sex act together, it is usually women who bear responsibility for contraception (Timpson, 1996).

Many people have sex without contraceptives because of stereotypes that exist around intercourse, for example; 'you can't get pregnant the first time' or 'you can't get pregnant if you do it standing up'. At times people may be caught unawares and not expect to have sex. It is naive to believe that people never take risks and that people who fall pregnant are bigger risk takers than others and therefore deserve the pregnancy as punishment (Davies, 1991).

Attitudes towards contraception have changed and it can be expected that they will continue to do so. As Hordern (1971, p.10) states: "For many years it was customary for a large segment of British public opinion to equate ignorance with innocence and to believe that sexual behavior should be confined to the marital relationship. Accordingly it was thought immoral and unnecessary for single persons, especially unmarried women, to be knowledgeable about contraception. Public opinion was more liberal towards men and solved the problem by turning a blind eye to its existence. Contraceptive issues are still conveniently omitted from films, television programs and so forth, so that some members of the public, especially adolescents, may be led to conclude that such problems do not exist".

Ferreira (1985) reports that studies have indicated that in countries where people are educated around and utilize contraception, the abortion rate decreases. Thus, as society's moral position changes and allows for more information and education regarding contraception, it is possible that we will see a reduction in unwanted pregnancies and therefore, abortions (Kelling & Visser, 1994; Van der Tak & Books, 1974; Vinassa, 1994; Westmore, 1977). Today, as a result of the disease HIV and Aids, governments, countries and communities are being forced to alter their position regarding sex education and the availability of contraceptives.

Another stereotypical view that is implicit in many contexts is the idea that women's lives are less important than men's. As Timpson (1996) notes, most abortion related deaths and complications in the world are preventable. The technology exists to provide women with safe abortions. It would appear that the reason why this is not done is because women's lives traditionally have been devalued and because aspects like religious intolerance, political apathy and stereotyped ideas about women and their roles in society have put women at risk.

When considering the above mentioned ideas it becomes apparent that women are consistently being viewed in stereotypical ways. They are either perceived as promiscuous, allowing themselves to fall pregnant and then irresponsibly choosing an abortion, or they are perceived as victims of an irrational choice to have a termination, therefore diagnosable and labeled mentally ill. Procuring an abortion has been considered "the province of bad girls, bad wives, bad mothers" (Bradford, 1991a, p. 14). These stereotypical ideas highlight the socialization process which shape the way men and women are viewed (Deaux & Major, 1990; Webb, 1985a). It would appear that the voice of the rational, sexual woman is not heard as she makes a complex decision based on her context.

As Luker (1984) concludes:

When pro-life and pro-choice activists think about abortion, abortion itself is merely the tip of the iceberg. Different beliefs about the roles of the sexes, about the meaning of parenthood and about human nature are all called into play when the issue is abortion. Abortion therefore gives us a rare opportunity to examine closely a set of values that are almost never directly discussed. Because these values apply to spheres of life that are very private (sex) or very diffuse (morality), most people never look at the patterns they form. For this reason the abortion debate has become something that illuminates our deepest and sometimes our dearest beliefs. At the same time, precisely because these values are so rarely discussed overtly, when they are called into question, as they are by the abortion debate, individuals feel that an entire world view is under assault. (p.158)

2.4 THE CIRCUMSTANCES OF THE ACTUAL ABORTION:

In addition to the aforementioned broader legal, social, religious and gender contexts that are in operation, the circumstances of the pregnancy and the subsequent abortion provide a unique context for each woman. In order to understand how women make sense of, and come to terms with their decisions, it is imperative to understand and explore what attitudes they incorporate from their context, what responses they encounter during the process and what beliefs they have regarding motherhood, sexuality, religion and abortion. It is of fundamental importance to investigate the conditions of the abortion itself.

2.4.1 Becoming pregnant and discovery of the pregnancy:

It would appear that most women move through a sequencing of emotions as they find out about their pregnancies, decide on abortion, secure the services of the provider, have the abortion and reflect upon it (Wasielowski, 1992). As Wasielowski (1992, p.106) states, in discussing the process women undergo from discovering their pregnancy to deciding on abortion, “at each step of the process women either confront obstacles or receive help in accomplishing their choice. It becomes clear that the social factors which mediate between a woman and her abortion are the clues for her interpretation of her feelings”.

Discovering a pregnancy can be a time of conflict, shock and fear, as well as joy at being able to carry a child (Russo & Dabul, 1997; Winn, 1988). After discovery comes the phase in which she discloses to either her partner or a significant other. The response given by her significant other may shape her response to her pregnancy, reinforcing her decision to have, or not to have the child. As Winn (1988, p.27) states: "When partners are accusing or abdicate responsibility, the inner conflict for the woman is much magnified". The next phase could be described as deciding, which is rarely pain free and can be characterized by ambivalence (Wasielowski, 1992; Winn, 1988).

2.4.2 Making the decision to abort:

As already stated, abortion is a private decision made against a backdrop of public controversy. Patterson et al. (1995, p.677) conclude that "a wide gap exists between the language of the public debate and that of private decision making, that the language of private decision making reflects a moral standard used frequently by women yet virtually ignored in the public debate and that women who take charge of their own decisions cope better with the emotional aftermath". Research suggests that the decision-making process is of crucial importance in how the abortion is experienced and how meaning is constructed.

Brown (quoted in Turrel et al., 1990), found that women who exhibited an external locus of control, perceiving their outcome was due to fate, luck or chance or under the control of others, were higher on anxiety, depression and hostility scales before and thirty minutes after an abortion than women who had an internal locus of control. From this it becomes clear that women who take responsibility for their decisions to terminate and who have access to support and are able to talk about their decisions to terminate, are less likely to develop symptoms than those who feel coerced into the decision and who have limited support and coping styles (Haslam, 1996).

It is often suggested that women who choose abortion do so impulsively, haphazardly and even brazenly. However, research shows that for many women choosing to have an abortion is a difficult and conflicted process (Butler, 1996; Haslam, 1996; McCulloch, 1996; Patterson

et al., 1995; Pipes, 1986; Rosen, 1992; Russo et al., 1992; Russo & Dabul, 1997; Stotland, 1996; Wasielowski, 1992; Webb, 1985b; Webber, 1983; Winn, 1988). As Winn (1988, p.9) states, even “when the decision is, or feels, both right and necessary, it is still one that may bring much pain and conflict in its making, and a whole range of feelings in its wake – sadness, guilt, anger, confusion and grief”. Thus, recognizing and supporting a woman’s decision to choose should not imply denying that the choice can be painful and traumatic. The following reasons have emerged in the literature for women deciding to abort; namely the nature of the relationship with the father and the commitment level, financial position and obstacles, career and future prospects, feelings of being emotionally unprepared, fears about disappointing the family, reasons linked to childhood and family background, fear of pregnancy and childbirth, rape and not wanting the child (McCulloch, 1996; Pipes, 1986; Suffla, 1997). Stotland (1996, p. 240) highlights the context of the abortion decision by stating that “abortion decisions and abortions by their very nature take place in the context of troubled situations. It is impossible to distinguish the stress of the circumstances from the stress of the decision to end the pregnancy”. The abortion decision is perhaps best described as a multi-dimensional, complex process involving a wide range of influences and contexts (Russo et al., 1992; Suffla, 1997). Each of these contexts, both internal and external, will impact on the woman and her decision (Suffla, 1997).

Women often base birth or abortion decisions on considerations that appear at first to be “merely practical or emotional (e.g. the quality of the connection with the man involved, the financial resources available, and the availability of adequate health insurance and quality day care). In fact these “practical” matters are the way in which women often are socialized to “encode” their ethical sense of responsibility for taking care of persons, including the potential child, within their web of relationships. These practical matters are also very much affected by the woman’s community and that community’s public policy” (Patterson et al., 1995, p. 691).

Despite the knowledge that women make their decisions within their contexts and take into account the various important issues that apply to them, people continue to have stereotypical views about women who do make this decision. As Stotland (1996, p.239) states, people

“persist in the assertion that abortion is a selfish choice made by a woman who wishes to shrug off responsibility for her own sexual activity, rather than a choice drawing from a strong awareness of and respect for the duties of motherhood in the context of the woman's resources and other responsibilities”. Research has found that in making her decision about her pregnancy a woman pays close attention to the impact the pregnancy is likely to have on her immediate relationships. Her decision will be based in the particulars of her context rather than on abstract ideas or principles (Patterson et al., 1995).

In conclusion, it is imperative to put the importance of the social and individual interactions in context. Russo et al. (1992) highlight this in the following comment:

There continues to be a great discrepancy between the reasons for abortion that are the focus of public debate and the complexity of women's motivations for abortion. This discrepancy undermines the ability of policymakers to understand the full implications of restrictive abortion policies for women, the family, and society. Women of diverse developmental levels, different family responsibilities, and varying socio-economic circumstances use abortion to avoid unwanted childbearing. Their abortion decisions reflect their desire to optimize the quality of their marital and childbearing experiences, and to reduce the risk of physical, psychological, social, and economic disadvantage for their families. They also help reduce a variety of social and economic problems that would undermine the integrity and functioning of the larger society. How ironic it is that they are accused of being “selfish”. (p.200)

2.5 RISK FACTORS ASSOCIATED WITH THE CONTEXTS AND CIRCUMSTANCES OF THE ABORTION:

The research to date has shown that for most women experiencing an abortion is not psychologically traumatic and the predominant emotion experienced is relief. It has also been established that for a small percentage of women there is a risk of developing psychological symptoms. Given the very high number of women who undergo abortions it is important to establish what predisposing factors may play a role in the development of psychological sequelae. The literature is significant in terms of understanding those women who are at risk

for developing symptoms. The following section will explore the various risk factors which the literature has identified and place them in the specific context in which they occur.

2.5.1 Legal context:

The legal status of abortion within a country may affect the way in which the meaning of the experience is constructed. Zimmerman (1977) highlights that in a society where abortion is regarded as a deviant act, women who choose to terminate and procure an illegal abortion must work with being labelled as a criminal. This may prove to be difficult for women who are law abiding, and some may deny self-responsibility for the decision in an attempt to work with the criminal label. They may explain the abortion as a coerced decision in order to make peace with themselves. In addition those women who do accept responsibility for their decisions, and who reside in an area where abortions are illegal, will have to make sense of the fact that, from a legal perspective they have broken a law and could be found guilty of a criminal act.

2.5.2 Social context:

There are various factors which can be found in the social context which may influence women's likelihood to develop symptoms (Turrel et al, 1990). The research shows that support has been found to be one of the predominant variables. Bracken, Hachomovich and Grossman (1974) interviewed 489 women at a New York Clinic within one hour of their abortions. They found that women responded more favourably to the abortion if they perceived support from significant others. Women who are treated in an unfriendly manner by medical staff have been found to be at a higher risk of developing symptoms of guilt and depression (Marder, 1970; Marshall, Gould & Roberts, 1994).

Related to the support of the women by others are the obvious effects that social conflict or opposition of a woman's decision by others may have on her. Cozzarelli and Major (1994) highlighted this when they examined the impact of anti-abortion demonstrations at clinics and found that the more intense the anti-abortion activity, the more depressed women were immediately after the abortion. If the woman's partner is having difficulty with the abortion or denying responsibility, and therefore not in the position to constructively support her, then

this will place her at greater risk for the development of psychological sequelae (Cozzarelli, 1993; Major, Cooper, Zubek, Cozzarelli, Richards, 1997; Major, Cozzarelli, Testa & Mueller, 1992; Suffla, 1997).

Within the social context, the existence of conflictual relationships with one's partner or significant others have been found to impact on the experience for the woman (Butler, 1996; Davies, 1991). Related to such relationships would be the coercion or perceived coercion of a woman to have an abortion. The literature clearly states that coercion has been found to put women at risk for the development of later psychological problems (Butler, 1996; Friedman, Greenspan & Mittleman, 1974; Reisser & Reisser, 1989).

Another factor in the social context, which has been previously discussed, is the need to remain silent about abortion. Women may not disclose their experiences because they fear being labelled criminal or because they are aware that they will not be supported (Reisser & Reisser, 1989).

Finally, within the social context, the literature has shown that poor economic resources, unstable work conditions and belonging to a cultural group which is antagonistic towards abortion, can predispose a woman to the development of psychological symptoms post-abortion (Clare & Tyrrel, 1994; Russo & Dabul, 1997).

2.5.3 Religious context:

Adler (1979) found that Catholic women seem to have a more negative response to abortion (Turrel et al., 1990). This study suggested that it may not be the religion or its teaching per se, but rather the degree to which women internalized and believed in their religion (Adler, 1992; Clare & Tyrrell, 1994; Marshall et al., 1994; Turrel et al., 1990). Those women affiliated with conservative churches and having a high degree of religiosity, as well as reporting a lower degree of social support and confidence in the abortion decision, were found in a study by Congleton & Galhoun (1993), to describe themselves as emotionally distressed following an abortion.

2.5.4 Gender context:

It is important to recognize that the gender context has played a role in the development of beliefs about women which continue to place them in unequal positions. Stereotypical ideas which see women as responsible for their offspring, influence the relationships which women may be in at the time of their pregnancy (Suffla, 1997).

Related to this is the belief that to be a woman means to bear children (Shortall, 1997).

Women who have had a termination and subsequently found that they are unable to conceive, or who lose a child later in life, have been found to be at greater risk for developing psychological sequelae post-abortion (Suffla, 1997). Thus, the information with which one is confronted in the context of gender may effect the meaning that a woman constructs from her abortion experience.

2.5.5 The impact of personality and other attributes of the individual:

Wilmoth (1990) identified factors which can be used to determine high-risk women, namely age and number of children. Women at risk for developing symptoms have difficulty with contraception and “represent two ends of the age spectrum – young women overwhelmed by a first pregnancy and older women who are ambivalent about the emotional and economic costs of an additional child” (Kaltrieder, Goldsmith & Margolis, 1979, p. 238).

Hendricks and Matthews (quoted in Turrel et al., 1990) agree that age is one of the greatest contributing factors in terms of risk. They also found that parity was significantly negatively correlated with being at risk for the development of symptoms, that is, women who have more children cope better with abortions than women with fewer children. Women who have previous psychiatric histories can be expected to find both childbirth and abortion traumatic (McCulloch, 1996; Russo & Dabul, 1997). Women who delay the decision to abort appear to have a background of greater psychopathology and difficulty with decision making. (Kaltrieder et al., 1979).

Women at risk typically have problems coping, low self-esteem and an external locus of control (Cozzarelli et al., 1994; Major, Richards, Cozzarelli, Cooper & Zubek, 1998).

Cozzarelli (1993, p.1124) found that self-efficacy was a good indicator of adjustment following an abortion and defined it as the "expectation that one can successfully execute the behavior required to obtain desired outcomes in a specific situation". People who show better psychological adjustment have greater resources and are able to make use of said resources more effectively than women at risk for developing symptoms.

Empirical and clinical evidence thus suggests that emotional harm from abortion is more likely when one or more of the following risk factors are present – prior history of mental illness, immature interpersonal relationships, single status, age, prior abortion, prior children, maternal orientation, having a low expectancy in terms of one's ability to cope with stressful life events in general and blaming the pregnancy and termination on one's own or another person's character (Butler, 1996; Davies, 1991; Speckhard & Rue, 1993; Stotland, 1996; Suffla, 1997).

2.5.6 Circumstances of the actual abortion:

There are certain factors, which may emerge only in the specific abortion context, and although they may be linked to other contexts it is important to mention them here. Patterson et al. (1995, p.690) found that "long term negative reactions tended to exist among informants who experienced poor treatment during illegal abortion, conflict over the meaning of abortion, bonding with the fetus prior to their abortions, or ambivalence regarding the wantedness of their pregnancies". Thus, the reaction of the social context and a woman's own personal feelings about the pregnancy impact on how the abortion is experienced and the meaning that is constructed.

As mentioned, if a woman was coerced or felt that she was forced into making the decision to terminate she would be more likely to experience psychological symptoms (Butler, 1996; Friedman et al., 1974; Reisser & Reisser, 1989). The element of coercion would become visible only in the actual pregnancy and abortion context.

Another factor that can create a problem for women after an abortion, is the sharing of inaccurate or biased information. Women exposed to inaccurate information can develop

sequelae if they believe what they are told, for example, support groups that favour one or the other side of the abortion debate and provide a space where rumination occurs (Russo & Dabul, 1997). Biased pre-abortion counseling has also been found to impact on the development of psychological sequelae post-abortion (Butler, 1996; Davies, 1991; Stotland, 1996).

McCulloch (1996) states that the meaning the pregnancy has for the woman, whether she has felt movement and identifies with the fetus, and the length of her pregnancy, are all factors which influence the development of emotional problems. If a woman wants the baby, but cannot because of circumstances or if she perceives her pregnancy in a positive light, she may also be at a higher risk of developing symptoms. Women who abort in the second trimester have more grief as a result of having experienced fetal movement (Carcelmo, Hart, Hermann, Rashbaum & Stein, 1992; Turrel et al., 1990).

The type of abortion procedure can also impact on whether a woman develops psychological symptoms. Women who undergo dilation and evacuation abortions have fewer physical complications and less psychological problems, whereas patients who have had an amnio-abortion react with more anger and depression afterwards (Kaltrieder et al., 1979). It would appear that in order to limit possible psychological sequelae, attention should be given to the procedure used.

The afore-mentioned risk factors, which occur in various contexts, should be taken into account when women procure their abortions and they should be informed of them. Such action could facilitate a reduction in subsequent psychological problems, as women who may fall into these risk groups could be provided with additional support and be informed that it is not the abortion per se which creates the psychological sequelae, but rather a complex interplay of psychological, social and moral issues which need to be explored.

CHAPTER THREE: METHODOLOGY

3.1 INTRODUCTION:

In the current study the experiences of South African women who have undergone induced terminations are investigated. Qualitative methodology was deemed to be the most suitable for this type of study for various reasons. Firstly, this study is informed by two previous studies of women's experiences of abortion in South Africa. In the study of McCulloch (1996), conducted on the campus of the University of Cape Town, the theoretical framework of a stress and coping model was used to gain a greater understanding of women's experiences of abortion. In the study by Suffla (1997), which was conducted on the University of Western Cape campus, the interpretations of five black women's experience of illegal abortion was explored. In both these studies qualitative methodologies were utilized to gain understanding of the experiential world of women undergoing abortions.

Secondly, the available literature suggests that qualitative methodology is particularly useful in the study of emotional responses to abortion and the meaning an experience has for an individual. Turrel et al. (1990, p. 66) state that "since there appear to be a number of variables that interact to determine an individual's response to abortion, future studies might benefit from employing alternative methodologies to deepen our understanding of the responses from the point of view of the person experiencing it. Qualitative methodologies using unstructured or semi-structured, or single case studies could be used to examine the meaning of abortion to the individual".

Walker (1994) also emphasized the need for qualitative forms of research to be used when researching the meaning of an abortion experience for women. She asserts that such meanings are important in that "abortion provides a window into the complex concerns of power, patriarchy and the construction of gender identity" (p. 45). As Russo et al. (1992, p. 200) states: "Policy makers should learn to appreciate the meaning of abortion from the point

of view of the women concerned, and psychologists have important roles to play in helping women communicate their realities”.

The complexity of the emotional response to abortion provides the next reason for utilizing qualitative methodology. Given the nature of quantitative studies it would not always be possible to capture this complexity and the richness of human experience. Qualitative methodologies however allow for the accessing and interpreting of the varied emotional responses to the topic of abortion (Dollar, 1997).

Another reason for utilizing qualitative methodology in this study is the sensitive nature of the topic. As has been seen from the literature review, abortion is a contentious issue and the moral conflict which surrounds the topic makes women reluctant to admit to, and discuss their experiences for fear of social ostracism (Suffla, 1997). Unstructured interviews by a trained psychologist are arguably a safer way for women to speak about their experience, as it allows for the building of rapport and empathy, important when investigating sensitive topics (Crabtree & Miller, 1992).

While the above-mentioned authors state that qualitative methodology is important in abortion research, specifically also abortion research in South Africa, generally feminist psychologists and writers assert that it is necessary for women to speak in their own voices. Butler (1996) states that using qualitative methods allows for the voices of women, absent in controlled and observational studies, to be heard. The use of qualitative methodology places the woman within her time, place and context. It allows one to look at the systems and power structures that impact on women and their lives (Hare-Mustin & Marecek, 1990; Patterson et al., 1995). As Ragin (1994, p. 83) states, when discussing the concept of ‘giving voice’, “the qualitative approach is well suited for the difficult task of representing groups that escape the grasp of other approaches”.

Given the controversial nature of abortion and the inevitable political debate, the use of qualitative methodologies are further warranted. Quantitative methodology subscribes to ideals of objectivity, which hold the researcher as separate from the researched. Qualitative

methodologies however highlight that the researcher is always personally involved in her research. As Meulenberg – Buskens (1997, p. 112) comments: “Qualitative research is always concerned with contextualizing the processes of constructing meaning, and the researcher as the one constructing meaning is firmly placed within those contexts”. These methodologies encourage an attitude of personal involvement and an open acknowledgement of the role the researcher plays in shaping the research (Meulenberg – Buskens, 1997). It is important to remember that the very questions asked in research are shaped by personal and political interests (Banister, Burman, Parker, Taylor & Tindall, 1994). Researchers contribute to the formulation of public policy with their research and it is thus important to be aware of the impact one’s work can have on other’s lives.

3.2 PARTICIPANTS:

3.2.1 Recruitment:

Following the studies done by McCulloch (1996) and Suffla (1997), which recruited women by placing advertisements on the respective campuses of UCT and UWC, it was decided to recruit women by means of advertisements (See Appendix A), placed on the campus of the University of Stellenbosch, in women’s residences and in university publications. I was interested in looking at the emotional experiences of women who were in some way linked to the University of Stellenbosch. This, I thought, would allow for an exploration, in a relatively homogenous community, of the ways in which the experience of abortion is impacted upon by various contextual factors.

The plan was to, like McCulloch (1996) and Suffla (1997) recruit respondents by posters and adverts. These adverts and posters were to ask women to volunteer for a masters research study on women’s experience of abortion. The women volunteers would be asked to respond telephonically to the advertisements. During this first telephonic interview the study would be described and a convenient meeting place and time established. Women who had had one or more abortions in South Africa were to be included in the study. There were two exclusionary criteria:

- 1) Women who had had abortions in the last three months
- 2) Women who do not speak English or Afrikaans.

The first exclusionary criteria was decided upon because I wanted the women to have had time to reflect upon their experience and it was thought that a minimum period of three months would allow for a certain distance from the actual event. As the literature indicates, most women experience a sense of relief after the abortion has occurred because the immediate crisis of the pregnancy has been resolved (Davies, 1991; McCulloch, 1996; Stotland, 1996). Thus, allowing for time to transpire between the abortion and the interview would facilitate a greater understanding of the meaning of the experience for the women. The exclusionary criteria regarding language was decided on because I am proficient in these languages.

I aimed at recruiting eight to ten participants. McCulloch (1996) had recruited twelve participants using only poster advertisements placed on UCT campus (personal communication, Sally Schwartz). Suffla (1997) had recruited five participants using the same method at the UWC campus (personal communication, Shanaaz Suffla).

From the outset it was recognized that recruitment would be one of the major obstacles of the study. Not only is abortion already a sensitive subject in most contexts, the University of Stellenbosch is noticeably more conservative than the universities where the previous South African studies had been conducted. However, given that those studies had occurred in the time before the change in legislation, and that the recruitment had been relatively problem free, it was hoped that the change in legislation would allow for people to be more open to discussing their experience without the fear of criminal prosecution.

a) Recruitment in Stellenbosch:

I began my recruitment phase at the beginning of June 1998 and used the following recruitment strategies. I obtained permission from the various campus authorities and placed advertisements (See Appendix A) on campus every second week for six months, in the

cafeteria, student building and women's residences. The advertisements were visible and not removed before the end of the two-week period when campus cleaners remove all notices. In addition I contacted all general practitioner doctors in Stellenbosch by letter (See Appendix B) and asked them to display the advert in their waiting rooms. I personally dropped off advertisements at the student health centre, Stellenbosch Hospital and the Medi Clinic. I then investigated who was performing abortions in Stellenbosch and contacted Dr. Vassler, a private gynecologist. He agreed to inform women of my study and to request them to think about contacting me. Thereafter regular telephonic contact was maintained with him.

I dropped off advertisements with a cover letter (See Appendix B) to the Department of Psychology lecturers and at the Unit for Clinical Psychology. I spoke to the 1998 Masters class, the third year Psychology class and the Psychology Honors class. I requested them to refer people to me should the opportunity arise. I dropped off advertisements to two psychologists in private practice in Stellenbosch. Social workers at Paarl Hospital and Stellenbosch Hospital were also contacted and informed of the study. I met with a SRC representative from Stellenbosch who felt that the study was worthwhile and she undertook to speak with those in charge of women's residences and request them to speak to students in their residences and ask them to participate.

After two months I sent out a second round of advertisements to the various doctors in Stellenbosch. Three months into the recruitment phase I placed an advertisement on the television in the Student Union that ran for a week and was flashed more than ten times a day. I placed an advertisement in the local Stellenbosch newspaper. I then went on to the campus Radio and informed the listeners about my study. The radio station agreed to, on a regular basis, broadcast the details of my study and my contact number.

These strategies resulted in the recruitment of one respondent, connected to the University of Stellenbosch. She responded to the recruitment strategy in the last month of the six-month recruitment phase.

Given the success of the previous studies in recruiting on campus and the fact that both studies used advertisements placed on campus, this lack of response on the Stellenbosch campus is interesting (McCulloch, 1996; Suffla, 1997). The conservatism of the Stellenbosch campus may be a major contributing factor. The campuses of UCT and UWC have traditionally been more political and liberal, whilst the Stellenbosch campus is characterized by conformity.

This is not to say that abortions do not occur in Stellenbosch. On the contrary, from the 1st of February 1997 to the 31st of December 1998, 218 abortions were performed at the Stellenbosch hospital, 1 020 abortions were performed at the Paarl Hospital and twenty abortions were performed by Dr. Vassler at the Stellenbosch Medi Clinic during 1998. Thus, one can see that abortions were being performed on women who reside in Stellenbosch. Telephonic contact with Dr. Vassler confirms that he estimates that 75 percent of the women he operated on were students. He adds that he feels that some women may be financially unable to have abortions performed at the Medi Clinic and may have presented at the Marie Stoppes clinic in Cape Town or at the public hospital (personal communication, 05/03/1999).

Dr. Vassler, when asked to comment on his ideas as to why women may not have responded, stated that he felt it could be attributed to the inherent conservatism of the Stellenbosch community. He stated that he was aware that among his peers he was referred to as an abortionist and “that English doctor from Gauteng”(personal communication, 05/03/1999).

The lack of response cannot be attributed to the time of year. The recruitment campaign was active from June 1998 to the end of November 1998. Thus, one cannot say that holidays or exam times may have hampered people from participating. The comprehensive nature of the recruitment strategy assures too that every possible avenue of publicizing the study was employed.

Another reason for the difficulties in researching abortion, which may be pertinent for Stellenbosch, is the taboo around discussing sex and sexuality which exists in South Africa

(Shortall, 1997). Since there is an interrelation between abortion and sexuality, the subject is difficult to broach.

Another factor is the general silence around the subject. It is a subject which people are eager to debate usually heatedly, but which doesn't allow space for personal discussion. Part of this problem stems from the fact that in South Africa abortion was illegal until two years ago. Women who had procured an illegal abortion were reluctant to talk about their experience for fear of criminal prosecution. In countries such as England where abortions are legal, there is a greater acceptance of terminations and thus it is a topic more likely to be openly discussed (Shortall, 1997). Suffla (1997) highlights the difficulty inherent in this kind of research, which attempts to investigate an experience that is incredibly private and which occurs in a social context of secrecy and moral judgement.

Given the poor response from the Stellenbosch campus I decided to widen my recruitment strategy and this implied changing my research objectives. Where previously I had hoped to interview women who were connected in some way to the University of Stellenbosch in order to have interviews with a fairly homogenous population which would enable me to consider contextual factors unique to Stellenbosch, I now decided to change my focus and consider middle-class white women who were residing in the greater Cape Town Area (including Stellenbosch). I aimed at having a variation in this group in terms of religion, age, relationship status and occupation. These variations would enable me to explore the ways in which the different contexts impact on the social construction of the abortion experience.

b) Recruitment in the Greater Cape Town Area:

Given the lack of response experienced in the Stellenbosch area, I began advertising in the greater Cape Town Area. Suffla (1997) described methods, namely using key informants and the informal network in order to recruit participants and as I had used them in the Stellenbosch area, I decided to utilize them again. I posted adverts and covering letters (See Appendix A & B) to various psychologists in Cape Town, advising them of my study. I spoke to the Marie Stoppes clinic and had an advert placed there. I made contact with Dr.

Dyer, a well-known abortion rights campaigner, Abortion Rights Action Group and the Reproductive Rights Alliance, also informing them of my study and requesting them to identify potential participants who were then informed about the study. I utilized the informal network and spoke within my personal and professional context to people, advertising my research and requesting referrals.

At this time I saw an advert in the *Tattler*, a local newspaper in Cape Town, advertising a Post Abortion Support Group. The literature warns that a post-abortion support group can contribute to the development of negative psychological sequelae (Russo & Dabul, 1997). I decided nonetheless to contact the group leader and inform her of my study. My research objectives were to explore the experience of women who had undergone abortion and to consider the way in which their context affected the meaning they had constructed. A post-abortion support group can be considered to be one of those contexts.

The recruitment phase began with advertisements in June 1998. The first respondent was interviewed on the 16th of September 1998 and the last interview took place on the 2nd of November 1998. All the respondents were included in the study.

In this study convenience and availability determined the sample. Sampling in qualitative studies tends to be purposive (Crabtree & Miller, 1992). It also is flexible and evolves as the study progresses (Crabtree & Miller 1992). The sample in this study was an example of convenience sampling, which involves using the participants who come forward (Hall & Hall, 1996).

3.2.2 Demographic details of the participants:

The details of the participants are summarized in Table 1 and discussed below. In order to protect the privacy of the six women interviewed, names have been changed and specific details are not included. The demographic details of participants were obtained by means of a self-report demographic questionnaire (See Appendix C) and from the actual interview.

Table 1

	MARILYN	BARBARA	SUE	GILL	ANN	CALISTA
Date of Interview	16/09/98	30/09/98	20/10/98	23/10/98	23/10/98	02/11/98
Language	English	Afrikaans	English	English	English	English
AGE	31	33	47	36	40	21
Occupation	Interior Designer	Nurse	Nurse	Temporary worker	Housewife	Student
Mothers	Interior Designer	Self Employed	Housewife	Sales lady	Housewife	Self Employ
Fathers Occupation	Psychologist	Didn't know father	Civil Servant	Lawyer	Retired	Self Employ
No of Abort	1	2	3	1	1	1
How long ago	5mnths	14 yrs 4 mnths	26 yrs 16 yrs 9 yrs	18 yrs	22yrs	1 ½ yrs
Abortion Legal status	Legal	Illegal Legal	Illegal	Illegal	Illegal	Legal

The ages of the women ranged from 21 to 47 years. Their ages at the time of the abortion ranged from 18 to 38 years. They are all white, middle class women and come from a Christian background. The period of time which has elapsed since the abortion ranged from 4 months to 26 years ago.

All of the women volunteered to take part in the research. Thus, the sample was self-selected (Shipman, 1988). The problem with self-selected samples is that women who are experiencing more symptoms and have a greater need to talk may be more inclined to come forward. Alternatively, women who have worked through their abortion experience may be inclined to come forward, again producing a biased picture (Turrel et al., 1990). In the current study there are respondents in both categories.

Another problem with this sample is that it is small in size. However, Riessman (1993, p. 70) points out that although this may be perceived as a limitation, “eloquent and enduring theories have been developed on the basis of close observations of a few individuals”. Kuzel in Crabtree and Miller (1992) highlights that sample size is not the determinant of research significance. Kuzel quotes Patton (1990, p. 185) as saying, “the validity, meaningfulness and insights generated from qualitative inquiry have more to do with the information – richness of the cases selected and the observational/analytical capabilities of the researcher than with sample size” (Crabtree & Miller, 1992, p. 43).

3.3 Procedure:

As previously mentioned, women were asked to respond telephonically to the advertisements. During the first contact the study was briefly explained and women were screened according to 1) whether they had had one or more abortions; and 2) that they were English or Afrikaans speaking.

Once a participant had been screened and found suitable for the study, a convenient location of their choice was chosen for a private face to face interview. Every woman who responded to the adverts and recruitment was included in this study. Each participant was required to sign an informed consent form (See Appendix D). The informed consent form discussed the study, highlighted the potential risks and benefits of the study, guaranteed the confidentiality of the participants, requested their permission to publish excerpts of their interviews and informed them that should the need arise, they could be referred for therapeutic assistance.

The relevant demographic data was collected from each participant (See Appendix C) and the interview schedule (See Appendix E) was used as a guideline for the interview. Each interview was an hour long and conducted by myself. All the interviews were tape-recorded and the tapes remained in the possession of myself.

Conducting the interviews in a safe quiet place of the woman's choice enabled women to speak without the fear of being overheard or exposed in any way. Given that the nature of the research involved private and traditionally "female domain" topics, the relationship between the participants and myself was allowed to develop, thereby putting the woman at ease and allowing a good interaction to occur.

3.4 Instruments:

The research instruments used were (1) a demographic data questionnaire and (2) the interview schedule.

3.4.1 Demographic data questionnaire:

A demographic data questionnaire was utilized to obtain biographical information deemed necessary for the study (See Appendix C). The study by McCulloch (1996) and Suffla (1997) informed the nature of the basic data requested.

3.4.2 Interview schedule:

The rationale for utilizing a semi-structured interview schedule (See Appendix E) was that it was believed that this method would allow women to tell their story with as few constraints as possible. A list of open ended questions were drawn up in order to provide starting points for the interview conversation and to allow for information that may not have been focused on, to be brought into focus should it be necessary (McCulloch, 1996). The questions were generally open ended, which allowed for a freedom of flow to occur in the interviews. This enabled the women to "really talk" about their experiences (Riessman, 1990a).

Congleton and Galhoun (1993) concur that research is limited when all the participants are self selected and when the data relies on participants' recollection of experiences from a few years in the past. They warn that data obtained like this may tell "us not directly about how the women responded then, but about how they construe their experiences now" (Congleton & Galhoun, 1993, p. 262). Although this may be viewed as a drawback in other studies, given that the objective of this study was to explore how women construct meaning about their abortion experience, this proved helpful in this context. As McCulloch (1996, p. 22) states, particular details "may have been neglected or forgotten by the participants and time and maturity may have coloured the experience with new understandings or meanings which may not have been part of the initial abortion experience. Nevertheless, issues raised by the participants are important as they shed light on the kind of factors which influence memories of the abortion and women's long term experiences of the event".

I used the interview schedule as a guideline, referring to it when the interview required focus and direction. The questions asked were for example; "tell me about yourself", "tell me about your pregnancy", "tell me about your abortion". The interview schedule provided me with ideas and was helpful in that it was not rigid and allowed for a facilitated and focused discussion to occur. (Charmaz, 1990). I found that the women tended to speak in great detail and I had to attend to their conversation and follow their experience. There seemed to be a natural progression to the interviews which allowed a great richness of experience to emerge. The use of an open ended, semi-structured questionnaire schedule thus proved most useful in this research as it provided a skeleton of structure which the participants themselves could flesh out.

3.5 Data Management:

All interviews were tape-recorded. Once the interview was completed I transcribed each tape verbatim (Mischler, 1991). Transcription is an integral part of the process of doing qualitative research because it familiarizes one with the data (Riessman, 1993). As Riessman (1993, p. 60) states "close and repeated listening, coupled with methodic transcribing often leads to insights." These insights in turn shape the analysis.

3.6 Data Analysis:

Ragin (1994, p. 235) states that “data analysis for qualitative research is not a linear but an interactive process. Analysis starts shortly after the first data are collected and proceeds simultaneously with data collection.” Thus, as one is interviewing and transcribing, one is on a level analyzing and becoming familiar with the data. Qualitative methodologies, in contrast to other methods, allows for the analytical framework to be developed in the course of the research (Ragin, 1994). The research design is characterized by flexibility and is constantly evolving as one works (Crabtree & Miller, 1992). It is a very labor intensive methodology when one takes into account the process of transcribing and coding which form part of the analysis (Crabtree & Miller, 1992).

This research was analyzed using the grounded theory method. In grounded theory the concepts arise from the data (Hall & Hall, 1996). As Charmaz (1990, p. 1162) states: “In their sociological constructions, grounded theorists aim to create theoretical categories from the data and then analyze relationships between key categories. In short, the researcher constructs theory from the data.” Central to grounded theory is the commitment to analyze what is actually observed in the data. Thus, the theory is grounded in the data – that is its point of origin (Charmaz, 1990).

In the current study Charmaz’ (1990) social constructionist approach to grounded theory is utilized. In this approach the researcher is an active participant and it is acknowledged that the ideas, values and motives of the researcher will shape the process of research and the end product. As Charmaz (1990, p. 1170) states: “Rather than reflecting a tabula rasa, grounded theorists bring to their studies the general perspectives of their disciplines, their own philosophical, theoretical, substantive and methodological proclivities, their particular research interests and their biography. They do not bring, however, a set of finely-honed preconceived concepts and categories to apply automatically.”

The grounded theory approach is particularly useful when exploring a sensitive subject like abortion. As Packer & Addison (1988) state, this method helps one understand the significance of complex human interactions and events in the context of their settings and the relationships between behaviors, practices, or events and the socio-cultural, historical, political and economic background against which they take place (Reason, 1988). Thus, this method allows one to place abortion in the context of the woman's life and consider how her different contexts impact on the meaning she constructs from her experience.

In this research, after transcribing the tapes of the interviews myself, I began to code the interviews. Charmaz (1990, p. 36) states: "As a novice you can best study your data from the very start by transcribing your audio-tapes yourself. By studying your data, you learn nuances of your research participants' language and meaning. Thus, you learn to define the directions in which your data can take you."

Coding the interviews is an important phase in the analysis of the research. It links data collection with the development of a theory to explain the data (Charmaz, 1995). I read the transcripts of the interviews and examined each line of data and identified what I saw as occurring in it. I then focused my coding. As Charmaz (1995, p. 40) says, this refers "to taking earlier codes that continually reappear in your initial coding and using these codes to sift through large amounts of data." This meant that I now had certain codes which had significance in terms of exploring my data (Charmaz, 1995).

As Charmaz (1995) highlights, codes may be in vivo codes, which you take from your respondents' narration or they may represent your theoretical ideas of what is happening in the data. Charmaz (1995, p. 41) says, "novice researchers may find that they rely most on in vivo and substantive codes. Doing so nets a grounded analysis more than a theory."

Focused coding allows you to begin to work with the relationship and processes within and between your categories. Once I had completed my coding I began to write up each code or category under the relevant heading. At this stage I was able to return to the literature and include the relevant literature to the categories and headings which had emerged from the data. Charmaz (1995, p. 47) comments that "a fundamental premise of grounded theory is to

let the key issues emerge rather than to force them into preconceived categories.” In the writing up of each code and the subsequent rewriting, greater clarity is obtained. It allows one to refine ideas and become aware of the interrelations (Charmaz, 1995).

Abortion is shrouded in silence and the voices of the women are not heard, thus using their own voices was important to me. In the writing up and in the results and discussion section I wanted their voices to be clearly heard firstly, because this issue needs to be given voice and secondly, so that those who read this could be given the opportunity to draw their own conclusions.

3.7 My involvement in my research:

Meulenber-Buskens (1997, p. 111) states: “While there is of necessity a personal dimension in any type of social source research, in qualitative research the personal takes a prominent place in that the researchers subjectivity is explicitly used within the research context and appropriated by the methodological discourses.” In this research my aim was to consider the ways in which women experience their abortion and how they construct the meaning for themselves. However, if I am to place them in their context then it is vital to place myself in the context of my research and to acknowledge that in that context I am the one co-constructing the meaning (Meulenber-Buskens, 1997).

As Meulenber-Buskens (1997, p, 112) states: “Qualitative research with its emphasis on the interconnectedness and the holistic nature of the phenomena it studies, calls for an attitude of personal involvement. More strongly formulated, the striving towards quality in qualitative research seems to call for the qualitative researcher to involve the totality of her being, to acknowledge, accept and use her unique individuality.”

Given the nature of the topic investigated, namely abortion, the intense emotional component inherent in any discussion around it, and the very nature of qualitative research as described above, it is important for me to give voice to my experience of being a researcher in this field.

Initially I obtained the idea to research this area when I came across the diagnosis developed by Speckhard and Rue (1992) of Post Abortion Syndrome. Due to my own viewpoint, which is that people should be allowed to make their own decisions, I immediately became engaged in the sense that I wanted to “disprove” the existence of such a syndrome. Abortion, perhaps more than most topics, has the ability to engage people in political and moral debates very quickly. I thus fell into the trap. As the research progressed and I read up on the topic I became aware of the intensely political nature of the abortion debate and the importance of owning one’s stance. This acknowledgement allowed me to begin to explore other viewpoints. What also proved useful is my overriding belief that everyone is entitled to their own opinion and that each person’s experience and opinion is unique and constructed by their particular context.

My ideas began to shift and I decided that it would be more helpful for me and the topic, to explore what women themselves had to say on the subject. I had experienced for myself how the politics of the debate made you want to shout louder than anyone else and realized that all this “shouting” was drowning out the voices of those that should be heard, namely the woman going through the experience.

A central shaping idea was introduced to me by a woman who worked at the Marie Stoppes Clinic in Cape Town. I was talking to people who worked with abortion to get their input and focus my ideas. She said to me that as far as she was concerned abortion was not the problem, “it was like a plaster on a bigger wound”. This statement intrigued me. At that stage, after much reading, I had thought that there were only two ways of approaching abortion. You were either for it, or you were against it. This either/ or approach made me feel stuck and blocked. I thought that abortion was the problem and that there were no solutions. Her comment served to open my thinking in that I began to wonder about “the bigger wound”. It enabled me to move beyond the political debate and to begin to place the debate in a wider context. I allowed myself to consider a viewpoint that accommodated an and/both position and found that my feelings of being stuck and blocked dissipated.

Her comment made me begin to realize the greater abortion context and the problem and issues it was effectively obscuring. It felt for me that as long as the abortion debate attracted attention, then the broader social and political issues would remain hidden, for example: gender roles; sex and education; contraceptive use; financial position of women in society; sexual abuse; unwanted children; overpopulation. I was also interested in the way in which the women constructed meaning from their experience and how their context shaped their construction. When one considers the judgmental context that exists around abortion it seemed interesting to see how women rose above the judgments and made sense of their experience.

As I began to interview the women who agreed to participate in this study I began to realize that the reality was convoluted rather than a simple either/or decision. It became apparent that this reality is not reflected in public discussion. In fact the lack of constructive conversation on the topic became apparent. When I would be questioned as to the nature of my research what struck me was people's (and my own) response. Very early in the discussion our respective positions would be known. If we agreed with each other then discussion could continue. If we didn't then discussion broke down. In the interviewing phase, when interviewing people with a different construction of abortion to mine, I found myself becoming increasingly more frustrated and agitated. This proved to me how we are part of what we research and that we do have emotional responses to our work. It also highlighted the very premise of this research and that is that your beliefs and opinions affect your construction of meaning and are affected by the contexts in which you reside.

When I was reflecting on the process of interviewing those who had a different position to mine I recalled an article by Emerson (1996) titled "Through Rose Tinted Glasses : Religion, Worldviews and Abortion Attitudes", which stated that one of the biggest problems in the abortion debate is that the two sides are polarized and do not share the same language or world view. I realized that when interviewing became difficult for me it was because people's ideas on abortions were different to mine, and also because their life view was different to mine. They believe in a single truth, they hold a single act responsible for the development of psychological sequelae and because they believe that their view is the only

right one, they want to have abortions made illegal. This is very difficult for me to work with. I believe we are all arriving at truths because of the context we are located in. We derive and actively construct our meaning for our experiences. I believe there is more than one truth and that each person should be able to make their own decisions around the issue of abortion. I have realized that the debate will continue for a long time, if not forever. I have realized that as far as possible I do not want to become embroiled in political debate. I want to add to our understanding of an experience that has been around since the beginning of time.

Another experience I have had since beginning to research this topic is that when I “scratch” the surface of abortion, people in my personal and professional context began to open and share their experiences. I realized that for all the talk and debate around abortion, you will not know who has or who has not had an abortion. If you allow yourself to be open you will discover that women who have abortions are not “those kind of women” but rather your sister, your best friend, your aunt, your cousin, your mother, your grandmother, your acquaintance, in other words any woman.

In conclusion, as Packer and Addison (1988) state: “What is uncovered in the course of a true interpretation is a solution to the problem, the confusion, the question, the concern and the breakdown in understanding that motivated our inquiry in the first place” (Reason, 1988, p.279). Thus, my understanding of the problem has been broken down and reconstructed allowing a broader and more encompassing view, though not necessarily a solution.

3.8 Validity:

Before beginning to consider the validity of this research, I would like to quote Meulenberg-Buskens (1997, p. 111) who says: “Quality in social science research is not a straight forward issue. Quality could refer to the relevance of the study, to the degree in which it yields useful and applicable information, to the degree it enhances values such as democracy and social justice, to the degree it empowers powerless people. Finally it could also refer to the technical quality of a piece of work, that is, to the degree in which it conforms to the methodological expectations of a community of scientists.” In order to fulfill this last comment I will now consider the validity of this research.

McMillan and Schumacher (1997, p.404) define validity as the “degree to which the explanations of phenomena match the realities of the world. In other words, validity of qualitative designs is the degree to which the interpretations and concepts have mutual meanings between the participant and the researcher”.

One of the problems with determining validity of qualitative research is that the prevailing procedures rely on realist assumptions and the quantitative view of research (Riessman, 1993). People’s stories about their experiences and the subsequent meanings they have constructed, change over time and will vary from one setting to the next. As Riessman (1993) reminds us, traditional notions of reliability and validity need to be reconceptualized when one is involved with qualitative research. She highlights four ways to approach validation and comments that the trustworthiness of our interpretations is the crucial issue.

Riessman (1993) firstly discusses persuasiveness or coherence. This entails that the interpretation should be reasonable and its claims should be supported with evidence from the participants’ accounts. This has been utilized in this work where the participants’ accounts are included centrally. The second factor considered is correspondence. This implies taking the work back to the participants and discovering what their thoughts on our work are. However, as Riessman (1993, p. 67) states, “in the final analysis, the work is ours. We have to take responsibility for its truths.” Although I have not yet taken my analyses back to the respondents, I do intend sending it out to my participants and requesting their comments.

The third factor is coherence, which consists of three kinds namely global, local and themal (Riessman, 1993). The final factor is termed pragmatic use and refers to the extent to which a study becomes the basis for other’s work (Riessman, 1993).

Reflexivity is another method that may be used to consider the validity of research. It refers to the researcher reflecting on her role in the research and how she affects and was affected by the research (Hall & Hall, 1996). I have attempted to build this into my research by including the previous section.

Triangulation is a method that also may be used to consider the validity of qualitative research. This implies considering the topic from more than one angle and using a wide literature review to obtain these other viewpoints. It would also imply returning to the literature once analysis has occurred (Hall & Hall, 1996). I have attempted to fulfill both these criteria in this study.

McMillan and Schumacher (1997) highlight that the use of participant language and verbatim accounts are another strategy which may be used to insure the validity of a study. This has been utilized extensively in the current research.

In conclusion, when considering validity in qualitative research, it is apparent that it cannot be reduced to a set of rules (Riessman, 1993). However, the afore-mentioned can provide guidelines whereby others can consider the validity of this work.

3.9 Ethical considerations:

Investigating the abortion experiences of women creates some important ethical problems. Abortion is a sensitive topic and before beginning the research I had to consider what the ethical implications were. Two issues were particularly salient. The issue of confidentiality was obviously very important. Participants had to be assured of their privacy. Another issue was the fact that given the sensitive nature of the topic it was possible that some participants could experience emotional turmoil whilst sharing their story and after the interview.

One of the ways in which I addressed these ethical issues was through the drafting of an informed consent form (See Appendix D). This form was given to all the participants to sign at the outset of each interview. The consent form briefly explained the aim of the research and that it would entail a face to face hour-long interview. The participants were told that they would be asked questions about their abortion experience and given examples of the questions. They were warned that the questions were of a personal nature and might trigger difficult memories. They were assured that they could stop the interview and withdraw from

the study at any stage, and that should they wish they could request all the data, which had been collected about them.

They were informed that in terms of their confidentiality, the only one who would know their identity would be myself and that all subsequent references to them would be by a code name. All their identifying information would be locked away at all times and destroyed once the research was completed. Only myself and my supervisor have access to the data. The participants were also informed that data, which compromised their confidentiality, would be disguised.

They were told that should they have any subsequent problems, questions or feel they needed to talk to someone, they could contact either myself or my supervisor and we would assist them or refer them for further counselling where necessary. The informed consent form thus made the participants aware of the possible risks, benefits and inconveniences associated with the study and requested their permission to publish the results in a report or article form.

The Ethics Committee of the Research Committee of the University of Stellenbosch, which consists of senior academics and experts in the field of law, scrutinized both the research proposal and the informed consent form (See Appendix D) for possible problems. Only once their approval was obtained did I begin to collect my data.

Ms. Sonja Human, a family law expert at the University of Stellenbosch Law Faculty, was also asked to comment on any particular areas of ethical and legal concern. Her input was utilized.

CHAPTER FOUR: INTRODUCING THE WOMEN:

Contrary to the stereotypical thinking present in society that certain kinds of women make the decision to terminate their pregnancy, it has been found that women of all race, class, religious and cultural groups have abortions (Bradford, 1991a; Patterson et al., 1995; Russo et al., 1992). Whilst this study cannot claim to be representative, it can show some of the unique ways in which different women in different contexts respond to and construct their abortion experiences. It can also highlight the ways in which the contexts in which these women are situated shape their experiences and their emotional reaction to abortion.

Here follows a brief description of each woman and the narration of her own abortion experience. Such information is often included in the appendices, however I am deliberately including it here because it is important to acknowledge that the actual abortion context and the individual's personal history are central to the meaning which is constructed about the abortion experience. It is hoped that including this information at this stage will serve to introduce each woman's unique voice and provide a context for the reader.

This format has been chosen because I felt that it was necessary to place the women's voices as central in this work. Social constructionism emphasizes both the importance of social, economic and political contexts, as well as the importance of the individual's personal circumstance (Hare-Mustin & Marecek, 1990; Hoffman, 1990). It is hoped that presenting the women and their emotional response to their abortion at this stage will allow the following results and discussion section to be placed in the context of the women's actual abortion experience and that this will allow the voices of the women, as they share their experiences, to be heard (Butler, 1996; Ragin, 1994).

4.1 MARILYN is a 31-year-old, English speaking, interior designer who resides in Stellenbosch. A doctor in Stellenbosch referred her to me. Her mother is a graphic designer and her father is a medical professional. Her parents divorced when she was a teenager and she describes her relationship with her dad as good and her relationship with her mother as strained. Her religious denomination as a child was Baptist. At the time of the interview she

describes herself as subscribing to Buddhist principles. She reports that she received psychological counselling at the age of 24 and was on Prozac for a short time. She is a divorced, heterosexual woman who has no children. At the time of her pregnancy she was involved with a man who lives in another province. They had been involved for approximately three months. Marilyn says that prior to the discovery of her pregnancy she had been thinking of ending the relationship. When she discovered her pregnancy she decided to terminate. She did not tell her partner of her pregnancy or her decision to terminate. Her abortion occurred five months prior to the interview on the 16th of September 1998. Her abortion was legal and was performed at a private clinic in Stellenbosch by her gynecologist. At the time of the interview she was of the opinion that she had made the right decision, and believed that women should have the right to make such decisions for themselves. She describes her abortion as follows. She says:

“And I went in early, and I was there and I was waiting. And then the anaesthetist, I was sick, I got this flu, this horrible flu. So now when you got this flu you can't go under anaesthetic, but luckily it was right in the beginning so my lungs weren't clogged up. So they did a couple of tests, my blood pressure and so on, and said: 'OK, it's OK we can go ahead'. So I chatted with the anaesthetist and he was, he said his got no, what's the word he used, biases, and that they have done quite a lot of terminations there and he wants to know how I feel. So I said: 'No it's fine, we go ahead'. But I was crying and I don't know why I was crying. It was like, it's just you know the whole niceness, the sweetness of being married and having children is taken away. And now the whole picture is changed and that's not there, now I have got this and it's, it's not there, and it was sad because I thought it could have been different. If I wasn't so stupid. So anyway, they took me into the ward, into the operation thing, and I was so scared. I didn't want pain, because I didn't feel like it, and there was no pain. I mean even when he put the needle in, I didn't feel it, and a couple of minutes later the doctor came, the gynecologist came and said: 'Hi, how are you, you going to go now', and I said: 'Yes, I'm going away. And he said: 'But not forever'. I remember that and then I said: 'No, no, no'. And then I was gone and then I woke up and it was all over and I didn't feel a thing. I mean I didn't even have pain, nothing. It was like I blinked my eyes, closed my eyes, opened my eyes and it was all gone. I wasn't, I didn't even feel groggy, like the anaesthetist told me that the, the anaesthetic that he is going to give me wouldn't make me feel groggy. So it was so quick and it was such a relief.”

Emotional response:

As can be seen from the excerpt, Marilyn experiences feelings of sadness just prior to her abortion. It is an emotional time for her where she mourns what might have been. She also talks about feelings of self-condemnation at her stupidity for becoming pregnant. Despite the presence of her feelings of sadness she states her desire to go ahead with the abortion. She says:

“I thought that it was awful that I had to do this. But I also thought that I have to do this, because if I didn't the implications were, would affect three people's lives, the child, his life and my life negatively, not positively. ... I think that, even so, it is better this way. The bad is not as bad in this option as it would have been in the other option. And so I'm glad that I did it, but I am also sad, not only glad, I'm only sad because it could have been different. I'm not sad because, I'm sad because it could have been different in the sense that maybe I had a husband and maybe I, it was stable and I could have had a child and, but it wasn't like that at all.”

Clearly she feels a sense of ambivalence in that she is happy with her decision, yet at the same time she acknowledges a feeling of sadness at the loss of what might have been.

Later in the interview, when asked about her emotional response after the abortion she says:

“It was such a relief. I don't have to ever go through that anymore. I'm not in crisis anymore. It's over, so that was the strongest feeling, absolute relief.”

Thus, the crisis period in her life has been resolved. Although she acknowledges the existence of feelings of sadness, the predominant emotional response to her abortion is one of relief.

4.2 BARBARA is a 33-year-old, Afrikaans speaking nurse who resides in Goodwood. A colleague referred her to me. As a child she attended the Dutch Reformed Church and at the time of the interview she had been attending an evangelical church in her area. Her mother is

a nurse and she never knew her biological father as he was in jail for committing murder. Her mother and stepfather, both of whom she describes as having had alcohol problems, raised her. She has been receiving psychological assistance since her late teens and has used Prozac, Xanor and Immovaine. She has had two terminations. The first occurred fourteen years prior to the interview date – 30th of September 1998. At the time she was a student and the father of the child, with whom she had been involved for a few months, insisted that she terminate the pregnancy. She underwent an illegal abortion in Lesotho. Her second termination occurred four months prior to the interview. She has been living with a man for the last six years and has a three-year old daughter with him. When she discovered she was pregnant she discussed it with her partner and they decided that for financial and emotional reasons a termination was the best option. She had her legal abortion at the Marie Stoppes clinic in Cape Town. Barbara feels that her first termination was coerced. In terms of her second termination she feels that the decision was right for her, but says that she feels guilty because of her religious convictions. In the following extract she is talking about her second termination. She says:

*“When I went there, ek was bietjie op my senuwees. Ek het geworry wat dink die mense wat saam met my in daai Ontvangs sit, wat almal nog wag vir aborsies, en wat ook. ... Hulle sit almal deurmekaar want hulle adverteer nou jy weet, wetlike aborsies en goed, nou voel ek skuldig. Ek het geworry wat dink daai mense doen ek hier, jy weet. Dit, dit het my begin pla en dit. Maar toe ek op die tafel gaan lê, toe begin ek net huil. Ek weet nie wat, wat het deur my kop gegaan op daai oomblik, maar ek het net begin skielik huil en na die prosedure en dit, was ek so in pyn. Ek het aan niks anders gedink as die pyn op daai oomblik nie en ek het huis toe gekom. ... *They don't use anything*, want jy lê net vir omtrent twintig minute in a *cubicle*, en as hulle vir jou Valium of iets moet gee, moet jy omtrent ses ure daar lê. So dis seker te lank na die inspuiting gegee, maar ek het niks gekry nie. Dit was net soos, jy's heeltemal wakker as hulle dit doen. Maar die pyn was so oorweldigend daar onder dat ek wou dit net oor hê, dis al wat ek gevoel het. Dit moet net oor en verby. Vir my het dit lank gevoel op daai oomblik, maar ek dink dit was seker, miskien vyf minute. Dit was nie baie lank nie. Ek weet net my bloeddruk het geval en ek was bewerig, en dit, seker maar 'n skok vir my, maar ek was *fine* gewees. Daai huilery, ek kan dit nie mooi vir jou verduidelik nie. Ek het net, ek dink dalk het my geloof toe daar ingespring, jissie, doen ek dalk nou die regte ding, want ek weet ek het altyd nie geglo in aborsies en goed nie. Maar so vinnig soos die huil gekom het, het dit*

weer weggegaan want die pyn, dit was so seer, die *suction* wat hulle gedoen het, dat ek, OK wat ek jou kan verduidelik is, my bloedruk het geval. Ek het baie naar gevoel en duiselig. Ek het siek gevoel, so ek, al wat ek vir jou kan sê is hoe ek gevoel het, is ek het nie, ek het nie gesond gevoel nie. Ek het siek gevoel, omdat, omdat my liggaam swak was op daai oomblik.”

As mentioned, Barbara disclosed in the interview that she has had a previous abortion. This occurred many years ago. She says:

“Dis so lank terug, moet maar dink, moet rêrig dink, weet jy ek onthou so min van daai tyd, regtig. Ek kan net onthou dat my ma-hulle, Ek weet net hulle was in Bloemfontein en ons het oor ‘n naweek gegaan Maseru toe en dit was ‘n swart dokter wat dit gedoen het. Ek was wakker. Ek onthou ook die pyn en ek onthou van naarheid, maar net *flashes*. Ek onthou nie alles in detail nie, glad nie. Ek onthou net *flashes* en na die tyd het X vir die dokter gevra, “*Are you sure she was pregnant?*” Dit sal ek nooit vergeet nie. Dit onthou ek wel.”

Emotional response:

Barbara’s experience highlights the feelings of guilt and sadness. She feels nervous and anxious about how people at the clinic perceive her. When she came home after the abortion she was overwhelmed with sadness. She made the decision to terminate and believes that it was best for her, but also feels guilt at what she has done as she says her religion prohibits abortion. She knows that her response to circumstances is typically denial and says:

“Ek het vir hom (her partner) reg gesê ek dink ek moet dronk raak, want ek is besig om my gevoelens terug te hou. En ek moet huil om beter te voel. ... Ek het Andreas Vollenweeder gespeel, toe het ek net my hart uit gehuil *and I felt better after that, I really did.*”

Thus, she manages her denial by becoming drunk and allowing herself to mourn her loss. This helps her to come to terms with her abortion.

She also exhibits feelings of ambivalence around her second termination. She is quite clear on her decision and repeats frequently that she had to have an abortion because she did not feel that she would be able to cope with another child. However, she also acknowledges:

“Weet jy nê, al wat ek op daai oomblik gevoel het is, ek, ek het net, ek was onseker of ek die regte ding doen, nê. Ek dink dis hoekom ek gehuil het. Ek, ek, ek is baie, ek weet nie of ek eers dit vir jou reg verduidelik nie, ek het net begin huil en dink, jissie, doen ek die regte ding.”

Her emotional response to her abortion is one of sadness, guilt, denial, and ambivalence in that she knows that she has made the best decision for her and her daughter. In addition she recalls physical pain at both her terminations and a sense of betrayal at her first termination.

4.3 SUE is a 47-year-old, English speaking nurse who resides in Tokai. She was referred to me by an acquaintance. As a child she attended the Presbyterian church. She has had no particular religious affiliation as an adult. Her mother, who is deceased, was a housewife and her father was a civil servant. She has attended therapy for self-development. She has had three terminations, two of which occurred in South Africa. The first abortion occurred when she was 21 years old. At the time she was a nursing student and had been involved in a short-term relationship. She discussed her decision to terminate with her close friends and got a legal abortion with the help of her uncle who was a medical doctor. Sue then entered into a ten-year lesbian relationship. At the age of 31 she met and fell in love with a man with whom she is still involved. Shortly after meeting him she became pregnant. She discussed this with him and they made the decision together to terminate the pregnancy. This abortion was a mix of both illegal and legal means, in that she began the abortion by obtaining an illegal abortion and then went to a doctor in order to complete the termination. Sue and her partner are married and have two daughters, aged twelve and ten. Her third termination which took place overseas occurred after the birth of her two daughters. I interviewed her on the 20th of October 1998. She is happy with her decisions to terminate and vocalizes pro-choice sentiments. Here follows her descriptions of her abortion experiences. She says:

“I’ve had three terminations. One when I was 21, one when I was 31 and one when I was 38, 37 round about, so, and they were all, they were all very different. But the commonality of them all was that they were absolutely the right thing to do, that’s was, that’s the common thing. When I was 21 I became pregnant and I, here in South Africa and I had to, I had an

uncle who was a psychiatrist. At that time there were few psychiatrists in private practice in Cape Town and he wrote me out a document to say that I was incapable of having this child. And he had a friend who was a gynie in Medi Centre in town and then I went and had a legal termination on the grounds of a psychiatric opinion. And in those days I think only one person had to sign it. Maybe he had another doctor sign it as well, but certainly I know that he was doing this for people. I found out afterwards that he was. That this was a service he provided. ... I do remember that I had it in the morning. I remember walking across the road back to my uncle. I remember him driving me home. And I remember going to the opera that night which is after a general anaesthetic, and I can't remember, going through all the channels at Grootte Schuur trying to see how, how it was going to be managed, couldn't do it and in the end had to go to my uncle, and, and he made it very easy for me. But I was probably about, gosh, I haven't thought about it for such a long time, but I, I must have been fourteen weeks."

When she fell pregnant again in her early thirties her uncle was no longer in a position to help her and so she had to procure an illegal abortion. She says:

"What I did was, I put myself on triple antibiotics. So I did Flagyl, Penicillin and Cloxacillin probably for a week before. And then I knew a lady in Grassy Park and I phoned her, phoned and then ran a message over the road and made a time to go and I took my antibiotics for a week. And I took 5mg of Valium and oral. And I took a pack from the hospital, you know a whole lot of CSTD packs and I took a bottle of normal saline, because they use, they use, sunlight soap."

I: "What are those packs?"

S: "Those are just a, a sterile pack, a theater pack. I took a pack that you do a hysterectomy with. I took it out the theater and I took normal saline along, because they, they use whatever. They are clean, but they use whatever, and I took gloves and I took everything with and when I got there she was very, very sterile herself. She had gloves. She had all sorts of things, but it was, very impressed and liked this, and quickly, kitchen table, while her husband's out, quick, quick, quick before the husband comes back because he doesn't like it, and knows she does it and doesn't like it. And that I, that I remember quite clearly, assisting her, and sitting up. You know sitting up, not lying down. Giving her kind of assistance, because I was very conscious

of wanting to be sterile but the, the place was clean, very clean and the odd child running in and out, in the midst of all this, and kind of thinking you know this is life. This is how life is you know, children running, children being, you know, and having daily life around. And this is mommy's job and she would have been middle aged, Afrikaans, warm, very warm, and, that was it, and just in goes the catheter and it's like a shiver of a water, it's just like a ripple of water shivering over you. Like somebody's walked over your grave, that kind of feeling, you know when somebody walks over your grave, and that's what it is really. It's a shiver of water, and it is, it's, for, you know, I've got no feelings that fetuses are people but they could be. So it's that kind of 'pss' the water goes in and then that, out comes the catheter, cleaned up, chuck away stuff, took my silver stuff to take back to the hospital. ... I remember coming home in the car and I was in pain. I was sore, and also the Valium, no longer a job to do, you know for me 5mg of Valium is a lot, no longer had a job to do, feeling wozzy. I remember coming back in the car and then we came to my house and Dave was there. I remember he was in his car, waiting outside and they brought me in and I went to bed, and I lay in bed for a few hours. And then I got up and then I went to the medical centre in Cape Town and I knocked on the door of a gynie and, somebody who taught me, and a older chap. And it was late, about four and I said to the receptionist that I needed to see him. And she, and I said: 'I need to see him'. And this was how we had kind of thought it through. And I went in and he stood at the door and I said, I introduced myself and I said: 'I'm a nursing sister and I've been on triple antibiotics and I have just had 150ml of saline put in me because I want to procure an abortion'. And he just looked at me and sighed. I remember, I remember feeling almost compassion for him, because I could see that he was torn between being, or maybe, maybe in my own projections, but something about why do women and girls have to go through this. It's so, dangerous, you know in a sense, and he said, very nicely: 'Come in, hop on', did a PV, put his fingers, said: 'Just lie there, stay there, how long ago did you do that?' I said: 'Five or six hours. I've been lying at home'. And he went and phoned and he phoned the hospital and he said: 'I'm sending somebody over'. Then I told him I'd been on the antibiotics, and he said, he sort of nodded in approval. And Dave was waiting in the waiting room, and then he came out and I introduced him to Dave. And you know we kind of shook hands. And then I said to him: 'You know you taught me as a midwife and that's why I came to you cause I always trusted you', you know, and you know it was, you know and, but neither of us felt we had put him in position because we hadn't put him in a position. That is a permissible thing to do. I had started something outside. He was not in a, in any sort of compromising position. He was now carrying out his duty, and then we went over to the hospital and then he

came, and then they put me to sleep and they did a D&C so that, that is a very carefully thought out.”

Emotional response:

For Sue, her immediate reaction to her abortions was relief, and the conviction that the decision she had made was right for her. She says:

“The first sensation is a feeling of relief, not a feeling of anything else but a feeling of relief, that’s been. It’s done. It’s finished, and it was the right thing to do.”

She has never regretted her decisions. She acknowledges a feeling of ambivalence around the status of the fetus but resolves that with her belief that they are not “people”. For her the abortion brings with it a deep sense of relief and this feeling remains with her.

4.4 GILL is a 36-year-old, English speaking woman who resides in Noordhoek. She is a housewife who does temporary work occasionally. She was referred to me through my contacting the Post Abortion Support Group advertised in a local newspaper in Cape Town. As a child she belonged to the Anglican church and describes herself now as a born-again Christian. Her mother is a sales person and her father a lawyer. At the age of twelve her father had an affair with her mother’s best friend and her parents subsequently divorced. She describes her dad as having a drinking problem. She has received Christian counselling since becoming a Christian. Gill has had one termination. At the age of eighteen she had a “one night stand” with a man and subsequently became pregnant. She discussed her pregnancy with her parents who insisted she have an abortion. They organized an illegal abortion for her, which took place in Johannesburg. At the time of our interview, 23rd of October 1998, Gill was married and had no children. She is a practicing Christian and believes that abortion is wrong. This is how she describes her abortion experience. She says:

“I’ve never really been able to put together a time frame when everything happened but if I remember rightly I was probably about thirteen weeks pregnant by the time I actually did have the abortion, and all that time just waiting for Dad to make plans. Anyway what actually happened in the end, my mom came to pick me up, she had R500 from my dad. To give you

an idea of how much money that was, my entire fees for technikon for the whole year and that was residence and tuition, everything I think was R800. So it was, it was a huge amount of money. R500 was being paid, and we had it in cash in an envelope and it, it was so awful. We went to a really slimy, hairdresser in town, and he wasn't, my mom wasn't allowed to come with. He took me there, he took the money and he took me, and I didn't know where I was going. I mean it could have been some little old lady somewhere, I had no idea, you know as it turned out, we went to a gynecologist's rooms in town and he was a very kind man. He looked more like a fisherman. He looked like a country type person, and it was just him, and he was very kind, without being, he wasn't soft or gentle with me, but he wasn't unkind either. He didn't really want to know, but he gave me a local anaesthetic. He said: 'We must wait for it to take effect'. And we did and I went and lay on the table and I've got no idea what method he used. I didn't want to know, I just, I was just bracing myself, and it was the most excruciating pain I have ever had in my life. Just screaming in pain, and while he was doing it he started asking questions, 'How much did you pay for this?' And I told him, and he said: 'This is the last one I'm going to do'. And that was when I realized that he was being blackmailed by this hairdresser and again, I can only imagine he must have done an abortion at some stage and this hairdresser found out about it and threatened to expose him to the medical council and goodness knows how many abortions he had been forced to do and, that just made me so angry because as I say he was a nice man. ... It was all done and I remember thinking, perhaps I should have a look and then I thought 'Oh no, don't have a look', so I think I, I just I went into denial right away."

Emotional response:

Gill describes a painful and shameful abortion. She was aware of the illegality of the act and this made her feel anger. She also describes an emotional response of denial. She says:

"I guess I went into denial right away. I was sort right, it's happened, gone, finished and I went down stairs and my mom was waiting for me. She had been told where she was to go to, and we went home. It was a Friday, cause I went home for the weekend, and she said: 'You just take it easy, you won't tell anyone else and we won't ever discuss this again'. And so I was put into bed and my sisters were told that I wasn't feeling well and that was it, supposedly the end of the problem."

I: "What was your emotional response at that stage?"

G: "I definitely also felt relief, you know, that it was finished. Get on with life but most of all, I think I was feeling empty which was strange, 'cause at no stage had I allowed myself to sort of think of, that I was pregnant. I don't know, cause I don't recall, feeling any nausea, other than the anxiety that I was feeling and I was drinking so heavily. I had hangovers permanently, so at no stage had I allowed myself to think of sort of being pregnant and that there was a baby possibly, that I was moving into a sort of new realm of motherhood. But I remember when we got back, feeling very empty and there was a sadness, which was very confusing because it should have been, you know, in my mind it said when this is done, it's done."

She experienced a sense of relief that the crisis period was over, however she remembers feeling empty and sad. This existence of two seemingly contradictory emotions confused her. Her mother's statement about never discussing this event again also contributed to a sense of denial of the experience. Her emotional reaction was not given expression.

4.5 ANN is a 40-year-old, English speaking housewife who resides in Kenilworth. She was referred to me via the Post Abortion Support Group. As a child she describes herself as a Christian and as an adult, as a born-again Christian. Her mother is a housewife and she describes her father as retired. She says that her parents' relationship is volatile and that her dad had a drinking problem. At the age of thirty she received treatment for depression and was on Prozac. Ann has had one termination, which occurred when she was eighteen years old. At the time of her abortion she was in Matric and involved with a man a few years older than her. They had been going out for a few months when she discovered she was pregnant. She only discussed it with him. He insisted that she terminate the pregnancy and organized an illegal abortion, which took place in the Johannesburg area. At the time of our interview, 23rd of October 1998, Ann was married and has two living children. Her first pregnancy, after the abortion, resulted in the birth of a Downs Syndrome child, who died shortly after birth. She is a practicing Christian and is of the opinion that abortion is wrong. She describes her abortion as follows. She says:

“And it was done with chloroform and I just had to go through. I mean I can still hear now. It’s been filtered through God’s love. I mean that’s the only way I can describe it, that something so horrific, can be something that I can even talk about today and psychologists and psychiatrists couldn’t help me. It was just something that I was taught to live with, but, it was done with chloroform over my face and I mean the screaming was absolutely. I mean, I remember her trying to hush me up because there were homes you know next door. I mean, a person walking by probably would have heard me screaming and thought that somebody was really being murdered. And in fact somebody was being murdered, and then I remember coming by and in this funny little room. In this funny little bed and her bringing me some very sweet tea and then I picked myself up from there and phoned him and he wouldn’t come and fetch me. ... Emotionally I don’t think I could actually feel the pain, because of the chloroform, but it was because I screamed. I can remember. I can still hear myself screaming, I mean I’m talking about blood curdling stuff...”

I: “And that was from an emotional pain?”

A: “No, I think maybe, you know, I mean it was a D&C with no anaesthetic really. And now that I understand the concept and what actually happens to you, when you have a D&C and you normally get that under anaesthetic and I wasn’t, so what it basically did was paralyze me.”

Emotional response:

Ann remembers her abortion as physically painful and horrific. She also remembers the fact that her partner would not come and fetch her and this leaves her feeling unsupported and betrayed. Later in the interview she talks about her feeling of denial. She says:

“I don’t think we ever spoke about it. It was like the weirdest, it was like it didn’t happen. I mean it’s amazing that a human being can do that. You just shut off. That I find fascinating, and I would probably find it hard to believe if another person told me that. But because I actually did it myself, I know that you, you can and you do. It’s such a painful, horrible thing that you are actually, I think you begin to believe that it didn’t even happen. It was just a bad dream in somebody else’s life, not yours, and I think maybe you even do that in your mind”.

Thus, she copes with the experience by pretending that it happened to someone else and by not disclosing to anyone. This means that her emotional responses to her experience remain hidden from those around her and perhaps herself until a later stage in her life.

4.6 CALISTA is a 21-year-old, English speaking student who lives in Tygerberg. She contacted me after seeing the advertisements placed on the Stellenbosch campus. As a child she belonged to the Anglican church. Currently she describes herself as having no religious affiliation. She describes the relationship between her parents as very volatile and emotionally abusive. She received family therapy as a result of her parents' relationship whilst still living at home. She has been involved in a committed relationship for four years. She says that her boyfriend and her had intercourse for the first time approximately one and a half years before the date of this interview, which occurred on the 2nd of November 1998. She fell pregnant immediately. Upon discovering her pregnancy, she discussed it with her partner, but says she had already made the decision to terminate. Her partner supported her decision. She underwent a legal abortion, which was performed at a private clinic in Stellenbosch. She is happy with her decision but acknowledges that the process has been difficult for her. She supports a woman's right to choose. This is how she describes her actual abortion experience. She says:

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“We went into the hospital and it was like a reception area. It's all, it's very nice. If I think how patients are received at other hospitals, every Dick, Tom and Harry knows what you coming in for and it's just awful. Patients confidentiality does not exist. You sit, sat in the little cubicle and the guy drew up the forms, you have to, ... They lead you straight to the ward, and you go straight to your bed. Not this long waiting queue or anything and then, basic questions, medical history etc. and then undress, and you have to undress in front of them that's, I always feel bad, because I always feel they are looking at you basically. And the nurse who conducted the, the medical history and everything, she was quite a wench, she stood there, she didn't, no privacy whatsoever. I mean, that's not right and she just stood there and said: 'Now you can get undressed'. OK, and she's like checking me out and Greg wanted to leave, because he had come in with me and she was like no, no you can stay, you know like as in, well you have seen it before anyway. So it was oh fine, it's OK. She was awful. So I got into bed and it's not nearly as bad as what the other women go through. And

the gynecologist came to see me and the anaesthetist and that was OK and when I went, said goodbye to my boyfriend and they sort of wheel you to the operating theater. And the little heart's beating the whole time because you think all these people know what I'm coming in for, and they were really nice. There was a theater sister, they sort of hand you over and all we, we're just chatting, and also acknowledging the fact that I am having an abortion, but not treating me like I don't know, treating me as a person and she, she was also there after I came out of it, the anaesthetic. I didn't have any pain, no bleeding, nothing, it was such a clean, sterile procedure I hadn't expected it to be so, so sterile, no pain, it was amazing, you know."

Emotional response:

Calista expresses feelings of embarrassment prior to her abortion. She is given no privacy by the nurse who attends her initially and this makes her feel angry and violated. The nurse in the theater however leaves her feeling supported and acknowledged. Her abortion is pain free and she expresses a feeling of amazement at that. Later in the interview, when asked about her feelings immediately after the abortion she says:

"Relieved, really relieved. I felt better than I had, in like three days, you know. I realize that was my first feeling, absolute relief. I felt great, I thought now I can carry on, everything is going to be fine."

She is relieved that the crisis period is over. She also acknowledges her ambivalent feelings however. She says:

"I acknowledged the fetus. It's not like it wasn't there, and even though I had made this decision and everything, I was still killing something that had been made, and guilt feelings. I had a whole lot of guilt feelings, even though, you know, it was a logical decision I had made. Incredible guilt feelings, I know I was really, I was depressed for a while and afterwards. ... But eventually it started getting better."

She acknowledges that the abortion decision was difficult for her and that there are many conflicting emotions present. She believes that she has made the best choice and yet experiences conflictual emotions of relief, guilt and sadness. She acknowledges these

emotions and states that over time she was able to work through them and attain a sense of resolution.

4.7 CONCLUSION:

As can be seen from the afore-mentioned section, women's emotional response to abortion may be varied. For most women the feeling experienced immediately after their abortion is relief (Stotland, 1996; Turrel et al., 1990; Wilmoth, 1992). The discovery of the pregnancy can be a traumatic time, when relationships are challenged, and difficult decisions are made. Not surprisingly when the termination has occurred the women experience a great sense of relief and are glad that their lives can go back to "normal". The crisis period is over and they may feel satisfied with their choice. As has been established, this is not true for all women, and even if relief was the initial reaction, women may at a later stage change the meaning the experience had for them.

These excerpts also reveal the presence of a sense of denial prior to and after the abortion for some women. Many people use denial in their everyday lives in order to cope with their experiences. Denial is defined by Reber (1985, p.186) as a "defense mechanism that disavows or denies thoughts, feelings, wishes or needs that cause anxiety". The implications could be that the true meaning of the experience remains hidden from the woman and leads to confusion and possible later psychological problems.

As with many major life events the existence of ambivalence can be expected (Hordern, 1971; Webb, 1985b). It is apparent that women who undergo abortions may experience emotions that are both positive and negative (Bracken et al., 1974; Ferreira, 1985; McCulloch, 1996). Even when a woman is happy that she has made the right decision for herself, she may experience conflicting emotions.

When ambivalence is not acknowledged women may find themselves in an untenable situation (Roe, 1989). Firstly, because abortion remains a taboo subject, and secondly, because the expression of ambivalent emotions remains difficult. As Miller in Parrott and

Condit (1996, p.42) concludes: "By posing the issue of emotional responses in terms of absolutes, both sides deny women the right to feel sadness while still believing they made the right decision". However, as Winn (1988) comments, being given permission and the space to explore conflicting emotions may be helpful in allowing women to make sense of their experience and construct a meaning which is helpful for them. The interplay of social controls and attitudes and the emotions we expect with the actual emotions that are experienced, create a context in which both types of emotions should be explored and managed (Bracken et al., 1974; McCulloch, 1996; Wasieleski, 1992).

In conclusion, among the women in this study there were the professionally qualified, the sporty, the conservative and the more liberal, the devout Christian and the non-church goer, the prefect and the school rebel, the achiever and the mediocre student, wives, mothers, single women, career women and housewives. They came from troubled families and happy homes, had been sexual from a young age or had waited until they were much older, had slept with one man or more than one man.

Their emotional responses were similarly varied ranging from relief and satisfaction with one's decision, to denial, sadness, anxiety, fear, guilt and ambivalence (Davies, 1991; McCulloch, 1996). These reactions can be seen to depend on their abortion experience, the level of coercion present, the coping mechanisms that are used, and the contexts in which the abortion occurs. Inherent to this is the idea that the meaning that the experience has for the woman may change over time because firstly, the construction of meaning is a fluid changing process, and secondly, the contexts in which meaning is constructed are also in motion.

Placing each woman in the context of her personal past and current circumstances is crucial because these impact on the experiencing of her abortion and the meaning which she constructs. In addition the various broader contexts and circumstances identified are also important in gaining a thorough understanding and they will now be explored in the following results and discussion section.

CHAPTER FIVE: RESULTS AND DISCUSSION:

It is usual practice for research results to be presented first and for discussion to follow. However, given the nature of qualitative research this is not always functional. Christian (1998, p.35) states that it “is not appropriate within the context of a methodology which foregrounds reflexivity and the role of the researcher, not only in interpreting the results, but even in the way in which results are presented and selected”. Thus, what follows is an integrated presentation of the results and ensuing discussion. As mentioned in the literature and the previous chapter, there are factors that can impact on women’s experience of their abortion. The results and discussion will highlight those that the women themselves thought played a role in their experiences.

In the following sections where extracts of dialogue have been quoted, “I” refers to the interviewer.

5.1 THE CIRCUMSTANCES OF THE ABORTION:

It became clear from the interviews with the women that it is of central importance to consider the actual circumstances of their pregnancies and their decision making process if we want to understand the emotional impact of abortion. The women’s responses indicate that abortion is a complex issue which illicitly many responses and this is confirmed by the literature (Walker, 1994).

5.1.1 Falling pregnant: the reluctance to use contraceptives

The women in this study highlighted the issue of contraception. It is critical to consider the problems that arise in this area in order for us to begin to work with unwanted pregnancies. It is important to place the usage, or non-usage, of contraceptives in the broader context. As McCulloch (1996, p.28) comments: “Contraceptive practices in South Africa has particular political imperatives. On a broader level this relates to the historical regulation of family

planning services by the State, and on an interpersonal level to the patriarchal dynamics played out”.

It emerged from the interviews that the participants in the current study time were not using contraceptives when they became pregnant. **Sue** explains this in terms of her unconscious motivation for her pregnancy. She says:

“It was very much a kind of push thing and, and again, I, there was a certain amount of dicing there because we certainly had, I was unprotected and we certainly had a lot of sex and it can happen.”

As will be discussed, **Sue** considered that she might have unconsciously wanted to fall pregnant. This would explain her non-usage of contraceptives. Given the deeply emotional nature of sex and pregnancy, it is possible that women may respond to unconscious thoughts in their contraceptive behavior (Haslam, 1996).

Another important point when considering the use of contraception is the lack of knowledge which people have about the workings of their bodies and the effective use of contraceptives. There is also an element of risk taking which can be supported by the idea, “It won’t happen to me”. The circumstances in which **Calista** fell pregnant highlight this. She says:

“We had never had sex and then one night it just happened. And that morning, paging through the physiology and anatomy book and in my cycle I was convinced that there is no way in hell. So and I’m a nurse, so I know all about the morning after pill, but I thought that I don’t need it because there is no way that I will fall pregnant.”

It would appear that another idea also influenced **Calista** and that was that she would not engage in sexual intercourse before she was married. She says:

“We had a very close sexual relationship, oral sex, from up to that, that stage, but it never entered my mind that we would cross over. We always had great self-control. And I always imagined myself having sex, having sex after marriage. It never entered my mind that I was

about to have sex, and then I sort of reasoned it, when it happened, I reasoned that in my cycle I can't, and, but I was wrong."

This socialized ideal of not engaging in sexual intercourse before marriage impacts on a woman's decision to not use contraception. This idea may initiate in the societal norm that bad girls have sex before marriage. Therefore if you take responsibility for contraception you would be acknowledging your sexual behavior and might have to own the label of bad girl. This creates a context in which a denial of the reality of people's sexuality occurs.

Gill draws our attention to another factor in the use of contraceptives – the denial of society, represented perhaps by our families, to accept the reality of sexual relationships. She began to have sexual relationships at a young age. She experienced a few pregnancy scares and would then go to her mom who said that should she be pregnant they would organize an abortion. She says:

"I'm sure my periods were late because I was anxious. Immediately after having sex with somebody, cause I took no precautions. That's another thing that I hold against my mother. That she didn't say: 'Well, let's try to find out why you are behaving like this and get you on some contraceptives'. There was never any, I think she also was in denial."

This highlights parental responsibility towards children to ensure they are protected. In order to do that parents would have to recognize their children as sexual beings. Adults may feel uncomfortable with their children's exploration of sexuality because of the stereotypical ideas that sex is sinful except in the context of marriage. Operating from a position of denial alleviates their level of discomfort (Bradford, 1994).

One of the growth experiences, which can occur as a result of a termination can be the commitment to using contraceptives. As **Calista** says:

"I went straight on to contraceptives, when I went back to Dr. Vassler, and I was still scared. It's not 100 percent safe. There's that fear and then, when we finally did it was almost like, like a healing experience."

She appears to have made peace with her sexual relationship and admitted it by starting to use contraceptives. However, another important fact, which she focuses on, is that to date there is no 100 percent safe contraceptive. There is always a danger of falling pregnant (Haslam, 1996). It is crucial to consider that some women cannot use one or another contraceptive because it does not work for them. They may experience side effects or feel uncomfortable with the contraceptive.

As can be seen from the above quotes, the area of sexuality, contraceptive usage and ideas that exist in society are intertwined in a complex way. There are many factors that contribute to the non-usage of contraceptives. The problem is compounded by the many taboos and myths which have existed around sexuality. Women are taught to keep themselves pure and told that their virginity is precious and that without it they lose value. Men do not have similar restriction placed on them. This double standard is a way of keeping women submissive, whilst allowing men to engage in sexual intercourse without restriction (Shortall, 1997).

What is very apparent from the interviews is the idea that women are seen to be responsible for contraception. It is usual practice for the woman to be blamed for not using contraceptives (Timpson, 1996). McCulloch (1996) highlights that disregard for contraception is prevalent among men. Beliefs and ideas, which hamper the use of contraceptives in our society, will need to be identified and actively challenged.

5.1.2 Discovering their pregnancies:

There appears to be a process of emotions that a woman moves through when she discovers her pregnancy and makes her decision to abort (Wasielowski, 1992). The moment of a woman's discovery of her pregnancy and the initial reaction she has, may reveal how she will ultimately construct the meaning of this experience for herself (Winn, 1988). Each woman's emotional experience of this time will be affected by the context, and obstacles and support which she may encounter (Wasielowski, 1992).

Sue states that each of her pregnancies were very different. They occurred at different developmental times in her life and thus had different meanings for her. She acknowledges unconscious motivation for two of her pregnancies and as a result does not describe her initial reaction to pregnancy as one of shock or horror. Unconscious motivation may be defined as “motivation that is not in the conscious awareness of the person” (Reber, 1985, p.455). **Sue** has insight and recognizes now that on some level she was using pregnancy to define her decisions and test the limits. She initiates the topic of unconscious motivations for her pregnancy by talking of her first termination at the age of 21. She states that at the time of that pregnancy one of her close friends had given birth to a girl and she was very involved with the child. She says:

“I remember thinking, at the, a little while afterwards, and certainly have in the ensuing years that, that conception of that pregnancy, that conception was something to do with some sort of unconscious feeling of real connection to that child, and somehow wanting to replicate it. ... I should think it was probably my first powerful clock urge, which wasn't a clock urge 'cause it's too early. It was the first powerful urge to have a child, and I didn't, there was no way, I just succumbed to it.”

In this extract she introduces another concept which is worthy of future attention and that is the “urge” to have children. She states that before her own experience of what she calls this “clock urge”, she didn't really believe that it existed. She says:

“I know it was a biological thing, and I didn't really believe in that before so strongly. So now I'm very sympathetic when people say, you know, I'll move heaven and earth or you know I'll lie on that thing and have, you know IVF time after time, R20 000, it doesn't matter, because there's such an intricate nuance thing.”

Sue is also aware of unconscious motives operating in her second pregnancy. At the time she had recently met her current husband and had fallen in love with him. She says:

“I wanted to have a child immediately. ... I just remember thinking I have got to have a baby and I have got to have this guy's baby. There was a huge unconscious force at work, huge.”

The discussion of unconscious motivation and the related “urge” to have children was not actively asked for, or explored in the other interviews. As Pipes (1986, p.125) states: “Sometimes our pregnancy has been the expression of deep internal conflict. It was the result rather than the cause of our problems. The motivation to conceive is largely subconscious and partly because none of us want to admit to playing around with human life in order to sort out our personal dilemmas”.

The introduction of these topics highlights again that the context in which we reside enables us to construct meanings and realities for our experiences. **Sue** is qualified in the field of psychology and familiar with concepts that would enable her to explore and acknowledge unconscious motivations. Perhaps because this is a concept that she feels comfortable with, she can explore and acknowledge her motivation to become pregnant.

Gill, when talking about the discovery of her pregnancy, states that she had had a few pregnancy scares. She acknowledges that she had already thought that, were she to be pregnant, she would have a termination. She attributes this to the fact that each time she had had a pregnancy scare and told her mom, her mom had said that if she were pregnant they would organize an abortion. She says:

“Although Mom believed in abortion, I thought Dad probably wouldn’t and I’d probably go and live with him and he had a nice big house in Swaziland and he would help me and the baby and that would all be fine”.

Gill had thought that were she to become pregnant, her dad would support her. Thus, even though she knew that abortion would be an option because of what her mom had said, she assumed that her father would have a different understanding. As will be discussed later, **Gill** was very dependent on her parents for guidance and support. She had gone to the gynecologist to get contraceptives on the recommendation of her father, when she discovered she was pregnant. She says:

“When I went to the gyne he did a pregnancy test. I must have suspected or asked him to do a pregnancy test and he did and phoned straight and said it was positive. I remember saying to

the guy: 'Oh, are you sure, can't there be a possibility that there was a mistake?' And he said: 'No, it's definite'. And I said: 'Can't I get a second opinion?' And he said: 'No, this is definite'."

When the reality of her pregnancy was discovered, she responded with shock and denial. On telling her dad about her pregnancy she was caught unawares in that her fantasy of how her dad would react was not what actually transpired. She says:

"I flew back to Swaziland to tell my dad and that was, I think where my shock came in, because Dad just also said: 'Have an abortion, I'll organize it'. I was feeling so let down by everybody and I just thought I couldn't go against my parents. I was so emotionally dependent on them. I couldn't see myself actually defying them and trying to do something that they weren't supportive of."

Gill's quotes highlight how the meaning her pregnancy had for her was not supported by her parents. She describes feeling "let down" by them and shocked at their response. As stated previously, women will encounter obstacles or support in the process of discovering and making decisions about their pregnancies and these will affect their choice and the subsequent meaning the abortion has for them (Wasielowski, 1992).

Ann fell pregnant in Matric. She had been involved in a relationship for a while and describes herself as panicking upon the discovery of her pregnancy. She says:

"I think through lack of education, lack of maybe parents sort of guiding you through things that can happen in your life, I fell pregnant, and it was from there. I panicked, 'cause in myself I knew that I got myself into this mess, I'd get myself out of it."

Her parents were not aware of her dilemma and she felt she couldn't approach them. At the time of this interview, **Ann** is a born again Christian and she remembers the discovery of her pregnancy in the following way. She says:

“So it was almost I think like divine appointment, intervention, because I was made aware of the fact that I possibly could be pregnant. I can’t really remember exactly what illuminated that fact for me. I was in matric. Maybe it was the way that I was feeling, bilious. ... Something drew me to go towards a pregnancy where did I go. Oh, I went and bought one of those little things first. ... The wheels came off. You can’t begin to imagine the overwhelming feeling of what do I do now.”

Ann was shocked by the discovery of her pregnancy and overwhelmed by the implications. It was a crisis point for her where she was confronted with making a decision at a time when action was difficult.

Marilyn also remembers a feeling of panic at the discovery of her pregnancy. She says:

“I was feeling terrible and my period was late and I thought well, maybe I’m just panicking. And then I went and I bought a test and I did the test and it was positive. ... I’m going to the doctor, so I went and he did a scan and he said: ‘There it is’. Well, I can tell you then, my, my mind was like cease, you know, it’s like a short and each option, like having the baby, telling him, was all panic. I just wanted to, I sort of thought, well let me ignore it and maybe it will go away. But you know this doesn’t happen, you can ignore some things and they go away, but this you can’t ignore. It won’t go away.”

She is shocked and feels panic at discovering her pregnancy. She attempts to deny the reality but realizes that this problem will not disappear and that action is required.

The discovery of a pregnancy thus may be a traumatic time for women (Wasielowski, 1992). The research has shown that there are many possible emotional responses ranging from shock, fear, denial and panic to a feeling of joy at being able to conceive a child (Russo & Dabul, 1997; Winn, 1988). With the exception of **Sue**, the women in this study responded to the discovery of their pregnancies with a sense of shock and panic. This is understandable when one considers that the pregnancies were unexpected. **Sue**, however, acknowledges unconscious motivations for her pregnancies and as a result states that she did not experience feelings of shock or panic. The manner in which these emotions are processed and interpreted

by the women and those close to them will play a role in the way in which the meaning of the experience is subsequently constructed.

The women now move into the next phase, which is making a decision about the pregnancy. It becomes apparent that the context, within which they are operating, and their own feelings about the pregnancy, now that they have had time to process the information, will impact on the experience and the meaning that is derived.

5.1.3 Making the decision to abort:

The responses from the women in this study and the available literature confirms that the decision making process is of crucial importance when one comes to explore how the abortion is experienced and how meaning is constructed (Turrel et al., 1990; Winn, 1988). At this time many factors may come into play which impact on the decision making process (Winn, 1988).

The interviews revealed that for some women the discovery of their pregnancies is followed by an almost immediate decision to abort. The literature indicates that the nature of the decision to terminate is an indicator of post-abortion functioning (Stotland, 1996; Winn, 1988). Whilst the decision to abort is the woman's own in these excerpts, the reasons given for the decision vary from woman to woman.

Calista had suspected she may be pregnant and had made her decision before the confirmation was received. She was certain that she did not want a child at this time of her life. She says:

“We went and true as Bob, and I'd already decided. I'd spoken about it. We had spoken about it and chatted about it and I was not going to have a child at this stage of my life. It was just something, I would rather, I would rather die. I would rather commit suicide than have a child at this stage. I thought everyone, you always, no way in hell, I'll never have an abortion, but when push comes to shove, that's the decision I made.”

Calista's extract reveals that her reason for terminating was that she did not want a child at this stage of her life. She is studying and wants to complete her degree. She feels very strongly about this and says that she would rather kill herself than contemplate carrying the pregnancy to term. Upon the discovery of their pregnancies some women, like **Calista**, acknowledge that the timing is not right and that they want to continue with their studies or their careers. They appear to acknowledge to themselves that they can plan the birth of their children and that falling pregnant does not mean that they should have the child (McCulloch, 1996; Pipes, 1986).

Barbara, discussing her second termination, also indicates that for her the decision to terminate this pregnancy was immediate. She says:

“Ek kan nie ‘n kind in die lewe bring as ek nie self reg is nie. Ek is nie emosioneel sterk om nog ‘n kind rond te vat nie. In elk geval ek het net dadelik besluit ek kan nie die kind hê nie. Dit het reguit in my *mind* gegaan, en gesê ek gaan vir ‘n aborsie. Ek het nie eers twee keer daaraan gedink nie. ... Dis so vinnig toe ek uitvind ek is swanger. *It was so, it was about four days and I went for the abortion.* Ek het nie eers kans gehad om oor dit te kom of, ek het net besluit ek kan nie nog ‘n kind hê nie.”

It appears that **Barbara** was immediately aware that she was not emotionally able to cope with another child and that this was the reason for her decision to abort.

The following excerpt from **Marilyn** reveals the thought process she underwent when making her decision to abort. She says:

“I just sat and I just thought, look what is my immediate want and my immediate want was to not have this. This can't happen in my life now. I can't tell him. He is going to want to marry me. ... But it will be a disaster, and I've been through a divorce. I don't want to go through another divorce. ... So I thought OK. So I made the decision. I thought if I list the pro's and the con's, the pro's of having the abortion were much stronger than not, so I decided that's it.”

Marilyn highlights the issues that contributed to her decision, namely that she was not willing to marry the man, and did not want to be a single mother. She feared making another mistake and experiencing a divorce again. For her at this stage a disastrous relationship would be more traumatic than an abortion. She also highlights that for some women the abortion decision can be characterized by a sense of ambivalence, just as the discovery of one's pregnancy may be (Wasielowski, 1992).

Women often base their decisions to abort on seemingly practical matters, like completion of their studies, financial resources available, concern for existing and unborn children and relationship concerns, to name a few. What is not taken into consideration when people criticize women for their decisions to abort, is that these so called practical matters are the ways in which women have been socialized to assume responsibility for others, including the potential child (Patterson et al., 1995). As Stotland (1996, p.239) states: "People persist in the assertion that abortion is a selfish choice made by a woman who wishes to shrug off responsibility for her own sexual activity, rather than a choice drawing from a strong awareness of and respect for the duties of motherhood in the context of the woman's resources and other responsibilities".

It is apparent from the extracts that the decision making process may be characterized for some women by a rational consideration of the particular circumstances of the pregnancy. What is clear from the excerpts is that there are numerous reasons for deciding to terminate a pregnancy. As mentioned, factors, unique to this time, impact on the decision making phase and they will now be discussed in more detail.

a) Coercion:

It has been established from the interviews and the literature that coercion may function as a risk factor which predisposes women to experiencing their abortion in a negative manner (Butler, 1996; Friedman et al., 1974; Reisser & Reisser, 1989; Suffla, 1997). The definition of coercion is to force or compel a person into behaving in a certain manner (Reber, 1985). The following excerpts show how some of the women felt that they had been forced into making the decision to abort.

It is clear from **Gill's** narrative that she does not consider the decision to abort to have been her own. She was overwhelmed by the news and chose to disclose to her parents. They responded by telling her she had to abort. She was not in a position to defy her parents. She says:

“I was feeling so let down by everybody and I just thought I couldn't go against my parents. I was so emotionally dependent on them. I couldn't see myself actually defying them and trying to do something that they weren't supportive of. ... But I do feel quite angry about it because, no, my, I don't recall my feelings ever being considered. I've always blamed my parents. I have always said it was their choice. ... I have always felt that I was pressurized into the abortion.”

She perceives her parents as having coerced her into abortion. She feels anger at their lack of consideration of her desires and holds them responsible for her abortion. This quote highlights one of the roles that parents can play upon the discovery of their daughters' pregnancy and shows how this position of power can be misused to compel a woman to terminate her pregnancy. The coercion to terminate a pregnancy comes at a time when the woman is already vulnerable and needs all the support she can get (Russo & Dabul, 1997; Winn, 1988). The reactions of those people with whom the woman shares her situation shapes her experience and her emotional response.

Barbara, who has had two terminations, reports that her first abortion was a coerced decision. When she was 19 she fell pregnant. She chose to disclose her pregnancy to her partner and her parents. She says:

“Hy het geweier om te glo dat dit sy kind was. Weet jy hoe dit my omgekrap het? En toe sê hy nee ek sal moet gaan vir 'n aborsie. *It wasn't even my decision then.* Al wat ek weet is ek was bitter jonk. Ek het gevoel asof hy my net gebruik het, jy weet, ek was baie seer gemaak en *upset* daaroor en toe het ek maar net ingestem met hom en my ma en my (pa).”

Both **Gill** and **Barbara** were young at the time of their pregnancies and they feel that the decision to abort was not their own, but forced upon them by those who were close to them, namely their parents or their partners.

The following extract from **Ann** highlights how not feeling as if one has any other options can also be perceived as coercive. She was unable to talk to her parents for fear of letting them down. She felt she had to handle it herself. She says:

“It was like when I realized that I wanted to keep the baby, not even understanding the full implications of that, at 17. I mean I was young, innocent and immature really. Just saying to him: ‘Well, I’d really like to keep the baby’. And I think he was strong enough to say: ‘Look I’m not ready to marry you or anybody else’. ... And it was sort of in that when I realized really. It was on the way to the abortion that he said that to me, and I said: ‘Look can’t we just maybe change our minds about this’. And he said: ‘No, you know this is OK’. ... And there’s a cut off and you just accept it and you shut your mind off and you just go numb, and then you just do what you have to do.”

If a woman feels that she has no other options, that she will be unable to keep the baby because she fears people’s reactions, does not want to let others down, has no financial means or has no support from significant people in her life, then the decision to terminate may be perceived as having been coerced. As **Gill** says:

“But I have always felt that I was pressurized into the abortion. I had no choices, and in fact I had no viable choices, because my parents were supporting me emotionally and financially.”

She thus feels that the choice was not hers and that she was not in a position to go against her parents’ wishes. She feels that her parents made the choice and that she went along with it.

The literature has found that women who perceive coercion will be more likely to experience psychological symptoms after their abortions (Butler, 1996; Davies, 1991; Friedman et al., 1974; Reisser & Reisser, 1989; Stotland, 1996).

Women who do not take responsibility for their decisions because they felt coerced might be inclined to ascribe a sense of failure and guilt to the experience. When one feels pushed or coerced into a behavior one may not take responsibility for the behavior because one may feel it was initiated externally. This opens the way for attitudes of blame and a sense of loss of control. If someone is coerced into a situation they feel disempowered and victimized. This further impinges on their self-image and the way in which they will construct their sense of self and identity from their experience (Hart, 1996).

What is apparent from these accounts is that the women who later felt that the abortion was a mistake and regret it, all experienced a measure of coercion at the time of their terminations. They had doubts and their voices were not heard or ignored. They were young at the time of the abortions and more susceptible to the influence of others (Kaltrieder et al., 1979). Thus, the abortion decision was not theirs alone. This has implications for the meaning that was given to the abortion experience. As Deaux & Major (1990, p.92) state: "Choices are not made in a vacuum but are shaped by such transitory factors as the other people involved and the prevailing societal norms". As Turrel et al (1990) suggest, the decision to abort can be the variable that best explains the differences in the emotional response to abortion. This decision could be placed on a continuum between a well-informed and supported decision to a non-informed, coerced decision.

b) Choice and the importance of making one's own decision:

Related to the previous factor is the importance of making one's own decision. As mentioned, women who perceive coercion, or who were coerced tend to view their abortion experiences in a negative light (Butler, 1996; Friedman et al., 1974). They will be more inclined to experience negative sequelae post-abortion than women who believe that the decision to abort was their own.

It would appear from the interviews that regardless of the women who have experienced abortions opinion as to whether abortion is right or wrong, a central idea is that women should be allowed to make the decision to terminate their pregnancies by themselves. Thus,

women should be guided through the decision phase and provided with the relevant information to make their own informed decision.

Ann, who now believes that abortion is wrong, acknowledges this important point in the abortion context. She says:

“Ultimately it’s your choice and my choice and her choice. ... I suppose it is not my place to control you, and to tell you, you will do this or talk to you in such a way that I come into your boundary. You work out your own situation, you work out your own destiny. You work out your own life. You are an individual and that needs to be respected.”

She values the freedom to make one’s own choice and acknowledges that each person should work out their own decisions.

Calista highlights the importance for her of abortion being legal and that she had the choice to terminate. She says:

“What helped me the most was that I had the choice. What if I didn’t? What if I wasn’t able to have an abortion? I think, I think so many women, I think years ago or even two years ago what option did they have? They had no choice. I had a choice.”

Thus, her comments show that she is aware that had she fallen pregnant before the change in legislation, her experience would have been very different.

Calista also expresses the idea that each person is different and that therefore what may be helpful for one is not necessarily helpful for another. She says:

“I’m not going to go, ‘Oh it’s best to have an abortion’. That’s not, everyone’s different, for me it was best.”

She also highlights the importance of people making their own decisions and choices. She says:

“You don’t force, you don’t give someone your own opinion. You help them work around it. They must discover the options and stuff themselves. I had to make the choice, it’s easier to deal with. If I’m forced to do something then I can always blame it on, well I didn’t have a choice, but I had a choice and that made it easier.”

She draws attention to the fact that the choice was her own and therefore something she can deal with. She acknowledges that had she been forced into the decision she might have blamed others for her abortion.

Marilyn also raises the importance of making one’s own decision. She says:

“I had to really make the decision myself.”

I: “And was that helpful for you, do you think?”

M: “Yes, because now I take responsibility, you see. I can’t say well you said that it was a better thing or she said that it was a better thing, so I did it because they said it was a better thing. Can’t say that, I have to say that I decided it was better.”

She feels that making the decision to abort for herself was helpful because it means that now she acknowledges self responsibility.

Taking responsibility for their decisions enabled these women to take responsibility for themselves. Research has shown that women who believe that the decision was their own appear to have better decision making skills and coping abilities (Turrel et al., 1990).

Making the decision to terminate is a complex and sometimes difficult process (Winn, 1988). Participants suggest that women should be allowed space to make this decision for themselves in a non-judgmental environment. As Winn (1988, p.56) comments: “Most women want the chance to make a conscious, responsible decision”. When one considers the implications of not having the space or freedom to make this decision for oneself, on one’s

construction of one's experiences, then it becomes clear as to why it is necessary to provide an open non-judgmental environment.

c) Relationships with men and their reactions to the pregnancy:

In the abortion literature men's experiences of abortion is hardly ever discussed. There is a paucity of research on men's experiences and the role they play in women's experiences of abortion. When one considers that traditionally in western society men are considered to play a negligible role in the care and raising of children, then this lack of literature on the role that men play in abortion is not surprising. Bearing and looking after children has been considered an exclusive female domain (McCulloch, 1996). This division of labor is the way in which the roles of men and women have been constructed in western society and it is widely believed that this division is the "natural" and correct state of affairs (Walker, 1994).

The relationship which a woman is in, and the man's reaction to the news of her pregnancy play a vital role in the meaning which the pregnancy and the termination has for a woman (McCulloch, 1996). The support or lack of support, which a woman receives at this time, can shape the meaning this experience has (Reisser & Reisser, 1989; Suffla, 1997).

Sue, when discussing her second termination, describes the role her partner played as follows:

"I remember having long discussions with Dave. Over a short period of time, about a week, saying that I wanted to keep this pregnancy and but, in the very back of my mind I didn't really. I knew that he was right and you know you often hear women battle, because they really want to keep the child and they want to keep the relationship and the man doesn't want the baby and that's hard. In the back of my mind I knew he was right. ... I know that if I had been determined not to have that termination and determined to keep that baby, I would have changed his mind. I know, I'm sure I would of or I would have made such a fuss that I would have said: 'Well then I will go on my own'. So then we decided, we decided and, it wasn't like a whole big major. It was just, yes, we, there will be plenty of time."

For **Sue** and her partner the unexpected pregnancy was a time for discussion and clarification of their relationship. He wanted the pregnancy to be terminated and said that it was a bad start to their relationship. She says they spent much time discussing it and she knew that he was right. Together they were able to work through this experience and their relationship was able to grow. He did not abdicate his responsibility in the pregnancy.

Calista's experience was similar in that her partner supported her and was not coercive. They had been going out for two years and felt that their relationship was committed. Initially upon the discovery of her pregnancy she says he was petrified and shocked but they also spent a lot of time in discussion. She says:

“He didn't give any input on what would happen now that I was pregnant. He was too scared to say anything, but he was more than relieved when I chose to have an abortion. It was my choice.”

For her, the fact that he did not give input on the decision was helpful in that she could make the decision for herself. She later adds that even if he had wanted the baby she would have made the same decision. He accompanied her to the doctor and was with her after the termination. This was most helpful to her and allowed her to feel supported. Prior to the termination he had spent the night with her and they had held each other and cried. When asked why that had meaning for her she replied:

“It meant (that) it meant as much to him as it did to me, that this was not just a simple thing for him, that it also affected him as much as it affected me.”

Thus, his ability to be vulnerable with her and share her sorrow reassured her and provided some positive meaning for an otherwise sad event. **Calista** says that as a result their relationship is stronger. When asked about her relationship now, she says:

“(Its) Almost better, we have gone through so much, we had to deal with so much together, we are very strong, we are strong together.”

Other women in the study who were involved in less committed relationships, who were not supported by their partners, or who were coerced by significant others into making the decision to terminate, expressed that the impact that this had made was negative. It would appear that when the man's response to the pregnancy is one of denial and coercion to abort, the woman understandably feels unsupported.

A high level of coercion and rejection from her partner characterized **Barbara's** first termination. A sense of betrayal is evident. She says that he made the decision and because she was so young she went along with it. She says:

"It wasn't even my decision then. Al wat ek weet is ek was bitter jonk. ... Dit het my in die eerste plek seergemaak toe ek vir hom sê ek is swanger en hy sê nee, dis nie sy kind nie, dink ek, Here, die man kan nie baie van my dink nie. Hy moet dink regtig ek is 'n regte flerie of 'n slet of 'n ding."

His reaction makes her question herself and her behavior. She is left feeling that he must think that she was promiscuous and this is hurtful for her. **Ann** similarly experiences rejection from the man who made her pregnant. She says that he also encouraged her to abort, telling her that he had no intention of marrying her or taking responsibility for the child. Upon hearing of her pregnancy he also questioned whether it was his child. She says:

"I phoned him and he said, sort of implied, 'Are you sure it's my baby?'. And I said: 'I beg your pardon. You know I mean, catch a wake up. Of course it's your baby'. ... And it's amazing how they then all of a sudden, nice to just be around and then when a complication hits the situation then they want to sort of back off."

The doubt, which both these women's partners express, is upsetting, disappointing and disillusioning for them. It may also leave them feeling angry and betrayed.

What is noticeable from these extracts is that the role that some men play can be destructive. Those who pressure their partners to have an abortion and who deny their own responsibility create a problematic context for a woman faced with an unplanned pregnancy. This response

from a man with whom one has been intimate can increase the likelihood that the abortion is experienced as traumatic. Not only does the woman have to cope with the pregnancy and the termination, but also with the betrayal and rejection of someone with whom she has been intimate. Women who experience their abortions in the context of such betrayal and lack of support report that this shapes the subsequent meaning of the experience for them (Bracken et al., 1974; Turrel et al. 1990). It is crucial that more is discovered about how men handle their partner's pregnancy and influence the decision to abort (Major et al., 1992; Major & Cozzarelli, 1992).

d) Importance of support and acceptance:

As highlighted, women respond more favourably to their experiences if they perceive support from significant others (Bracken et al., 1974; Marder, 1970; Turrel et al., 1990). Support may be defined as "the furnishing of comfort, recognition, approval and encouragement to another person" (Reber, 1985, p. 747). Cozzarelli et al. (1994) found that women who perceived their decisions to abort as being supported were inclined to have less risk for developing psychological symptoms post-abortion.

Calista spoke frequently about the importance of support for her and what the implications would be for women who did not receive the same level of support. She is a nurse and has seen what happens to women in the public hospitals and thus chose to have her abortion in a private clinic. She says:

"There was one nurse, a sister. She was really lively and she gave us sort of sex, sex education. And she just chatted for about an hour afterwards and she was really great. I'll never forget her. I wrote her a thank you letter and, even though I was so scared about confidentiality and everything. ... And I gave her a letter, I felt like the receptionist was, could almost look into me, and my little heart was beating but I did it."

I: "Why was that so important for you?"

C: "She accepted, she accepted, she didn't try to blunt it or anything. She was great. She was just up front. She made me feel like a person, and she gave me advice afterwards, and, where to

get contraception.”

The manner in which this nurse responded to **Calista** was very beneficial in that it validated her experience for her. She felt accepted and supported. She also appreciated the nurse’s upfront and open manner and practical advice about contraceptives. This way of responding was helpful for **Calista** in that it allowed for the reality of the abortion experience to be acknowledged instead of as may happen in a judgmental context, the experience to be denied and hidden.

Marilyn, who had her abortion at the same private hospital, also experienced the nurses as supportive. She says:

“The nurses were unbelievably nice. They just, they, they didn’t talk about it. They just said to me, ‘I’m sure you have made the right decision, I’m sure you have thought about it’. I was lying there and I thought it amazing, you know, they are all so understanding.”

For **Marilyn** the fact that the nurses did not judge or question her decision was helpful. She felt that they were supportive and accepted her. These excerpts reveal that obtaining support in the different contexts around abortion is important. The service providers and their manner of handling the women who present for abortions, shape the meaning which women will construct from their experiences. Women who are treated in an unsupportive manner by medical staff have been found to be at a higher risk for developing negative psychological symptoms (Marder, 1970).

The support of the woman by the people she chooses to disclose to also impacts on her experience. When **Calista** discovered her pregnancy she disclosed it to her boyfriend, her best friend and her sister. She says of her sister’s response:

“She was really great. We have a good relationship. She was just really supportive. She didn’t come down on me, didn’t, she was great. It’s just what I needed. Someone not to chastise you, someone who can just accept that this is what you have got to do. Don’t hate me for it, she was cool.”

All the people with whom she chose to disclose were supportive and their positive and helpful responses left her feeling accepted. She was also able to discuss her feelings with them. This gave her the opportunity to work through the process. She acknowledges however that it was difficult for her when her boyfriend went away on holiday after the abortion. She says:

“He just wasn’t there to cry with me and support me and just someone to chat with. Our friend was there but I needed him and I just thought, you know, you are not here for me. Why did you have to go home? I was angry at him. I thought this is not fair. Why should I have to go through this alone? And he came back and it was a very, very difficult time.”

Calista was fortunate to have a supportive partner who stood by her through her abortion experience and yet when he is away for a while she encounters feelings of anger and aloneness. One can surmise that these feelings of anger and loneliness are prevalent when a woman does not perceive her environment as being supportive (Cozzarelli et al. 1994).

Marilyn chose not to discuss it with the man by whom she fell pregnant. She disclosed to a girl friend and to her doctor. She says:

“I discussed it with my friend, a girl friend of mine, and she was in such a state for me. But she didn’t give me an opinion, which was very nice and clever of her. Because she would be in the same boat, she would think the same. So I discussed it with her and I also discussed it with the doctor and he was also not, so I had to really make the decision myself.”

Both **Calista** and **Marilyn** value the fact that those people who knew about their pregnancies allowed them the space to make the decision for themselves. At this time it might be worth mentioning that both these women had legal abortions performed since the change in legislation. As mentioned earlier, the same gynecologist at the same hospital performed their abortions. This is important because it shows how that particular environment, which appears supportive and accepting, has shaped the meaning of this experience for these women and influenced their emotional response.

Gill, as has been discussed, perceives her abortion as having been coerced. She did not perceive her parents as supportive. When she arrived back home the first person to become aware of her pain was her little sister. She says:

“I’ve got a little sister, who was a Christian, and she was so gentle and I remember she came in and said: ‘What’s the matter, are you OK?’ And it was actually the first sort of kindness or gentleness that I had had. And I remember I started crying and she said: ‘What’s the matter?’ And I said: ‘No, I can’t tell you but please pray for me.’”

This exchange highlights the lack of support in her environment. She feels that she was pushed into an abortion and her opinion was not heard. The fact that the first support she received should come from her Christian sister could be seen to shape the meaning the abortion experience has for her and her subsequent feeling that abortion is wrong. When many years later she finally discloses in a Christian environment, this further shapes her meaning of the abortion experience. She encounters acceptance, which she calls forgiveness. She says:

“I hadn’t grasped the concept of forgiveness, anyway at the next meeting I told everyone. ... And they were all amazing and they came and hugged me and some of them cried.”

One could surmise that somebody who operates in a religious setting and who believes that abortion is a sin would talk about forgiveness, whilst someone who does not have strong religious beliefs might be more inclined to talk of acceptance.

Ann did not disclose her abortion to anyone other than her partner. She says:

“Not having the support system through my parents and feeling that I could go to them. I didn’t want to disappoint them, you know, didn’t think they would be able to handle it.”

She seems to imply that if she had been better supported before the pregnancy she would not have made the decision to abort. Thus, she holds the lack of support as having contributed to her abortion.

Social support is very important in shaping the abortion experience. Those women who perceive that their significant others supported their decision could construct their abortions as positive experiences. Those who received and perceived little support were more inclined to construct their experience as negative. Inevitably the response which women receive from their environment will shape the meaning the experience has for them. Support is also linked to the idea of coercion. If a woman feels coerced into a decision then this implies that she is surrounded by people who are not supporting her effectively and that her wishes are denied expression. (Bracken et al., 1974; Turrel et al. 1990).

5.2 THE IMPACT OF THE DOMINANT GENDER DISCOURSES:

It is imperative to consider how the context of gender and the related issues impact on abortion. It is clear from the data that dominant gender discourses have a profound impact on how women experience abortion. The debate surrounding abortion is heated precisely because of the interrelations of this topic to other contentious and powerful issues, for example; sex, religion, women's roles and mortality. It is an area in which many stereotypical beliefs and preconceived notions abound (Timpson, 1996). This section will explore how the participants felt that these discourses impacted on and affected their abortion experience.

5.2.1 Sexuality:

The participants clearly highlight how the traditional views of women's roles have been important in their emotional processing of their abortion. It appears too, that the way in which a woman chooses to define herself and the roles she chooses to accept will also influence the way in which she will process her abortion experience. As mentioned previously, the sexual behaviour expected of women and men differ (Webb, 1985a).

Sue highlights the effect that such stereotypes have on the experience of abortion. She says:

“There’s something for me about, you know, bearing a baby is punishment for having *lekker* sex. And I think that’s very much felt in this country, by a lot of people of a certain type, of a certain generation. That it’s punishment for young people who, or any people who engage in something which is maybe slightly illicit. ... If you want to have a good time, you must hide it. You must protect yourself in some way. ... This is your comeuppance.”

It would seem that **Sue** regards society as being judgmental towards women who engage in pre-marital sex. She highlights that becoming pregnant and then having to have the child may be seen by some as punishment for having engaged in illicit sexual intercourse in the first place.

Calista also speaks about this stereotype which exists about women and sex. She says:

“That good girl thing, good girls don’t have sex before marriage. That whole idea and I was much younger, I’ve grown a lot. At that time it never occurred to me I would have sex. We had a very, a very close sexual relationship. But it never entered my mind that we would cross over. We always had great self-control and I always imagined myself having sex, having sex after marriage. It never entered my mind that I was about to have sex.”

Calista had been exposed to the idea that as she says “good girls don’t have sex before marriage”. It would appear that women who are sexual outside of the marriage context are perceived to be bad, and those who are sexual within the marriage context only, are perceived as good.

Ann’s comments reveal how this stereotypical view of women who are not sexual as pure influences her ideas. She says:

“I wasn’t really a drinker or a smoker or anything. I was a very pure girl. I wasn’t promiscuous. I wasn’t a sleeper around, but I was very shy with boys and I knew my place, so and ...”

I: “What does that mean ‘I knew my place’?”

A: “You know, girls don’t do certain things. You know, you don’t run around, sleeping around with 10 or 15 or 100 guys before you get married. My upbringing was Christian and that you should keep yourself for your husband one day, which is all very biblical and all very good and pure.”

She was taught that there is acceptable and unacceptable behaviour for women and she was aware of what was expected of her.

Traditionally women are perceived as having to protect the virtue of themselves and their families. They have paradoxically also been perceived as weak and immoral by virtue of their ability to bear children (Timpson, 1996). They have been taught that acceptable behaviour requires them to not be sexual (or not to be caught being sexual) (Bradford, 1991; Shortall, 1997). These views have not only created much confusion, they have also limited discussion on the subject (Timpson, 1996).

All the sexual relationships into which **Sue** entered, carried with them the idea that she was responsible for contraception. This is the same with the other women in this study. It would appear that men engage in sexual intercourse with very little thought as to the possibility of pregnancy. Because it is something that won’t happen to their body they seem to take less responsibility. **Calista** highlights this sense of responsibility. She says:

“(I experienced) anger at myself, that I had done something so stupid. I should have used contraceptives.”

She assumes the blame for a situation she is not solely responsible for. The other injustice is that prior to the change in legislation, even though a man and woman together make a baby, the woman would be held responsible for the criminal act of abortion, even in situations where she may have been coerced into the abortion.

In conclusion, a woman is expected to take care of her family, to look after the needs of those close to her (Westmore, 1977). She is the one who can conceive and the child is carried

in her body and fed by her. She is considered to be the one in whom virtue resides. There are many messages given to women in our society around how to remain pure and virginal (Stoppard, 1998). Through this women are also held responsible for engaging in sexual intercourse. It might be true to say that women never learn of their own sexuality. They learn about their sexuality in terms of a man's. Women are encouraged and told to value their virginity, to be coy and submissive. They are blamed when they become the victims of sexual intercourse, that is, when they are raped or when they fall pregnant outside of a marriage relationship. Perversely they are blamed for their biology and made to feel promiscuous or deviant if they are seen to be enjoying a sexual relationship (Timpson, 1996). In addition, in our society women are also held responsible for contraception. Men's role in this process is largely ignored. Thus, women are made responsible for the pregnancy, the baby, the children they bear and the decision to terminate.

5.2.2 Motherhood

Many regard motherhood as the highest achievement for women. The ideas of caring for and nurturing others is instilled into girls from a young age (Walker, 1994). The debate continues as to whether this is inherent in our genetics or a socially constructed way of being. One of the reasons that abortion may be so vociferously discussed is because it seems to challenge many of the stereotypes that exist about what it is to be a mother.

For many, motherhood is regarded as a woman's ultimate job and reason for being. Sue, when asked to comment on the societal perception that a woman is only a woman once she is a mother says:

"Its such a *kak* thing that. You know, you can't be a good midwife unless you're a mother. You can't be a good pediatrician unless you're a mother. You can't be a good child psychiatrist unless you're a mother yourself. You know I think it adds richness. It adds experience and it adds, it adds kind of colour to things because you have got personal experience that you can maybe share sometimes and so on. But, you know, we have this wonderful ability to be empathic and to get into the other person's shoes if you have empathy.

So you don't need to be a mother to be any of those things ... But you don't need to be a good cook to be a woman, and you don't need to be, you don't need to be a good *pomp* to be a woman. It adds richness to you, but you are a woman because there you stand a woman. I think motherhood is just another string to a woman's bow, and if she chooses it, parenthood, you know, and it's parenthood anyway, I mean what about fatherhood. If you choose parenthood it, just adds to the whole panorama of your life, hugely, but our lives are rich, and will be rich without children, but you can share other people's. You know on some level you can be a teacher or love your neighbours' children. I don't think that, you know, womanhood and motherhood are synonymous at all. It's, that's bloody political stuff that."

Sue's comments also reveal that for her motherhood is planned and that she believes that she can decide when she will have a child. She says:

"I had my children when I was, quite late, 36. I could not have been a good enough mother at 24. I just know it. I mean, on the other hand that's bullshit because you can always, you know, but I would not have chosen to be a mother at 24, 25 or 26 and it was about being too busy doing things. Traveling, studying and I wouldn't have chosen to be, to have a child at that stage. So I really went for motherhood. I actually felt I wanted to have a baby at about 32, 33, and then we planned it."

Thus, **Sue** views being a woman in a different light to the dominant discourse, which might be seen to hold that women are made by becoming mothers. She believes that there is more to being a woman than having children and that a woman can plan when she wants to have a child. She is challenging the dominant discourses which equate motherhood with womanhood in essentialist ways. Her ability to acknowledge the politics implies that she is able to see the constructed nature of the discourse.

Calista felt that she would like to be a mother but also believes that she can choose when that will be. She had to reconcile two aspects of herself, which she calls the nurturing side and the selfish side. She says:

"I love kids and animals and stuff and it was just, it was something I had to do. Maybe for selfish reasons but it went against half of me, the motherly, protective, love children, love

being a nurse, sort of person, caring, loving. You can't like, you almost can't destroy something. ... I love hugging people and patting people, if someone falls down, I'm the first to pick them up and, you know, I'm very nurturing. ... I know I will be a good mom but it's just the time is not right."

Calista's decision to abort forces her to question her nurturing side. She struggles with choosing against motherhood, but solves the problem by asserting that this is a temporary choice. She feels that the decision she made was contrary to that aspect of herself and this might have lead to her doubting her decision. However, she is clear that even though the decision was difficult, it was best for her. She was aware that at this stage she was not ready for motherhood and believed that she had a choice in the matter.

Related to the idea that being a mother is central for women, the literature has found that women who struggle to fall pregnant or who lose a child will be more inclined to experience abortion as negative and regret their decision later (Turrel et al., 1990). This is because they may feel that they had a chance before and they didn't use it or they may feel that God is punishing them for their abortion decision.

Gill and her husband have been unable to conceive. They have discovered that her husband's sperm count is low and that it might be the cause of their infertility. Prior to this discovery however, she felt that she was to blame. She says:

"I always believed that I must be the, there must be something wrong with me why we can't."

She experienced feelings of guilt and regret about the pregnancy which she aborted.

Ann too has guilt feelings in that she did conceive once she was married but lost the child after birth. She says:

"She was Downs syndrome. That was my first baby. I was very young and my immediate thoughts were, God's punishing me for what I did and that I deserve this. ... I mean when I had my first baby and I had the whole encounter to deal with and process. I think the

combination of the two and carrying the burden all on my own. Blaming myself, not only for the abortion but also for my abnormal child that suffered like that.”

She felt enormous guilt over her abortion and felt that she was to blame for the medical condition of her first child. She did not share her burden with anyone and believed that God was punishing her.

Losing a child after an abortion or the thought of possibly losing a child later in life has been identified in the literature as potentially leading to psychological problems (Suffla, 1997). As **Barbara** says:

“Al wanneer ek skuldgevoelens kry is wanneer ek kyk na my dogtertjie as sy siek is, en dan dink ek jinne sê nou iets gebeur met haar en sy word weggeneem van my. Dan dink ek, jinne, dan verloor ek my kind. Daar was ’n kans dat ek nog ’n kind kon gehad het.”

Barbara is aware that should her child die she would regret her abortion decision and feel guilt.

Another belief that may be found to influence this context is that motherhood comes naturally to women and therefore is easy. There does not appear to be an acknowledgment that becoming a mother can be a stressful time. Many tend to view the role of a mother through rose-tinted glasses and to view with suspicion any woman who may acknowledge the role as difficult (Russo et al., 1992). **Sue** highlights this by saying:

“I just think, having a child ain’t easy. And to feel that you were coerced into it, or let yourself slide into it, or were tricked into it or, anything like that, or felt that it would get you somewhere, get you some, but then if that what, if I’m consciously, you felt that it would get you somewhere, maybe then the difficult role is not so difficult because that’s what you want. You know, it depends, but for me, for me it’s too big a responsibility and too big a burden and too big a joy as well, to go, to go into it, kind of without your wits about you. ... I mean it’s something you need to know about, and, and you know almost be, almost be preparing

yourself for very early before even it's conceived. That's about maternal reverie, you know, it's something that's important."

Sue voices that the responsibilities that come with motherhood are enormous. She believes that people should think seriously about what it means to be parents before embarking on that path. This belief would serve to make deciding to have an abortion an acceptable option for her.

As mentioned previously, women make the decision to abort in the context of their particular situation and relationships. The reasons for deciding to abort may be practical. Contrary to the belief that bad mothers abort, some make the decision to abort precisely because they wish to be good mothers (Patterson et al., 1995).

Barbara's decision to terminate her second pregnancy is made because of her sense of responsibility towards her child. She realizes that she has emotional problems and says that it requires all her strength to cope with her only child. She feels it would not be fair to her child to have another one. This is one example of how women make the decision to abort in a context and not in isolation. She says:

"Jy weet, ek probeer nie myself afbreek nie, maar ek weet wat is reg en wat is verkeerd. En ek sien my foute raak in my dogtertjie, en ek moet so konsentreer daarop. Ek kan nie nog 'n kind hê nie. En ek ly ook nogal bietjie aan angstigheid. As sy te woelig raak dan raak ek op my senuwees en ek is geneig om te skree. En ek weet ek moet nie skreeu nie. Om nog 'n kind te hê wat nog gaan huil, en sy het my aandag nodig. Ek sal dit nie kan hanteer nie, regtig."

Barbara describes the importance of her role as mother. She says:

"Dis my hele lewe. Dis regtig, dis die belangrikste ding in my lewe. Dit is om rond te wees vir my kind. Ek wil as my kind haar opinies lig moet ek bereid wees om te luister. Ek wil net 'n goeie ma wees wat 'n goeie oop en vriendskaplike basis, 'n verhouding het met my dogter. Ek weet net ek wil nie vir haar gee wat ek gehad het as kind nie. Sy moet net 'n beter lewe hê en 'n meer stabiele lewe. ... *I think I am doing the right thing. I might be a bit overprotective but I'm working very hard at it.*"

These words indicate that for **Barbara** the pressure of raising another child would be more than she feels she can handle. She enjoys her first child and acknowledges how much she has learnt from her. She is devoted to her and is constantly attempting to improve her manner of working with her daughter, yet when confronted with the possibility of having another child, she decides to terminate. She argues that a woman can be a very good mother and still choose to abort – in fact you abort precisely because you strive to be a good mother.

Marilyn also focuses on the child when she speaks about her decision. She says:

“I thought it would be sweet to have a baby. Then I thought well shit, why would you want a baby if you don't, if you don't want it really. The poor child to have a mother that resents it. I mean why, no shucks, shame. That would be terrible for me, neglected children. That's the worst thing. So I wouldn't want to do that myself. I would want, when I have a child I would want to want it.”

She is concerned about the fact that she would resent this child on some level were she to carry it to term. She also feels that the fact that she does not want this pregnancy will impact on the life which this child would lead.

In conclusion, society encourages women, as part of their nurturing role, to be responsible for connections and relationships. They are required to provide a safe place, consider the needs of others above their own and be submissive. When they move from this role and tend to their own needs they are denigrated as selfish, and not fulfilling their female duties. The idea exists in society that women who choose abortion fall into the above-mentioned category. The irony however is that most women make the decision to abort in the context of their existing relationships (Patterson et al. 1995). Increasingly, as the restrictions on women's roles are being lifted, women may make the decision to abort because they themselves have goals, which they want to attain. Inevitably however even this decision is in a context where they consider the impact that this pregnancy will have on their family, partner and the unborn child.

It is clear that different people will have different views on what it means to be a mother. For some mothering is a primary function of being a woman (Luker, 1984). For others mothering is one of the ways of being that a woman may choose and not the central and defining role (Luker, 1984). The views which one ascribes to will have implications for the way in which one makes sense of one's world. For women confronted with an unplanned pregnancy, these views will also shape the decision that is made and the meaning that is attributed to the experience.

5.2.3 Gender roles:

The perception women have around the accepted ways of being a woman will influence the way in which they make sense of their experience. Their awareness of the existence of socially constructed and prescribed gender roles and the extent to which they accept them as a given impacts on their emotional response and experiencing of abortion.

Calista ascribes to a view of herself as a woman in a way which some might consider contrary to the traditional view of women. She says:

“You decide, you woman, you're not sort of governed by a man. You're your own person. You're independent, and you're free spirited. You make your own life. Women aren't the weaker sex, they just have different aspects, which they must work on. It's positive and just being a woman, it's really beautiful.”

For some people this may be considered a liberal or feminist way of thinking about women. For **Calista** this may allow her to consider that she can make her own decisions. Others may ascribe to the traditional roles, yet as the following words of **Marilyn** reveal, this may be in conflict with their experience of the way in which their world is functioning. She says:

“I think women are supposed to be dependent on a man, and I think women are seen as the weaker sex. I mean that comes from all over, forever, and I like that. In fact I'd like to be dependent on a man. It would be nice to depend on someone, but I've also been let down so many times, that you think I can't depend on anyone. So I've come to the conclusion that you can only depend on yourself, but now I think with women, I think they almost play games, to

appear dependent so that the man can like it. I think men like women to be dependent, and as, because they are threatened by independent women, and in my relationships as well because I was so independent, the men were very jealous, very possessive, because they wanted me. They wanted to keep me and in a little box, but they liked the independence and the strength, they like that but they wanted to contain it, and that didn't work. I want to be free, so now I need to find someone, who allows me to be free, and that's really hard. I think women in the world, I think they are becoming much more independent and probably that's what's causing so many problems in relationships. That's why relationships don't work as well as they used to because before women would just say, 'yes amen' to men, whereas now they say 'hang on a minute, I've got my own identity'. And the men don't like that, so I think that's what's happening. It's very restricting being a woman because of the way it is."

Marilyn appears to have ambivalent feelings about what her role as woman is. On the one hand she believes that women should be dependent on men, and on the other hand she has learnt through her experience that this does not always work. She values her independence yet sees it as causing problems in her relationships. Her words highlight another central issue and that is the threat of violence under which women live. They are largely kept in the traditional submissive role by this ever-present danger.

Gill would appear to ascribe to a conventional view of what it means to be a woman. She says:

"What are women? It's not an easy one for me to answer. I think women were created to be very different from men. I think we were created differently with different needs and skills, different strengths. I think there are so, obviously I know that hormones and everything, some men have more female and women have more men hormones. But I, I think our roles in life are different, and I feel quite sad these days because I think a lot of women are, competing with men, and trying to be their equals. Trying to be more like men instead of recognizing the fact that they are women and I think it's marvelous they are moving towards areas that they didn't before but I think the important thing is to remain a woman at all times."

She appears to be confused as to the role of women. She values that women have more areas open for themselves but at the same time denigrates women for trying to be like men and for

struggling for equality. She appears to see men and women as opposites with more differences than similarities.

Ann grew up in a context where her parents believed that there were different roles for men and women to achieve. She says:

“Men were the guys that studied and went out, but not women. ... I don't know whether they believed that it wasn't a woman's place to excel. ... I think it was just the old school, the old school had that way of thinking. ... And maybe it's also from the Afrikaans background.”

She has been exposed to gender roles which see women as submissive and men as the achievers. She acknowledges that these roles may be specific to the old way of doing things.

The comments of **Sue**, which follow, show how she disregards the gender roles to such an extent that she is surprised by other women's struggle to break free of the prescriptive roles.

She says:

“I sometimes am surprised by the fight. The fight of the feminists and something that I, I believe in and I, I consider myself a feminist but in sometimes I can't believe the fight that women have got to go through. Because it, it just seems so unnatural that we, we have to fight for that. And I have to remind myself of the millions of women all around the world who are, you know, and sometimes that sounds like I'm being really, not naive, but really arrogant almost because I just can't believe what some woman have to endure. And I have seen it with my own eyes and they are good, powerful strong women in their own ways. But there they haven't got it and they just allow themselves to be kind of shattered, and sometimes I just can't believe that because I just know I couldn't let it happen to me.”

She is aware of the fight for equality that occurs around the world. However, because of her belief that she would not allow others to break her, she is sometimes surprised that other women don't recognize the way in which they are being controlled.

As can be seen from the afore-mentioned excerpts there are many ways of viewing women and at times it would appear as if there is confusion as to the role of women. For many years women's roles have been dictated by the dominant patriarchal discourse. With the advent of the feminist movement and other societal changes, the gender roles have opened for debate and people are beginning to realize that these roles are largely social constructions (Hart, 1996). As Spender (1985) states: "Feminist knowledge is based on the premise that the experience of all human beings is valid and must not be excluded from our understanding, whereas patriarchal knowledge is based on the premise that the experience of only half the human population needs to be taken into account and the resulting version can be imposed on the other" (Reinharz, 1992, p. 7).

5.3 THE IMPACT OF RELIGIOUS DISCOURSES:

In the grounded theory analysis of the data religion and its impact was an aspect which emerged. The literature holds that those women who are religious are more inclined to develop negative psychological sequelae. A study by Adler (1979) states that it is not the religion, but rather the degree to which women internalize the teachings which influence the development of problems post-abortion (Turrel et al., 1990). Women who have strong religious beliefs will be more inclined to believe that abortion is a sin and thus may be inclined to experience significant feelings of guilt, remorse and depression post-abortion. Inevitably, even if a woman may feel she has made the right decision (if she feels it was her decision), when confronted with the weight of the religious establishment behind the belief that to abort is wrong, she might question her own action.

One gets a sense that before the abortion **Barbara** was determined that she could not carry the child to term. She says that her religious beliefs only began to bother her after the abortion. She says:

"So na die tyd toe pla my geloof my."

I: "OK, so voor die tyd het dit nie vir jou gepla nie?"

B: “Nee, nee, ek het nie een keer daaraan gedink nie.”

It could be surmised that she did not allow it to bother her before because she knew that she could not cope with another child. Now that the pregnancy is over it is almost safe to succumb to the pressures of religious beliefs and allow oneself guilt feelings and possibly this serves to confirm one’s religiosity to oneself. Highlighting her history in terms of religious beliefs, she adds:

“Maar dit pla my nog steeds in my agterkop, van my geloof. Ek weet dis nie reg nie. Kyk, ek kom nie uit ‘n baie sterk gelowige huis nie nê, maar nog deur al die jare het ek geglo die Here was daar vir my, want as dit nie vir Hom was nie, hoor hier, ek kan nie glo hoe ver het ek gekom met my agtergrond. *I think I actually achieved a lot.* Ek probeer positief dink, en ek het altyd as daar probleme was in my kinderjare dan bid ek vir die Here. Dan sê ek vir Hom help vir my, en Hy was altyd daar gewees vir my, jy weet ek glo in Hom. Ek glo net dit is nie reg, aborsies nie. Miskien is dit met my stiefpa, want hy was ‘n sterk kerk bywoner, alhoewel hy my ma geslaan het. Ek was verplig om kerk toe te gaan en ek het nou volgens die NG Kerk se standarde groot geword. Hulle glo mos nie in dit nie. Dis soos moord pleeg en dis maar seker waar dit vandaan kom.”

She eloquently describes her belief systems origin, whilst at the same time highlighting the hypocrisy involved. **Barbara** also seems to feel that God will forgive her. She says:

“*But I know it’s wrong in God’s eyes.* Jy weet, maar ek hoop Hy kan my vergewe, want Hy ken my. Hy weet wat binne my aangaan. Hy weet ek is nie ‘n sterk mens nie. Ek is seker Hy kan my vergewe daarvoor.”

Thus, even though her religion teaches her that abortion is wrong, she sees God as forgiving her because He has knowledge of her weakness.

Gill and **Ann** describe themselves as Christians who are very active in their respective churches. They use their abortion stories to highlight what they perceive as sin. They both believe that abortion is wrong and feel that they have been called by God to witness about

this to others. **Gill** says that for many years after her abortion she never disclosed to people. She then became a Christian and once she had got married she disclosed to her husband. She says:

“I still spent the next how many years of our marriage, six I suppose, not wanting to talk to anyone, not wanting to bring it out, still feeling very ashamed and then I actually had a dream. And in my dream Jesus came to me and we were quite involved with the church that we had joined. And I had a dream that there was a lovely green hillside. It was very pretty sort of, all the Christians we know wearing white robes and what astounded me was I was also in a white robe and of course white signifies purity and I’d never been able to see myself as pure and virginal. In fact, even when I got married, I didn’t wear a white dress. I wore a blue dress. And, Jesus came to me, oh that’s right, people were further up the hill and they were asking me to come up and join them and it sort of, I think signified getting closer to the Lord. And I couldn’t get beyond these little slopes because there was this huge mound of debris in front of me and piles of rubbish, rubble and just absolute stinking, horrible stuff. But none of the others could see it, and I couldn’t express to them that it was here. A bit like the Emperor’s new clothes, a bit of, I thought well they can’t see it, you know. Anyway I couldn’t get beyond this pile and then Jesus came around, and went right to the very bottom of this pile and pulled out this thing that looked like a doll, with broken limbs and a scratched face and matted hair and it just looked terrible. He put his hand over it and it became a beautiful doll and He gave it to me and He said: ‘This is your future and your fertility and you must take it with you’. And that was the end of my dream, and it was so amazing. I was actually, at that stage, part of a group who were meeting once a week and we were doing something called listening to God. And I believe it was probably the teachings we had had that opened me up or allowed God to give me this dream. I don’t know where it came from, because it was not a thing that I’d even thought about. I didn’t think about the abortion. I certainly didn’t feel I wanted to tell the Christians.”

Gill describes that she felt shame about her abortion. She had considered herself to be impure and unworthy. Her dream enabled her to begin exploring an issue which had remained hidden. She believed that God spoke to her in that dream. He knew about her abortion and forgave her. Disclosing her abortion in the church context was affirming for her. She acknowledges that the teachings she had been receiving may have facilitated her dream. She

had been in the Christian context for a while and one can imagine that her belief that abortion was wrong and carrying the secret of her own abortion, was very difficult. She later talks about an experience with a woman who was a Christian. She says:

“She had this healing ministry and she suggested that I, you know, she was praying with me and she used to pray for healing of memories. And she got me to remember the abortion experience and then she said to me, she said: ‘Can you see Jesus in the room?’ Which I do believe he was, even then. And she said: ‘Now can you see that when the abortion happened the baby went straight to Jesus’. There was no prolonged suffering. Jesus was waiting to receive it, and then she asked me, just to verbalize how, or what I’d like to say to my baby if I could. And she said: ‘Just imagine you are holding your baby and what would you like to say’. And it was just lovely to get it out, cause I cried and sobbed and I was full of regret and remorse, and I told this little baby that I was just frightened and I didn’t know how to, how to cope. I hated its daddy and it was amazing because like, just getting it all out.”

This opportunity is helpful for **Gill**. She is able to release emotions that she had not disclosed or admitted and this brought about a great sense of relief. She could finally mourn and express the emotions which had been present but which had been denied any form of expression.

Ann also initially had not disclosed the abortion to anyone. She became a Christian seven years ago. She says:

“I was in a church in Johannesburg with a very good friend of mine who didn’t know and there was a guy who was preaching and I walked into this church. And I just began to weep. First inside and then, I didn’t connect the two at all. I mean it was something that I had buried deep, deep, deep. I had forgotten about it, apart from all the things that come, at night the dreams, all those things, the depressions, that come to haunt you. He called me out of the congregation, and he said to me: ‘I just want you to know, that God has told me to tell you that he has forgiven you’. Now I had been carrying for 20 years a deep dark secret, which ate me up emotionally. ... When I had that encounter in Jo-burg with this pastor, this minister, saying that to me, it was like God himself came down from heaven, wherever that might be, and confronting me with the fact that there is forgiveness for this terrible act, cause I’d then

obviously learnt over the years what abortion really is.”

She had been carrying her abortion experience without support for many years. She attributes her twenty years of depression to her abortion experience and does not consider other factors that may have allowed for the development of depression. This experience enabled her to begin working through her emotional response to abortion instead of continuing to deny it and she felt that God had forgiven her. She believes that God is calling her to witness about her experience. She says:

“I know that God has been calling me, to come out and speak about it. I’m not going to save all the babies and I’m not going to make a difference to the whole world, but I will save a few and I have already. ... I’ve got letters to say I was going to have an abortion and I have decided to keep my baby.”

She chose to speak to me because of her religious beliefs and this idea of witnessing. **Gill** and **Ann** were recruited from a Post Abortion Support Group. **Ann** says of this group:

“Having gone through the act of abortion I sit in a room now with other women that have actually had abortions and I can tell you it’s like coming out of a book. It’s the same, and it depends on how strong you are, I think as an individual, that will determine the length of your healing and I don’t believe that there, can be total healing without God.”

Thus, both **Gill** and **Ann** believe that since they have had abortions they can only be forgiven and healed from their emotional pain by God. Furthermore the context of the Post Abortion Support Group serves to confirm and validate the meaning they have constructed about their abortion experience.

The results from this study are not surprising given the literature. The women in this study who considered abortion as wrong and who reported the abortion as responsible for their emotional problems all mentioned their religious beliefs. At the time of the interview they were devout and went to church regularly. They had not been particularly religious at the time of the abortions.

The implication of entering a religious setting post-abortion is that the meaning that the abortion had for the woman is now subject to reconstruction. This makes this research difficult and highlights the importance of longitudinal studies which would be beneficial because they would track the construction of meaning for the women.

In this research the women who exhibited blaming attitudes towards themselves or others were those who had strong religious beliefs. The idea of blame could also be linked to the idea of sin. Those women who operate from doctrine and who think in terms of sin will be more inclined to mention the feeling of blame for themselves and others. Thus, the meaning an event has in that context will possibly take on a blaming overtone.

5.4 THE IMPACT OF THE SOCIAL CONTEXT:

Society and the context in which we resides has a dramatic impact on the way we actively construct and make meaning of our personal experiences. We all exhibit certain beliefs which we learn and have reinforced by the context in which we live (Schiffrin, 1996). When we experience something for ourselves, we draw on knowledge we have obtained from our context to make meaning of it. At times we discover that what we have taken to be the truth from our context does not fully explain the experience for us, and that what we have learnt is in direct opposition to our experience. **Calista** highlights this gap between personal knowledge and public perceptions. She says:

“You know perceptions around abortion, women that have abortions. We deal with the topic in class a whole lot, and I was, I was just discussing it with my friend the other day. We did abortion, the abortion legislation around it and how nurses have to deal with that and how we have to refer patients and there was this huge uproar in class. Blah, blah, blah, how can anyone have an abortion, and I just sat there. It’s only, you’re so evil, blah, blah, blah. That’s how people perceive you and I think, shocked is, no one expected it. I just think people, people think I’m a very, you, you don’t think of, no one would ever, ever contemplate that I have had an abortion. It would not cross anyone’s mind, like one of my friends is, ‘What sort of women do you think have abortions Calista?’ and I’m mmmm” (laughs).

She is aware that were people to know that she has had an abortion that she would be judged. She knows that those in her social context would be surprised to learn that she has had an abortion and this makes her wary and in a way amuses her.

Marilyn talks about this gap between public perceptions and private experience. She says:

“So although society and the newspapers and all those things say, ‘Oh the negative connotations’, I think women who have been in it, and even who are divorced with children or have had to get married, I’m sure in their hearts they know that it’s OK. But in the newspapers they say no, it’s not OK. But I can’t believe that, because I just think it’s a false thing man, and there’s so many things like that. It’s false thing, society. ... I think the media lies. They lie, man, bluntly and then, then I think you can’t even trust it. So now they’ve got this whole thing about abortion and this and I just want to say to people don’t even think about it. Whatever you read is junk. Concentrate and look at what you experience. That’s what matters, not what you read and their opinion and that opinion and because when some things in the paper, man that’s it, that’s a fact and I’ve discovered that that’s nonsense, there is no such thing.”

Marilyn is aware that things are not always as they seem. She has experienced the lies of the public perception and values her own experience above what she reads or hears. She trusts her own reality and experience and is able to question the representation of events and issues in the media.

Sue highlights the role of society in shaping our attitudes and beliefs. She says:

“In England, so there it’s abortion on demand, and it’s part of the culture. It’s part of life. English people don’t say much but it’s kind of accepted and I think if you want to talk you could. I think they, I mean it’s been a long time. I can’t remember I think it’s 1967 that it came in there.”

Sue asserts that in different societies abortion has different meanings. She says that in South Africa the meaning of abortion is determined by the fact that the change in legislation is new.

She appears to believe that given time, people in South Africa will, like those in Britain, become more accepting of abortions and that this will change perceptions.

Calista talks about the perceptions that exist in the medical profession about women who have abortions, and the judgmental attitude that prevails. She was aware of how this would impact on her and her own abortion and made a decision to have a termination in a private medical setting. She says:

“We work at Stellenbosch Hospital. Again it’s experiences I have had, when working there, sort of abortions started occurring. And I would work in the ward and you would hear the sisters going, ‘*Ja, daar’s ’n jong meisie in Saal B en jy moet haar gaan sien. jy kan nie glo nie, sy’s veertien jaar oud en sy’s swanger en nou kom sy vir die maklike opsie*’. I used to feel so sorry for these girls, and because they didn’t have the money to secure confidentiality. That’s all that it was and I had the money and there was no way in hell, I wanted it, I wanted to keep it to myself and to protect myself as much as possible.”

She is aware of the judgements being leveled at these young girls and feels for them and their lack of privacy. She also comments that people think that abortion is the easy choice. People often imagine a woman as promiscuous and believe that she decides to terminate her unwanted pregnancy with no thought. This narrow conceptualization of the abortion decision fails to consider the complexities of the abortion decision and makes abortion the problem instead of exploring further. Whilst people can quickly make a decision on the abortion issue, real lives and the real issues are hidden from view.

5.4.1 The secret world:

When investigating women’s experiences of abortion it soon becomes apparent that there is a world of silence and secrecy surrounding the issue. When attempting to obtain subjects for this study the difficulty was highlighted. The statistics on abortion show that a large number of women undergo abortion, yet not much discussion of abortion is found outside of the political debate. There appear to be a few reasons why women do not disclose their abortion experiences. The most prominent reason appears to be that women fear the social ostracism

and judgements that may be leveled at them. They are aware of the stereotypes that exist and know that to expose themselves means risking alienation by people close to them, and the greater community. As **Calista** says:

“It’s my right to keep it to myself. Until I think someone is open minded enough to accept it, and is close enough and willing to accept me, I’m not going to tell them. But I don’t lie either. I say if a woman needs to, she will. I stand, I don’t, I’m not saying OK, I’ll stand up for because it’s something I have done. I can’t lie. I can’t be someone I’m not, but I’m not willing to tell the whole truth. ... I’m scared of people’s reactions. ... I see how other people are treated.”

She feels that she can participate in the impersonal political debate but is reluctant to share her personal experiences of abortion. Women may, as **Calista** spoke of, be concerned that people would discover their identity and they would then be open to judgmental reactions. She says:

“I sometimes think, when, because it is such a big thing. I work in gynecology, it’s, I deal with women that are having abortions. I deal with it the whole time. It’s not like I can hide away from it. But I sometimes think that people can see it on my face and I, I just, I don’t, I see how other people are treated, even if they don’t want to do that, they don’t mean to, they do.”

It becomes clear from her following words that she would not disclose her abortion experience to everyone. She says:

“I tentatively push the issue and see who is willing to accept it, who is not. Those eventually, if, I do, if I do tell my, not, my closer friends, if I do tell them one day it will be those that, that accept abortion, not those that don’t, because inevitably I want to be accepted. I know those of my friends that are pro-choice. I tend to be more open with them. If someone isn’t pro-choice, I accept that, sure, but I just think they are being unfair. I know I have one friend Mary, and she is very, she can’t see, or we have argument upon argument and I sometimes, I feel really angry with her because she can’t see that, you know, why can’t she? Those of my friends that can see that other women’s lives are different or not every situation is the same, you know, I feel closer to them.”

She expresses anger at those who judge without considering the context of each woman's life. She is aware that the attitudes of certain people silence and isolate her. She also acknowledges that she chooses not to disclose because others' acceptance of her would be jeopardized. Societal attitudes about abortion often serve to make discussion of the topic impossible. Women, who are members of society and are aware of the prevalent opinions, are not likely to share their experiences with people from whom they fear judgements and non-acceptance.

Marilyn has disclosed to three people. When asked why that was so, she replied:

“Because of society, society's judgmentalness. If they weren't so judgmental about it, then, fine. But I know, when you read, you know, how judgmental society is, and it would have a negative impact, not on me, even, it would have an impact, a negative impact on what I do.”

Marilyn is concerned that if her abortion experience were to be revealed it would negatively impact on the way other people see her private and professional life. Her work and life would be judged by her abortion decision and not on its own merit.

Gill highlights another issue as to why some women may choose to keep quiet. She says:

“There was nobody I felt I could talk to because it was a criminal offence. I sort of assumed that when people heard they would think what a terrible person, I want nothing to do with her.”

She fears that people will think of her as deviant and terrible and therefore ignore her. She chose to keep quiet and carry the burden alone.

Barbara has also only disclosed to a few people. She says she would not tell her family because:

“Ek dink hulle sal 'n vinger wys, want ek weet binne my het ek verkeerd gedoen. Maar vir my eie beswil het ek gevoel ek doen die regte ding, verstaan.”

She fears their judgmental attitude and coping with her own guilt feelings is enough at this stage. She feels that it was in her best interest to choose abortion and realizes that others may not agree with her.

Sue disclosed her pregnancy to her close friends. She also lived in England for a few years and says:

“In England women have terminations and they speak about them. Which is, you know, more commonly, you know, they speak about them. So you, if you get a group of women together they will speak about it. ... And it’s, it’s kind of normalized. Women march in the streets and there’s more publicity. People do talk about abortions more commonly, and it’s a service that’s provided, and people use it, and I don’t think people are that *skaam* about it. I know once things become law and they become encultured and part of the culture we learn to move on and accept, and we will do here as well. But it’s just, you know, it’s going to take time to change something which is, has become stigmatized.”

Thus, for **Sue** a different context would imply that abortion is not hidden. When asked why she thought women in this country don’t talk about abortion, she said:

“Because that would mean that you were owning, that you were doing something illicit that was perhaps only reserved for married woman or careful women. You know, who were hiding it, and I mean that’s again putting the whole thing under the, pulling it under the table. There will always be individual people who feel their own religious or cultural feelings of having done wrong, and that is, that is, you can’t generalize about that, that will always be around, but for the average woman on the street, it probably feels easier than here.”

She believes that the society one resides in affects the way in which one views abortion. She acknowledges that some people may always feel that they have done wrong regardless of their context but feels that as a whole it is socially accepted in Britain and that this shift in public perception will eventually occur in South Africa.

This section again highlights the stereotypes that women encounter when talking about abortion and the secrets that they are forced into keeping because of the judgements which may be leveled at them. As Winn (1988, p.73) states: “Because of the social disapproval and women’s own mixed feelings, abortion tends not to be discussed enough, before and after”.

5.4.2 Legal versus illegal abortions:

For many years abortion was illegal in South Africa and women who procured abortions either had to prove that the pregnancy was a threat to their mental health or had to have an illegal abortion. This meant that many law-abiding citizens were forced into a criminal act. An excerpt from the interview with **Ann** highlights the situation years ago. She says:

“In those days abortion laws were very much intact and it was actually very dangerous. It was not legal, and in my back of my mind, I thought, well if I get caught out in this, you know, it’s serious stuff. You are breaking the law. I remember being terrified that I would be found out.”

She is aware that she could be charged criminally and that to have an abortion was physically dangerous. This is frightening and terrifying and could facilitate her subsequent attempts to deny the event and her emotional response to it.

Marilyn draws our attention to another of the consequences of illegal abortion – the high rate of deaths due to illegal abortions. Abortions performed legally carry far less physical risk for women (De Pinho & Hoffman, 1998). **Marilyn** recounts the following:

“I used to read articles and I used to see how it’s regarded as this awful and terrible thing and how dare women do it and that it’s done in the backstreets and then they die. And I used to think well shame, I mean that’s a pity and that’s awful. And this is a terrible thing, my grandmother died from an abortion. My father told me, he also only found out, because she died when he was eighteen months old, but, so she died from the abortion. He sort of he, it was covered up. All the years, he only found out about maybe two years ago if that much. So for me it’s a bit of a shock, but that’s what happens if you don’t do it, you know, if it wasn’t

legal. People, women do it anyway, so now, so now, you go and you do it and you die. Or you go and do it and you've got a doctor who can empathize and understand, then it's OK."

The danger of abortion is a reality for her because that is what killed her grandmother. She believes that women will procure abortions regardless of the legality and the physical risk involved and feels happy that she could have an abortion in a safer environment.

Sue, who is a qualified nurse, has seen the complications and dangers of illegal abortions and this may have impacted on her in the sense that she feels that abortions should be legal. She says:

"What they do is they introduce the water and you go home and you abort on your own. Slowly. All night and you bleed in the bathroom, you know the stories. They lie in the bathroom. If you're gone for like eighteen weeks, you deliver the baby at home on your own. They don't keep you in the house. They get rid of you. They induce an abortion. It may fail. I mean some women have to go back the third time, who don't, don't have the resources that I had and the confidence, because any woman can do that. They have got to go back and then start to bleed and then the infection and they haven't had antibiotics and that's where the trouble lies. That's where the trouble lies. ... In the past it's been, it has been a nightmare. Women have died."

These extracts highlight the high physical danger of abortions. Those women who had backstreet abortions were aware of the stories and the risk, and this too may have impacted on their experience. In addition, as with **Sue**, if one recognizes the unnecessary deaths as a result of illegal abortions, then this will impact on one's idea that abortions should be legal.

The illegality of abortion meant that people who procured them and those who performed them could be found guilty of a criminal act. Thus, the procedure was inevitably quite costly. Because it was considered deviant it is not surprising that **Gill** remembers her experience in the following way. She says:

“I remember being sent to a doctor in Hillbrow. He was a creepy man, and he spoke in riddles, nothing direct. I didn’t know much about abortion but obviously there was that little bit of knowledge that back street abortions, there are dangers, the dangers that go with it. But that funnily enough, it didn’t worry me that it was possibly dangerous. I just wanted to get this done now, get it behind me.”

Gill was aware of the dangers of illegal abortion and even had thought about the possibility of death. She also remembers the man involved as creepy and for a young girl who has never contemplated something illegal this must have been very traumatic. To make matters worse, her parents are actively procuring the abortion for her and she feels coerced.

Later in the interview she tells of her actual abortion experience and remembers that it was her impression at the time that the doctor who performed her abortion was being blackmailed into doing the procedure. Whether this is true or not, is not important because it reveals that for **Gill** the illegality and perceived deviancy around abortion is a factor which influences the way in which she makes sense of her experience. Later she says:

“That was the first time that I was doing anything that was against the law, and it definitely added, it added a taint of, you know, this is wrong, but I couldn’t see any other way. There didn’t seem to be any other way, so it played, it played a big part in making the whole thing, it just gave it an unpleasant taste. I didn’t want to go to jail, so, I think the fact that it was illegal played a big part, it just made it quite a lot worse.”

This excerpt shows the ways in which the illegality of abortion can and does impact on the meaning that the abortion experience has for women. **Gill**, who now believes that abortion is wrong, adds:

“I’m quite grateful now, that it left me no doubt that it was wrong, cause I now, I’m very anti-abortion. And I think had it been legal, had there been a nice comfortable clinic, had it all seemed to be nice, it probably would have confused me. Part of me says I would have loved to have had it in a nice pleasant situation, although mine wasn’t as bad as I know some ladies who have had backstreet abortions are. So the, the fact that it was illegal helped me to realize that, that this wasn’t a good thing I was doing.”

This highlights the fact that abortions performed in a more comfortable setting might not be perceived in a negative way. Even though Gill does believe that abortions are wrong, she acknowledges that had her abortion occurred in a different setting she may have had a different experience of abortion. The circumstances in which it did occur serve to confirm her present position on abortion.

If a woman questions the right of government to control access to abortion, she might be able to have an abortion without absorbing the stigma of committing a crime. However, if you had not had a need to question this or were ambivalent about abortion or believed that abortion was wrong, then this climate would contribute to your guilt feeling and the environment of shame which typically exists around abortion.

It could thus be argued that women who experienced abortions in a so called backstreet setting would be more inclined to construct a meaning of shame, guilt and deviancy than women who have procured an abortion since the change in legislation. The interviews with the women revealed this. Women who had procured abortions after the change in legislation derived a sense of support and relief from the fact that they had not had to procure an abortion illegally. They said that they were determined to have an abortion and knew that would have been the route for them if abortion had been illegal. The women who had procured illegal abortions tended to feel more guilt and shame. The fact that their abortions had been criminal acts also impacted on their meaning.

5.5 THE IMPACT OF THE PERSONAL CONTEXT:

Whilst the broader context and discourses play an undeniable role in the construction of the meaning of the abortion experience, the personal characteristics of each woman is also important. Each woman has her own unique personality and life experience, and this will impact on the way in which she constructs meaning. The grounded theory analysis of the data identified that women's sense of independence and dependence were extremely important in the personal context.

5.5.1. Independence and dependence:

Reber (1985, p.350) defines independence as “an autonomous attitude in which one is (relatively) free of the influence of the judgements, opinions or beliefs of others”. This was very clearly expressed by some of the respondents.

Sue from the outset of her interview talks with confidence about her independence and traces it to her family of origin. She says:

“I think that I was reared very independently and by two very different people but who both were very independent in their own way. So I think yes, I feel that I’m an independent person, with an independent feeling.”

She is very clear in her definition of herself and appears to value this feeling of independence. When asked what meaning independence has for her, she says:

“Going my own way, with a kind of internal frame of reference, that outside things are important to me and I kind of take cognizance of them. But it comes from inside what I want to do and, and I think I got that from them because they were both like that. Quite eccentric, quite different and yet very much happy in it. Yes, so independence means doing, literally doing my own thing, but being aware of what else is going on, but knowing that I’m, I’m kind of am very important as well.”

It is evident that the context in which **Sue** was brought up has played an important role in her construction of herself and in the meaning her experiences have for her. She feels comfortable with “doing her own thing”. She has led an independent life and challenged many of the stereotypical ideas of society around what it is to be a woman. She does not believe that women are dependent and submissive because her early upbringing has taught her that there is another meaning to being a woman. Thus, her construction of what it means to be a woman is contrary to the dominant gender discourse.

Calista exhibits a similar sense of independence and self-confidence. She says:

“I have a lot of goals in life and I’m determined to achieve those. They always say it’s (abortion) the easier way out. But the consequences afterwards and what you have to cope with afterwards are pretty difficult, but I prefer it this way round. I’ve shed a lot of tears and I’ve done a lot of talking. But at the end of the day I’m happy with what I did.”

This excerpt reveals an independent evaluation of what the experience meant for her. She knows what others say about abortion but chooses to create her own meaning from her experience. Her family circumstances were volatile, yet she has achieved and is aware of her resilience. She exhibits little dependence on others although she acknowledges that their support is important to her. She has had to stand up for herself in the face of extreme violence. She has made decisions independently as exhibited in her decision to move out, and then away from home. Thus, when faced with her abortion she is able to take care of herself and values immediately the importance of making her own independent decision. She and **Sue** are clear in the impression they leave that their independence is vital to them and that they would not allow themselves to be coerced at all. **Calista** also exhibits a sense of herself as important. She has considered herself, knows what she wants and acted accordingly. Even when asked why she took part in this study she says that it was to help herself. She says:

“I know that talking about it is a healing experience, and I talk about it to my boyfriend and my friend and that, but you’re the first person outside. It’s just something I needed to do.”

I: “Why did you need to do that?”

C: “I was, I was thinking about it, why, you know, I didn’t have to. I didn’t have to phone you, why did I and just something inside me, it’s not so much. I’m not trying to help other women out there ‘cause if your study is published others can read about it, it’s more to help myself.”

She appears to value herself and to take care of her own needs. **Marilyn**, like **Sue** and **Calista**, exhibits a sense of independence which was instilled from a young age. She says:

“We grew up very independently, we were allowed to make decisions, my dad encouraged that. ... My attitude about life was that you have to take opportunities all the time. So you take the opportunities and you go with it.”

This sense of independence, and taking life’s opportunities, directly impacts on her decision later in life to have a termination. She says:

“Now if I have a baby and I’m on my own and with my work, I’m going to have to support myself and I travel a hell of a lot. And I’m going to hate this child because I’m going to resent this that I’ve got to now have this baby and I, I love my job and my independence.”

It is clear from this dialogue that **Marilyn** explores her options and places value on her career and independence. She feels that having a child now would make her resentful. In later discussion she shows an independence of opinion and ability to question society’s values and belief system. She says:

“Whatever you read is junk, concentrate and look at what you experience. That’s what matters.”

She highlights an ability to think independently and critically and believes that experience is the best teacher for her. However, she is aware that her independence can sometimes create problems. She says:

“I’m very independent, I earn more than enough money, I have no needs ... I’m not dependent at all. I rely completely on myself and I seem to attract people that are needy, because I’m so independent.”

Gill also speaks about independence but in a different manner to the previous women. She engaged in independent behavior, but was never conscious of it. She went to boarding school at a young age and describes the following experience. She says:

“Then when I was at school, I became a weekly border and I used to go and spend weekends with very good friends of ours, who had some stables. I was a very keen horse rider and they were a lovely family. But their children were a lot younger than me. And they were quite a long way from my school and at one stage they said they couldn’t pick me up anymore. So I said that was fine, I would make a plan and the plan I made was to hitchhike to them. So there I was sometimes in my school uniform, sometimes not, and I used to hitch basically from Pietermaritzburg to Durban, every weekend and I was fearless and didn’t think of any of the consequences.”

Even though she managed her situation and did things which showed her ability to be independent, her understanding of her behaviour was not conscious.

Barbara also exhibited an independence of action but she has not been able to own this for herself, or become conscious of it. She does what she needs to do for herself but still constructs the meaning of her experience out of an idea of dependency. She shows incredible resilience and a desire to improve herself but again this does not appear to be incorporated into her sense of self. She says:

“Almal hulle, my vriende se ouers was ook mense wat alkoholiste was, sit met drankprobleme. Nou kyk ek terug na al my vriende met wie ek groot geword het, *what their lives turned out and what mine turned out*. Dis waar ek dit sien, dan dink ek jissie, *I actually got so far and a lot of them has got three children. not married or is in prostitution and things like that*. En dan dink ek die Here het regtig mooi na my gekyk, *for some reason he’s always been there for me*.”

Even though she makes her own decisions and acts independently she does not feel self-confident or empowered. She continues to construct meaning from her experience as someone who is a victim and weak, yet her experiences may show courage and independence.

Ann too was able, from a young age, to act independently. She shows innovative ways of handling situations and resilience. As she says when she discovered she was pregnant:

“I knew that I got myself into this mess, I’d get myself out of it and I was quite capable of doing that.”

The problem in her context, however, was that even though she knew she was capable of acting independently, her environment did not support that view. She was told that women weren’t capable. It would appear that now she has learnt to be independent and to express herself, but at the time of her abortion she was unable to do this. She says:

“Now I can look and I mean I have found myself and I have come to a place where I am saying, look, I’m out of the box now and I’m going to do and be who I am.”

She knew from a young age how she would like to be but was not given the space or encouraged to be independent because of the conservative context. She says:

“If you don’t express yourself in life, you will become depressed. You, you have just got to be who you are.”

Her independence is however evident in the manner in which she did make a plan about her abortion. She says later that this non-believing in her on the part of others, made her doubt herself and this influenced her ability to act independently and express herself. She has learnt through this experience that:

“You work out your own situation, you work out your own destiny, you work out your own life. You are an individual and that needs to be respected.”

Thus, all the women in this study have consciously or unconsciously explored the concept of independence. Where the exploration has been conscious, the women appear to be more independent and confident of their own decision making ability. Cozzarelli et al. (1994) found that such women would be in a better position to cope with their abortion decisions.

There appears to be interaction between the themes of independence and dependence. Dependence is defined by Reber (1985, p.187) as “excessive reliance on others for support, opinions, beliefs and ideas, a lack of self reliance”. Reber (1985) also states that people who display dependent behaviour would allow others to make decisions for them. The women who regret their decisions, who now feel that abortion is wrong, or who attribute negative psychological sequelae, whilst touching on the ideas of independence, albeit it unconsciously, all clearly vocalize a sense of dependence and inability to make their own decisions at the time of their abortion. They felt pressured into the abortion and restricted from being themselves or expressing themselves.

At the time of her pregnancy Gill exhibited a great dependence on her parents. She could discuss important topics with her parents and relied on them to help her. She says:

“I don’t think I had even really learnt to think for myself. I was very emotionally dependent on my parents although I was away at boarding school, so I wasn’t with them physically. I remember I didn’t shave my legs until my mom said it was OK for me to shave my legs. All the other girls at school were shaving. I was ‘Oh, so my Mom hasn’t said I can shave my legs’, and I think I had this dependence on my parents. ... I’d really had a very sheltered and protected childhood and I felt like I was a bit of a princess I suppose. So when, when I did fall pregnant or when I thought I was pregnant my immediate thought was, well Mom and Dad will help me sort it out.”

She describes a protected childhood where she was taught to rely on others for guidance and direction. When she becomes pregnant she turns to her parents but experiences them as coercive. Given her dependence on them she was unable to make herself heard and this influenced the meaning this experience has for her. One of the growth points for her out of this experience is as she says later in the interview:

“One of the immediate effects, which was a very good thing, was that I realized my parents weren’t quite as perfect as I, I’m very grateful that at that stage I was able to break my emotional dependence on my parents and my belief that their lifestyle was OK.”

Thus, she learnt to question her parents and broke her dependence on them. She began to think for herself and make her own decisions. The literature reveals that an abortion can provide such growth opportunities for women (Pipes, 1986; Turrel et al., 1990).

Ann also speaks of her dependence on her parents and how this affected her. She says:

“My parents sort of never believed that, you know, women would go through school, study and make a career for themselves. They sort of think, well you know, she will become a secretary, so they really cocooned me quite a bit, and they didn’t feel that I would probably benefit from going to university.”

Her experience is different in that she feels restricted but is unable to express this effectively and so learns to be inwardly independent and outwardly dependent. This experience leads to years of depression, which she however attributes to the abortion, although she does admit that this feeling of being boxed in and not allowed expression also contributed. She is dependent on her parents’ approval for her self-esteem. When she falls pregnant she does not want to further disappoint those close to her and chooses to handle this experience with little support. She describes her background as very controlling. She says:

“(It was) too conservative for me. And there, I just felt that you were think as I think. ... There is absolutely no space for you to be individual. They wanted you to be sort of like cookie jar kids, you know and just things very restrictive. ... You’ve got to be planted where you are happy, where you can flourish and bloom, and what’s good for one is terrible for another person. ... I think had I been given a situation where my own parents believed in me more or saw a talent and nurtured that, irrespective of what they wanted or believed, I wouldn’t have gone through I think, a lot of stuff I did go through.”

Due to this lack of confidence in her ability and the belief that women are supposed to be dependent and not achieve much, she repressed what she knew to be true about herself, that she was creative, able and independent.

Barbara had her first termination when she was young and went with the opinions of those around her. She did not question their decision for her to terminate and that might show a lack of confidence in herself and a reliance on others. This is not the case in her second termination which she feels she chose. However, she still feels that she is dependent in her relationship and because she views herself as not able to cope and handle things, this is the meaning she gives to her experience. She indicates her dependence when she says:

“Ek is nie ‘n mens wat op my eie kan wees nie. Ek het ‘n man nodig in my lewe. *I can't be on my own.* ... Al wat ek weet is *I would rather, if I wasn't so dependent on him (her partner). I would rather be on my own.* Ek wil nie eintlik ‘n man hê nie, vir my kind se onthalwe wil ek hom hê en ek is nie ‘n mens wat alleen kan wees, so ek het ‘n man nodig vir sterkte.”

In conclusion, one of the most interesting points of this research is that those women who vocalize happiness with their decision to abort, all exhibited a very clear self identity and a sense of their independence and autonomy. They felt that the decision was theirs and theirs alone, and were able to use this experience to empower themselves. Whilst still acknowledging the potential traumatic nature of abortion, the meaning they were able to construct from this experience was positive for themselves. It is possible that their independence enabled them to consider themselves, their own needs and to go against popular ideas of what women in their situation are supposed to do. They questioned the belief system and made up their own minds. They did not speak of feeling dependent on others, although they did value the support of those around them.

This experience was contrary to those women who show a reliance and dependence on the opinions and beliefs of others. They tended to feel coerced into the abortion decision and as a result, could not own the abortion decision. Thus, it would be possible that the abortion experience took on a very different meaning for them. Because of their dependence at the stage of their pregnancies they were unable to question the decision and make a stand against the views of those around them. It is also important to consider that whilst the themes of independence and dependence are visible in the personal context, they are also influenced by the gender, religion and social contexts. The independence and dependence encouraged by

these contexts will impact on the amount of these characteristics visible in the personal context.

5.6 CONCLUSION:

In concluding the results and discussion section I would like to present the beliefs which the women had prior to their abortion experiences and show how these changed after their own experience. Implicit in the social constructionist theory is the idea that construction of meaning is a process, fluid and therefore capable of being altered (Hart, 1996). The only time many of us change our preconceived opinion about something is when we are confronted with an experience in our own lives into which our previous beliefs and ideas do not neatly fit. We then have to find a new meaning for our experience consistent with what the experience has been, the context in which it has occurred and the discourses prevalent at that time.

Examining the women's perceptions to abortion prior to their own allows us the opportunity to explore the way in which their own experiences of abortion constructed and shaped the subsequent meaning the abortion had for them. The impact of the various contexts on their perceptions also allows us to further understand their emotional response to abortion. The discussion that follows will be presented case by case in order to ascertain which context, discourses and circumstances impacted on which women.

Calista:

Calista's emotional response to her abortion was overall one of relief and satisfaction. She acknowledged the difficulty of making the decision to abort, the traumatic nature of the experience and her sense of ambivalence. At times she felt guilt and was depressed but she worked through these emotions. She highlighted the importance of acceptance and support in processing her abortion experience. She experienced no coercion in her decision making process. She felt that her experience was positive in that it provided her with growth opportunities in her relationship and her usage of contraceptives. Her opinions around

abortion were changed and it is clear that the discourse of gender, which previously impacted on her ideas of abortion, have been challenged. She says:

“My attitude was oh no, you know, who would have an abortion, it’s someone who was careless, who sleeps around. It never entered my mind that someone in a loving relationship would contemplate abortion. ... When we left school and you heard so and so was pregnant, whoo, my word, scandal of the century. And after that I remember I walked out of the hospital and I said: ‘I’m not ever going to spread rumors when someone’s pregnant’. It’s not bad girls that have abortions. I also used to think, you, you are committing murder, by having an abortion and to enable myself to deal with it, I don’t see it as murder. So I see it as a fetus who wouldn’t have had such a great life if he was born now anyway. He didn’t have a life yet, he wasn’t on the outside.”

Thus, she questions the gender discourse and the social context, realizing that women who are in long term monogamous relationships may make the decision to abort. She acknowledges that she had to change her opinion in order to live with her decision and make peace with it. The experience which she has had put her in a position where she could no longer believe her previous ideas. She found herself in a different context and changed the meaning that she had previously held. Her ability to work through an event for herself and process her emotions has direct implications on the meaning this experience has had for her.

Marilyn:

Marilyn’s emotional response to her abortion was predominantly relief. She experienced feelings of sadness and loss at what might have been, but maintains that this was the best course of action for her. She was able to work through the experience with the support of a close friend and experienced no coercion in making the decision to abort. She values that she was able to make this decision independently as this means she alone is responsible for it. Her opinion of abortion has been changed and she questions the dominant gender and social discourses. She says:

“I never thought about abortion really before, you see. I always, I had, when somebody told me that they had an abortion I didn’t think anything of it really, not positive or negative. Now

here I'm sitting and then suddenly I had lots of empathy for them. You know, I didn't think about it much but when I heard somebody had an abortion I used to think that's not so nice. But then I wouldn't think further, and then I also, you have this impression that they're promiscuous. ... You don't know until you're in it. You can't say a word about anyone else unless you've experienced exactly what they have experienced. So to live a non-judgmental life is important for me and to know that every person is behaving as they have learnt or as they think they should at the time. So if somebody has an abortion I'm not going to judge them. Obviously they have thought about it. You can't judge them. It wasn't easy, it isn't easy, so they must have thought about it."

Marilyn has realized that the abortion decision is not easy, that each person has their own experience and that they need to make their own decisions. She questions the frequently held view that women who have abortions are promiscuous and that they make the decision lightly. She acknowledges the importance of personal experience.

Gill:

Gill's emotional response to her abortion was relief and sadness. These conflicting emotions confused her. Her confusion and ambivalence was compounded by her denial of what this experience meant for her. Her environment was not supportive of her and she was told to not talk about it again. Thus, she was not given the space to explore what the abortion meant for her, nor the opportunity to mourn. She was coerced into the decision and her inability for independent action meant that she went along with what those close to her said she should do. Her abortion also took place in a backstreet setting. Given the coercion, lack of support and acceptance, her emotional dependence and the implied deviancy of procuring an illegal abortion, it might not be surprising that Gill has a negative view of abortion. She has in the interim period become a practicing Christian and the religious discourse which she is exposed to can be seen to have shaped her abortion view. When considering her abortion view prior to her own abortion she says:

"At that stage, and I didn't know anyone who had, had an abortion, but I knew of people sort of, in the distance, somebody whose name I knew. I heard, 'Oh she went to have an abortion',

and I remember just thinking that sounded, it didn't sit well with me, but I didn't think it would ever happen to me."

Gill remembers herself as not agreeing with abortion and viewing girls who did fall pregnant and who chose to have the baby as courageous. She adds that she never thought she would be in such a position. She has come to regret her own decision because her understanding of her experience has changed. She says:

"I would dearly love to have undone that abortion, to have that baby that I aborted: ... Because I now, I'm very anti-abortion. ... I don't believe that there can be many, if any people who are not negatively affected by abortion. ... And now I'm in this group and it just seems to me almost that same thing, this deception, that you really believe that this is going to sort out your problems. But almost as soon as it's happened there is already that emptiness and that feeling that something is not quite right. I don't know how I would have got to where I am now if it hadn't been for my relationship with the Lord."

Her religious beliefs may be seen as shaping of her view on abortion now. She is also in a Post Abortion Support Group which may further impact on her view.

Sue:

Sue's emotional response to her abortions was one of relief and satisfaction. She acknowledges unconscious motivation in her pregnancies and thus was not shocked when she found out that she was pregnant. She experienced support and acceptance and was not coerced into her decision. Her ability to operate independently has meant that she is able to question her contexts and recognize the political nature of certain discourses. She has never had a problem with the decision to abort and believes that it is every woman's right and their individual choice. She says:

"It was a highly acceptable, OK thing, and that, that more fool the woman who doesn't choose one and allows herself to have an unwanted child. I didn't have any regrets about it. I just, I just don't have any regrets about it. ... I don't see it as kind of selfish or anything like that. It's a, it's about self."

Having this belief system means that for Sue the decision to abort is not as difficult as for those who believe that abortion is a sin. She does not feel guilt about her decision and this shapes the way she makes sense of and constructs the meaning of her experience for herself. She stresses the importance of being independent in the face of patriarchal discourses and feels that it is this ability that has helped her to not become depressed.

Barbara:

Barbara's emotional response to her abortion was one of relief, sadness, guilt and denial. Her first termination was coerced and she was given no social support. It was illegal and she was made to feel promiscuous by her partner who attempted to deny that the child was his. Her second termination was her own decision. She feels that she is emotionally incapable of coping with another child. She does not see herself as a resilient, independent person and says that she needs others. She believes that the abortion decision was best for her but says that her religious views make her feel guilty. Thus, the religious discourse can be seen to impact on the meaning the experience has for her. She says:

"My gewete pla my wel omdat ek gegaan het vir die aborsie. So ek glo vas in my hart dit is 'n sonde. To me it's very wrong, maar ek het dit gedoen omdat ek voel ek is nie emosioneel reg vir 'n kind nie. Ek voel skuldig oor wat ek gedoen het. Ja, I do feel guilty, but I feel I did the right thing for myself."

Even though she feels she would not have been able to cope with another child and does not regret her decision, she does acknowledge guilt feelings, which she attributes to her belief of the religious discourses which she has been exposed to.

Ann:

Ann's emotional response to her abortion was one of denial, regret and depression. She did not disclose her abortion to anyone other than her partner. After the abortion they never discussed it again. Thus, she carried this event alone and in silence for many years. Her lack of support was compounded by the fact that her partner refused to come and fetch her from

the abortion. Her abortion was illegal and the associated sense of deviancy impacted on her. Her abortion was coercive in that she felt she had no other options. She says:

“There were times and years that went by and I thought to myself that I did the right thing.”

However, years later she became a committed Christian and her belief system changed. She now believes that her abortion experience created her emotional problems. Her following excerpt reveals her acceptance of the religious discourses. She says:

“You are overriding God’s gift, which, it is a gift from God. Being able to fall pregnant in the first place. ... And because we play God we actually decide, and we say, OK, I will choose whether you will live or not and we forget about the fact that each one of us was conceived at that most precious time and your parents allowed you life. They could have actually said sorry, we decide, because of us, you will not have the gift of life, and many, many wonderful talented people who would probably have answers to cancer, Mozart’s and beautiful people are being terminated. It’s like a silent holocaust. ... I don’t believe that there can be total healing without God.... I think it’s very wrong for any of us to have the right to terminate life. It’s wrong to choose for a human being that can’t speak for themselves yet. That baby has a voice, that baby has a right, and we, that’s why I can’t tell you what to do and what not to do, that is your choice but what choice has that unborn baby got?”

The belief system, which she is using, is shaped by the religious context in which she resides. The meaning which events have for her are derived from her religious context.

It is hoped that the aforementioned reiterates that abortion is not a pain free experience and women do have to make a difficult decision. When they make the decision for themselves they are able to weigh up the advantages and disadvantages and reach a decision with which they can live. It is perhaps time for people to realize that any experience has positive and negative elements and that in the end the meaning an experience has for one depends on the meaning you construct around the event.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

Given the heated debate which exists around abortion, the previous context in which abortion was illegal and the fact that those women who undergo abortions are stigmatized by society, this focus of this study has been the contexts which influence women in their personal experience of abortion and subsequent construction of meaning. Its qualitative nature has allowed for the rich narratives of women who undergo abortions to be heard.

The literature review on the psychological and emotional impact of abortion has shown that for most women the emotional response following abortion may be varied, but that the common response is a feeling of relief (McCulloch, 1990; Stotland, 1996; Turrel et al., 1990). The literature supports the view that the psychological risks associated with terminating a pregnancy are minimal (Turrel et al., 1990). There is a body of literature that draws attention to possible negative emotional consequences of abortion (Speckhard & Rue, 1992). However, the general consensus remains that the abortion experience is benign for most women, although some women do experience problems post-abortion (Turrel et al., 1990). Risk factors have been identified which contribute to the development of such symptoms. It is important to consider the political nature of the abortion debate and its impact on research. As Speckhard & Rue (1992, p. 96) state: "The politicization of abortion has significantly restricted scientific investigation of abortion and has produced a profound interpersonal and inter-professional schism".

Instead of continuing to view the abortion issue as polarized it might be warranted to consider that the emotional response of ambivalence is experienced by many women who undergo abortions (Wasielowski, 1992). This acknowledgement of abortion as a potentially ambivalent experience allows one to consider the abortion process as complex and that different women in different contexts will have different reactions to their abortion.

This study utilized social constructionist theory to explore the various contexts. Social constructionist theory holds that we actively construct the meaning of our experiences in our

social context. Stoppard (1998) highlights that social constructionist epistemology challenges the dualistic forms of thinking (e.g. either/or), which are proliferate in the abortion arena. It is theorized that knowledge is socially constructed in language and social interaction. Thus, social constructionism provides us with a tool to explore different women's reactions to abortion and places the constructed meaning of the experience within the context it occurred. The contexts identified were the legal, social, religious and personal context. Within these contexts various important factors were identified which influenced the subsequent meaning.

The legal context provided the backdrop within which abortions were deemed legal or illegal. The introduction of the "Choice of Termination Act 92 of 1996" provided for elective terminations for women. This change has implications for the way in which women experience their abortion in that the stigma associated with procuring an illegal abortion is no longer there. This study found that women who had had a backstreet abortion felt that they could not disclose their experience because they feared the legal implications of being criminally charged. The hidden world of backstreet abortions left the women with a sense of shame and deviancy. Those who have had terminations since the change in legislation appear to have experienced their abortion in a more helpful and supportive environment. They do not mention the feelings of deviancy associated with procuring an illegal abortion and expressed gratitude that they had not had to go and look for someone to perform their abortion for them.

When one considers the social context, it is apparent that despite the fact that statistics show that a large amount of abortions are performed annually in most countries, the prevailing societal attitude is one of condemnation towards women who decide to terminate their unwanted pregnancies. These attitudes are related to the way in which women are perceived in society. The interrelation between abortion and the perceived sexual behaviour of women serves to keep the social context judgmental and encourages silence from the women who procure abortions.

This study has found that there is a gap between the prevailing societal perceptions and the women's own personal experience. The society in which one resides shapes the way in which

abortion is approached. Thus, the change in legislation may in future allow for a greater openness around the topic. The women in this study were concerned about what others' perceptions of them would be should they discover the abortion. They were familiar with the dominant ways of viewing women who abort and knew that to expose themselves would lead to judgements being leveled at them and their behaviour. At times they found themselves in a position where they were silent about their experiences for fear of condemnation. This social disapproval means that women tend to hide their abortion experience from society (Winn, 1988).

Operating within a religious context also has been shown to have implications for the subsequent meaning constructed about one's abortion. Religion and peoples' beliefs have historically contributed to the heated debate around abortion. Abortion is considered sinful and contrary to God's word (Garton, 1979). As discussed, studies have shown that it is not the religious teachings per se, but rather the devoutness of the particular woman's beliefs which will play a role in this context (Turrel et al., 1990).

The women in this study who describe themselves as practicing their specific religion all now regard abortion as wrong, and feel that it was causative of developing subsequent emotional symptoms. They may also feel guilt and regret their abortion. Thus, it can be surmised that operating within a religious context, which considers abortion to be a sin, would allow for the development of a construction of abortion as morally wrong and the cause of future psychological problems. The women who do not have strong religious beliefs have developed a different meaning for their experience.

The gender context highlights the ways in which women are viewed in society and considers how the traditional roles shape the subsequent meaning an experience has for a woman. As discussed, gender is not considered to be a fixed aspect, but rather is regarded as socially constructed (Deaux & Major, 1990; Hart, 1996). Thus, the way in which women think around issues like motherhood and sexuality will have implications for their derived meanings. If one views motherhood as a primary function of being a woman, then this idea will shape

one's possible decision to terminate. Abortion, perhaps more than any other issue, raises important questions around being a mother and the traditional roles of women.

The women in this study highlight the many stereotypical ways of viewing women. They spoke about the judgementalness of society towards women who were sexual outside of the conventional marriage, the idea that "good girls don't have sex" and how this impacted on their views of themselves. They shared their views on motherhood and highlighted that some women are now in a position to plan their pregnancies. They value their careers and want to pursue goals of work and travel. Thus, having children is not considered one's biological fate but rather a matter in which you have choice.

Related to the role of motherhood is the finding in the literature, and in this study, that should a woman at a later stage discover that she is not able to have children, or should her child die, she would be at risk for the development of psychological symptoms related to her previous abortion. Another interesting aspect is that historically abortions are considered to be the territory of bad mothers (Bradford, 1994). As one of the respondents in this study shows, women often base their abortion decision in the context of their present relationships and may therefore make the decision to abort precisely because they want to be the best mother possible. As Russo et al. (1992, p.198) state, people fail to "recognize that many women's reason for abortion are linked to their inability to provide for a child and to their responsibilities and relationship to others".

In terms of the ways of viewing their roles it would appear that a traditional view of women as submissive and dependent would serve to facilitate an understanding of abortion as wrong. Those women in this study who recognize that women are independent and capable of making their own decisions tended towards an understanding of abortion as a woman's choice. Related to the gender context is the view that women are responsible for nurturing, caring, relating and sexual behaviour. The women in this study highlight the myriad of ways in which women, who paradoxically are considered irresponsible and vacillating, take responsibility for those close to them. Importantly too, although babies are conceived by men

and women together, women are held responsible for contraception and in a lot of cases for raising children.

In terms of a woman's personal and psychological context, the literature holds that women who had prior psychological problems are at greater risk for developing symptoms post-abortion (Clare & Tyrell, 1994). Whilst this study can neither support nor refute this, the following was noted. Women who now view their abortion as wrong and who speak about psychological symptoms and problems both prior to and after the abortion, were more inclined to subscribe their symptoms specifically to the abortion experience.

The emotional reaction of ambivalence to the abortion was highlighted. It is asserted that as ambivalence is a common reaction to many of life's major events, so too it may be in evidence in a woman's decision to abort. Thus, instead of continuing to view abortion as either positive or negative, much may be gained from a view that acknowledges that both types of emotions are experienced. This allows for an and/both understanding of abortion, which implies an acknowledgment of abortion as a difficult decision that has both disadvantages and advantages (Stoppard, 1998).

An interesting observation of this research is the themes of independence and dependence which emerged. Those women who consciously owned a sense of their own independence, and its related belief that one was capable of making one's own decisions, all seemed to be happy with their decision. Those who showed a dependence on others and who at the time of their abortion were reliant on others' opinions, expressed a dissatisfaction with their abortion decision. The literature holds that those women who take responsibility for themselves and who have an internal locus of control are less likely to develop symptoms post-abortion (McCulloch, 1996).

When considering the context of the actual abortion experience the literature states that women move through phases, for example discovering the pregnancy and making the subsequent decision. Throughout this process certain emotions are experienced. When women discover their pregnancies they usually feel shocked and panic (Winn, 1988).

For some the decision to abort is immediate, for others a period of considering their options occurs, and for others the decision is made for them.

The decision making phase has been identified as the variable which best explains differences in the emotional response to abortion (Turrel et al., 1990). At this time factors may come into play, which influence the woman and her subsequent construction of the meaning this experience has for her. Related to the discovery of the pregnancy is the usage of contraceptives. All of the women in this study had not been using contraceptives. As mentioned, it would appear that women are made responsible for the use of contraceptives and that this is a result of the roles of women in society (McCulloch, 1996). Reasons that emerged for the non-usage of contraceptives were that the women may have had unconscious motivations for becoming pregnant, they had not anticipated engaging in sexual intercourse, they felt that they would not 'fall pregnant, or they felt that they would not be sexual until they were married and thus denied their sexual behaviour. As McCulloch (1996) highlights, becoming pregnant is a complex area of womanhood where many issues converge for example, contraceptive behaviour and sexuality.

Once the women had discovered their pregnancies and moved through the various emotional responses, another factor came into play for some of them and that was the coercive influence of people close to them. As was discussed, those women who were coerced either by their partner or their parents, exhibited greater dependency. They now feel that the decision was not their own and therefore their construction of the meaning that the abortion has for them differs from the women who take responsibility for their decision. The women in this study recognized that the decision should be the woman's alone as she is the one who will live with it. As Suffla (1997, p.217) states: "Those women who chose abortion based on their own personal attitudes and feelings towards childbearing, as well as on their personal beliefs and attitudes towards abortion, appear more satisfied with the abortion decision".

The relationship in which the women become pregnant is another factor that affects the abortion context. The literature reveals that very little is known about men's responses at this time (Major et al., 1992). The way in which those close to the woman respond to the news of

the pregnancy shapes the way in which this time is experienced. For some this provided a place for growth to occur and they are now in a stronger relationship. For others the relationship broke down completely and they were left with a feeling of rejection and betrayal. Not surprisingly, those who encountered negative responses from their partners now view their abortion in a negative light.

The importance of support and acceptance was highlighted. This study found that those women who received emotional support at this time, who felt that their abortion decision was supported, and who felt accepted by those in their immediate environment, were now happier with their decision than those who had felt coerced, unsupported and isolated at this time.

In conclusion, when considering how the women's attitudes about abortion had changed, what seems clear is that the complex interaction of individual and socio-cultural contexts will impact on the construction of a woman's experience and how it is shaped. Also, what is very apparent is that different women have different ideas, which are dependent on their life experiences. The various factors, which have been shown to impact in each context, will play a role in shaping a unique construction for each woman. Some of the women are and have always been happy with their decision, some felt happy at the time and now because their context may have changed, may regret the abortion. Whatever the situation, what seems apparent is that this experience occurs within many contexts which are interrelated and that to continue to polarize the responses denies the complexities of this issue. Abortions are not experienced in a vacuum, decisions are not made in a vacuum and there is more than one way of making sense of an experience. Allowing women to have the experience and acknowledging the positive and negative components could go a long way to helping a woman who is confronted with an unwanted pregnancy.

6.1 Recommendations for future research:

- In our multi-cultural and multi-racial society it is imperative to gain a greater understanding of women's responses to unwanted pregnancies. Investigating the ways in which women deal with this situation and the differences that occur will be helpful in terms of working with those who might present later with psychological symptoms.
- The importance of support and acceptance is highlighted as a factor that positively impacts on the abortion experience. At this time in our country, with the recent change in legislation, it would be helpful to consider the attitudes of the helping professions who may encounter women having abortions. Educational work and needs assessments of those in the medical and mental health professions is necessary in order to ensure that women are provided with supportive and accepting assistance.
- In addition, the possibility exists to consider the ways in which medical staff respond to performing abortions. This is particularly important for those whose personal beliefs clash with the abortion decision.
- The role of post-abortion counselling should be investigated. As McCulloch (1996) highlighted, post-abortion feelings could be normalized by explaining to women that reactions are not uni-dimensional and that positive and negative reactions are admissible. This is important because post-abortion support groups may lead to rumination and place women at risk for future symptoms (Russo & Dabul, 1997). Research into the role of support groups is vital because as Russo & Dabul (1997, p.9) state: "The possible misuse of psychological techniques to construct negative post-abortion emotional responses should be of concern to all psychologists".
- As stated, some women do experience negative symptoms post-abortion and more research is needed to examine in depth the experience of these women. Research is also

needed to ascertain what percentage of women do develop symptoms and how they may be identified prior to the abortion. A longitudinal study would be beneficial in this regard.

- Contraceptive usage of the various population groups is crucial. Clearly contraceptive knowledge and behaviour are interrelated to such topics as sexuality, gender roles, motherhood and mortality. Reasons for the non-usage should be explored in great detail.
- Given the dearth of information on men's responses to abortion, this is another aspect that requires research in South Africa.
- Another aspect that may be researched is the helpfulness of the various therapeutic modalities for women who have undergone abortions.

6.2 Final thoughts:

Those working in the mental health professions should be very aware of their own responses to the topic of abortion and own their position. It is imperative to be aware of the overall stressful nature of an unwanted pregnancy and the subsequent decision to abort. In terms of research, Dollar (1997, p.52) warns that researchers in this field should be aware of the fact that "the 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". In addition, psychologists have an ethical responsibility to inform themselves around the issue of abortion. This is important because of the vast gap, which exists in the public policy assumptions, and the reality of women's lives (Russo & Dabul, 1997).

The literature also highlights that when a therapist is dealing with a depressed woman, exploration of her reproductive history is imperative, in order to ascertain possible unresolved reactions to terminated pregnancies (Bagarozzi, 1994; Congleton & Galhoun, 1993). This is especially important in women who have strong religious affiliations and who believe that abortion is morally wrong.

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ABORTION

IN SOUTH AFRICA IT IS NOW LEGAL TO HAVE AN ABORTION. MUCH HAS BEEN SAID AND WRITTEN ABOUT THE IMPACT OF ABORTION ON WOMEN.

WE ARE INTERESTED IN LEARNING ABOUT HOW WOMEN THEMSELVES EXPERIENCE ABORTION.

IF YOU HAVE HAD AN ABORTION AND WOULD LIKE TO PARTICIPATE IN THIS STUDY PLEASE TELEPHONE HEIDI AT 761 0429 OR
082 6008312

ALL INTERVIEWS WILL BE HELD IN STRICT CONFIDENTIALITY.

INTERVIEWS WILL BE CONDUCTED BY AN ADVANCED MASTERS STUDENT IN CLINICAL PSYCHOLOGY.

11 September, 1998.

To Whom It May Concern,

My name is Heidi Germann and I am currently a student at the University of Stellenbosch completing my Masters degree in Clinical Psychology. The topic of my thesis is Women's experience of Abortion in South Africa.

As you may know abortions are now legal in this country and much has been said about the implications. I am interested in conducting confidential, face to face interviews with women to hear about their experience of abortion.

In order to achieve this goal I need to advertise the study and ask people in the Stellenbosch community to participate. I would therefore be very appreciative if you could display the attached advertisement in a prominent place.

This study has been approved by the Ethics Committee at the University of Stellenbosch and is being supervised by Dr. L. Kruger from the Department of Psychology.

I thank you for your time and consideration. Should you have any queries please do not hesitate to contact me at 761- 0429 or 082 6008 312. Dr. L. Kruger can be contacted at 808- 3460.

Yours sincerely,

Heidi Germann

g) Underline any of the following that applied during your childhood and adolescence :

Happy Childhood	School Problems	Medical Problems
Unhappy Childhood	Family Problems	Alcohol Abuse
Emotional Problems	Behavior Problems	Legal Trouble
Strong Religious convictions	Drug Abuse	Others:

h) What sort of work are you doing now ? _____

i) What sort of work did you do in the past ? _____

j) Have you ever received psychological counselling or been on any psychiatric medication (eg. Prozac). Please give details : _____

Thank you for your time in completing this questionnaire.

INFORMED CONSENT FORM

AFTER THE ACT: WOMENS EXPERIENCE OF ABORTION
IN SOUTH AFRICA

Dear Participant:

We would like to request your participation in a research study examining women's experience of abortion in South Africa. As you may know, in 1996 new legislation was introduced in South Africa, allowing women access to safe, legal abortions. We are interested in learning about how women experience abortion.

If you are willing to participate in this study, we would like to conduct a face to face interview with you, which would take approximately one hour to complete. The interview will be tape-recorded. A female researcher who is also a clinical psychology master's student will carry out the interviews. The interviews will be held at the Psychology Department of the Stellenbosch University, at your home, office or any other venue, which may be convenient for you, at a time which suits you.

In the interview, questions will be asked about your abortion experience, e.g. how you came to make the decision, what support you received, how you experienced the actual abortion, how you felt at the time and how you feel now.

We hope that the interview will be interesting and useful to everyone who participates in the study. However, some of the questions asked will be highly personal and may bring back some difficult memories. Please know that you can stop the interview at any time and that you can refuse to answer specific questions during it. Participants are free to discontinue participation at any time. If you withdraw from the study, you can request that all of the data collected about you, including tapes and transcriptions of tapes, be destroyed and they will be.

To insure the confidentiality of the research material, no names will be placed on interviews or forms. Each participant will be given a code name and a list will be kept showing which participants correspond to which code name. The list will be kept in a locked safe in the department of Psychology. Only the researcher and her supervisor

will have access to any of the data, including the tapes and transcripts, which will also be stored in the aforementioned locked safe . Thus all information will be kept confidential. Reports about the study, including articles, will not mention any real names. Descriptions of any individuals will be disguised, so that they will not be recognizable to anyone else reading the study. Thus, there will be no way to tie in any piece of information collected by the study with any specific individual or family. Because such information about women's lives is valuable, the tapes will be kept as long as the researcher is pursuing this area of research. Once the researcher completes the study, the tapes will be destroyed, along with list containing names and code names.

If you find questions asked in the course of the research interview bring back painful or difficult memories and you would like to talk to someone about your feelings, we have a list of helping services you could contact.

If you participate in the study and would like to receive a copy of the final study, please note this on the informed consent form below.

If you are interested in participating in this study, please read the following statement and sign below.

I understand that participation in this study is voluntary and am aware of the possible risks, benefits and inconveniences associated with my participation. I recognize that I am free to ask questions, to refuse to answer questions, and to terminate the session at any time. I also understand that if I have any questions or problems concerning this research that I should contact the principle investigator, Heidi Germann at 761-0429 or her supervisor, Dr. Lou-Marie` Kruger at 808-3460.

Signature of participant

date

----- Yes, I would like to receive a report of the study's findings.

INTERVIEW QUESTIONS

1) INTRODUCTORY QUESTIONS

Tell me a little about yourself. (For example : family background, parental style , major life events , socioeconomic background , religious beliefs , important milestones , social and interpersonal relationships , emotional and physical functioning , attitudes about sex ; violence ; women ; politics , sexuality)

2) CIRCUMSTANCES OF THE PREGNANCY

Tell me about your pregnancy.

How old were you at the time of your pregnancy ?

Were you in a relationship when you became pregnant ?

Were you using a contraceptive at the time , and if so what?

How did you discover you were pregnant?

What was your initial reaction to your pregnancy?

With whom did you first discuss your pregnancy and what was their reaction ?

Did you discuss your pregnancy with anyone else ?

3) MAKING THE DECISION TO TERMINATE

How did you come to the decision to terminate your pregnancy?

With whom did you discuss your decision to terminate and what was their input?

Did you receive any pressure from others to obtain an abortion?

If yes, how did this affect you?

Did you receive any opposition from others in your decision to have an abortion?

If yes, how did this effect you?

What were the attitudes of others (partner, family , friends) towards your decision ?

Was there any particular event that played a major role in the decision?

How do you think others peoples attitudes towards abortion effects you?
If faced with the same situation again, would you have the abortion again?
If you reflect on your abortion experience, what is it that you think caused
You the most distress?
Do you feel you have gained anything from the experience?
What advice would you give somebody in the same situation?
Who did you tell about your abortion?
Why did you tell them?
Who did you not tell?
Why did you not tell them?
What support did you receive from others around your abortion?

6) CONTEXTUAL QUESTIONS

What were your personal attitudes towards abortion prior to your own
Abortion?
Where do you think this attitude comes from ?
What did you know about abortion prior to your own abortion?
What do you think about women's roles in society?

(Based on McCulloch, 1996; Winn , 1988)