A phenomenological exploration of Afrikaans women who have experienced an induced abortion

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Submitted in partial fulfillment of the requirements for the degree of Masters of Social Science (Clinical Psychology) in the School of Psychology in the Faculty of Humanities at the University of KwaZulu-Natal

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June 2009

DECLARATION

I declare that this dissertation is my own work. It is being submitted for the partial fulfillment of the degree Master of Social Science (Clinical Psychology) at the University of KwaZulu-Natal. It has not been submitted before for any other degree or examination at any other university.

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Lelani Walters Date

ACKNOWLEDGMENTS

I would like to express my sincere gratitude to those who have contributed in varied ways to the completion of this study.
They are as follows:

- To my supervisor, Cynthia Patel, for your time, patience, and guidance. I could not ask for a better, competent, or a more supportive supervisor.

- To my sisters, Amatola and Moyaneen, whose assistance and encouragement helped me, realize my dream.

- To all my dear friends and loved ones for being there for me through all my trials. Your encouragement kept me going.

- Last but certainly not least, I wish to extend my gratitude to the courageous women who participated in this study.

ABSTRACT

This study focuses on the lived experience of four women who have undergone induced abortions. The women are white, Afrikaans speaking and from a middle to upper class background. Their ages range from 38 to 45 years. It was expected that these women would reflect and articulate their experiences in their own ways. This study was therefore of a qualitative nature. More specifically, the methodology used was a phenomenological exploration of the lived experience of each woman. The primary aim of this study was, therefore, to understand the experiences of women who have undergone induced abortions, using a qualitative form of enquiry.

The 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 both unique and common reactions to abortion. This study utilized theories of motherhood, gender and reproduction to explore the various contexts. The themes of guilt, isolation and anger that emerged were experienced by all the women, but each one not only experienced them differently but also contextualized them differently.

Some general suggestions for future research are offered: exploring the different ways in which women deal with this situation could be helpful in working with those who might present with psychological symptoms. This would be particularly helpful to the role which psychologists could play in dealing with women who have undergone an abortion. The importance of support and acceptance is highlighted in this study. With the change in legislation regarding abortion, it would be helpful to consider the attitudes of the health professionals who may encounter women having abortions. In addition it is important to consider post-abortion counselling. Post abortion feelings could be normalized by explaining to women that reactions are not uni-dimensional and that positive and negative reactions are to be expected. As stated, some women do experience negative symptoms post-abortion and more research is needed to examine in depth the experience of these women. Longitudinal studies and narrative research could be beneficial in this regard.

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CHAPTER ONE

Introduction and background to study

D. Burton (2009) poetically writes:

> Discordant –
>
> Such remorse for depravity swirls around her fragile conscience
> Such choice for finality penetrates her daily presence
> Such fright of damnation creeps around her fickle resolve
> Such fear for a life whose story will never unfold.

The primary aim of this study was to understand the experiences of women who have undergone induced abortions, using a qualitative form of enquiry. The 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 both unique and common reactions to abortion.

1.1 Defining abortion

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 mother's 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.

According to the Choice on Termination of Pregnancy Act, 1996 (no. 92 of 1996) a pregnancy may be terminated upon the request of a woman during the first 12 weeks of the gestation period of her pregnancy.

Abortion falls 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. 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 specific research will focus on women who have experienced induced abortions.

1.2 History of abortion legislation in South Africa

Current legislation

The Choice on Termination of Pregnancy Act (CTOPA, 92 of 1996) which replaced the Abortion and Sterilization Act of 1975 was passed by parliament on 31 October 1996 and took effect on 1 February 1997. According to Engelbrecht (2005) the CTOPA was not a result of hurried or unconsidered actions on the part of the South African government, but rather a culmination of political ideology based on equality, equity and non-discrimination, and the outcome is that South Africa now has one of the most liberal abortion laws in the world. Engelbrecht (2005) states that the new act of 1996 gave women of any age or marital status access to abortion services upon request during the first 12 weeks of pregnancy, and in certain cases, extended access to the first 20 weeks of pregnancy. This act replaced a 1975 law that severely curtailed access to abortion services. The law's passage was a crucial advance for women, as it represented the recognition of reproductive rights by South Africa's first democratically elected parliament (Guttmacher, Kapadia, Naude & De Pinho, 1998).

The Choice on Termination of Pregnancy Act is conceived as a constitutional right at present. The Act makes provision for abortion on request in the first twelve weeks of pregnancy. It is stated in the Act that there is no requirement, at all, to furnish supporting reasons for wanting an abortion. From the 13th to the 20th week of pregnancy, the Act recognizes, inter alia, socio-economic circumstances as a ground for abortion. The consent of a parent or guardian is not an invariable requirement where a minor requests an abortion. Also, in the first twelve weeks of pregnancy, abortion can be performed not only by registered medical practitioner, but also by a registered midwife who has completed the prescribed training. More recently, nurses who have had training in delivery have also been included (Engelbrecht, 2005).

One of the key elements of the CTOPA includes pre-and post-counseling (Engelbrecht, 2005). According to the CTOPA the state should promote non-mandatory and non-directive counseling before and after the abortion (Choice on Termination of Pregnancy Act, 92 of 1996). Therefore counseling is offered to the client and not imposed or made a prerequisite for the abortion service. Counseling should also aim to protect the autonomy of the client and as far as possible should be free from the personal values of the counselor. Section four of the CTOPA indicates that counseling should include sufficient information to help women make an informed choice regarding the Termination of Pregnancy (TOP). Counseling should always be kept private and confidential, but the women have the right to disclose the nature of counseling to others. Engelbrecht (2005) is of the viewpoint that women who have received counseling deal better with feelings of loss, grief, anger, anxiety and isolation than those who wished not to make use of these counseling services. Guttmacher et al (1998) concurs with this by stating that the CTOPA is more advanced and proactive than the previous act in terms of offering counseling to women, which could decrease the long term psychological impact on women in the long run.

Engelbrecht (2005) is of the viewpoint that the decision to terminate a pregnancy is usually made in secret. In a study among 400 women attending a TOP clinic at the King Edward VIII Hospital in Kwa-Zulu Natal, 33% of the respondents did not inform family or confidante's of their pregnancy or that they wanted to have an abortion. Reasons for the lack of disclosure include a variety of emotions ranging from guilt to sadness and relief. It is not uncommon for women wanting to have an abortion to be stigmatized by family, friends and health workers. According to Engelbrecht (2005), women who feel stigmatized may have a low self-esteem and a strong need for psychological support.

Abortion services will have to be implemented so that they are available and accessible to all women in South Africa, thereby reducing morbidity and mortality from unsafe procedures. This according to Guttmacher et al (1998) would involve patient outreach, provider education, equalization and expansion of services throughout the country, and continuous monitoring of how these activities are progressing.

Ngwena (2003) states that in 1997, 26 401 women accessed abortion and by 1999 this figure increased to 39 328. Clearly, these figures represent an increase in legal abortions far beyond the 1000 that were on average performed annually under the 1975 Act. For many clandestine abortions were the only option available to women with an unwanted pregnancy; estimates of the number of illegal abortions performed each year before 1994 range from 6000 to 120 000 (Althaus, 2000). Ngwena (2003) highlights the fact that the Act has made a huge impact in realizing reproductive rights of women as well as meeting their health needs. Having said all this, it is important to realize that the Act does not enjoy unanimous support in South Africa. "Abortion is underpinned by moral dichotomy." (Ngwena, 2003, p.4).

McCulloch (1996) maintains that, technically, prior to the change in legislation, abortion on demand existed in South Africa. She is of the opinion that it was a well known fact that women could obtain abortions even though it often was at high medical and legal risk. According to McCulloch (1996), the new legislation enables women to have greater freedom of choice over their reproductive lives. She concludes by stating that this does not mean that society's perception of abortion and the women who procure them has altered.

Previous legislation

The law as contained in the Abortion and Sterilization Act of 1975, in effect at that time allowed abortion only when a pregnancy could seriously threaten a woman's life, could end in the birth of a seriously handicapped child or resulted from rape, incest or other unlawful intercourse. Two other medical practitioners had to approve this procedure. The sterilization on persons incapable of consenting required the opinion of two medical professionals that the individual would bear defective children or would be unable to comprehend or bear parental responsibility. By narrowly specifying the conditions under which abortions could be obtained, the law actually made it more difficult to procure abortions. The pronatalist attitude of the government toward the white population was formalized by an all-male, all-white committee appointed in 1973 to draft legislation regulating the availability of abortion services; by 1975 the committee presented, and

parliament subsequently passed, the Abortion and Sterilization Act (Guttmacher et al, 1998).

While most religious groups in South Africa opposed legalization of abortion, the Dutch Reform Church, the official church of South Africa, not only opposed this law (Act of 1975), but propagated the belief that the white population must grow to maintain its supremacy. The government used tax incentives to encourage white women to procreate and in contrast contraception was promoted for black and colored women as a measure to stymie the growth of the black population (Guttmacher et al, 1998). White women had several options when an unwanted pregnancy occurred. Many procured abortions from their private practitioners, who would perform a dilation and curettage in their surgery. Prior to 1975, this could be justified by common law, which permitted the termination of a pregnancy if the pregnancy posed a threat to a woman's mental well-being. Under this law some white women would fly to England to terminate their pregnancies (Guttmacher et al, 1998). Besides the difficulty of financing a safe abortion, finding a trained doctor willing to perform an abortion was more difficult for women of color. This often led to women terminating their own pregnancies, endangering their lives by attempting abortions using dangerous methods such as knitting needles or detergents.

The impact of the 1975 Act, not surprisingly, failed to increase access to safe abortion services and to improve the reproductive health of South African women. Women still continued seeking terminations of pregnancies despite the possibility of serious health risks (Guttmacher et al, 1998).

As in many other countries, abortion is a volatile issue in South Africa. There are many challenges to implementing the 1996 Choice on Termination of Pregnancy Act: the pronatalist views of conservative South Africans; limited access to health care for medically underserved black and colored women; limited access to hospitals due to staff resistance and lack of resources. Despite all these setbacks, women's rights to an abortion have been upheld in the South African law (Guttmacher et al, 1998). As noted by these authors, approximately 30 000 abortions were performed in the year after implementation of the new act, while the number of women presenting for treatment of

severe complications resulting from incomplete abortions decreased significantly. In late 1997 the first official report of maternal deaths in South Africa cited only nine deaths resulting from septic abortions, compared with the Medical Research Council's reports of more than 400 in 1994. While the law provides relatively easy access to abortion, resulting in an incredible increase in the number of legal abortions, it has created controversy not only among the public, but also among health care professionals who are directly involved in it.

It is clear that the Act recognizes that the decision to have or not have children is fundamental to women's physical, psychological and social health and that universal access to reproductive health care services includes not only family planning and contraception, but also termination of pregnancy. The law also recognizes that the State has the responsibility to provide reproductive health to all, and also to provide safe conditions under which the right of choice can be exercised without fear of harm.

1.3 Aims of this research

Many quantitative studies have been conducted globally and locally with regard to abortion. Quantitative studies have focused on abortion statistics and legislation implementation (Engelbrecht, 2005; Johnston, 2005; Ngwena, 2003). Many of these studies also focus on young, poor, mainly black women (Adana & Tweneboah, 2004; Mojapelo-Batka & Schoeman, 2003; Olivier & Bloem, 2004). Mitchell (1993) states that young, poor, and minority women are more likely to have abortions than older, more affluent and white women. It is clear that little attention has been paid to the affected women themselves.

Few studies focus have focused on the women and their experience of the abortion (Germann, 2001; McCulloch, 1996). This study will focus on the lived experience of four women who have undergone induced abortions. These women are white, Afrikaans speaking and from a middle to upper class background. Their ages range between 38 and 45 years. Their ages at the time of the abortion ranged from 25 to 35 years. The period of time which has elapsed since the abortion ranged from two to 20 years. Of the five

abortions undergone by the four women, three of the abortions were performed under the Abortion and Sterilization Act of 1975 and two under the Termination of Pregnancy Act of 1996. Therefore most of the abortions were carried out in private or governmental facilities, mostly organized through their private practitioners or gynecologists.

It was expected that these women would reflect and articulate their experiences in their own ways. This study was therefore of a qualitative nature. More specifically, the methodology used was a phenomenological exploration of the lived experience of each woman. Kruger (1999) claims that in using the phenomenological method the aim of the researcher is to describe as accurately as possible, refraining from any pre-given framework, but remaining true to the verbalization of the experience. According to Kruger (1999), the phenomenologist is concerned with understanding social and psychological phenomena from the perspectives of the people involved in that particular experience. He believes that the researcher is concerned with lived experiences of the individual person when using the phenomenological approach. The primary aim of this study was, therefore, to understand the experiences of women who have undergone induced abortions, using a qualitative form of enquiry. More specifically, the phenomenological approach was used due to the appropriateness of this method to the nature and purpose of this study.

CHAPTER TWO

Theoretical framework

Chapter Two provides a conceptual outline of the theoretical model that is viewed as being appropriate to and supportive of achieving the aims and objectives of this study; the chapter also provides a discussion of the literature that is relevant to the study.

2.1 Theoretical framework

As Kimmel (1990) argues:

> 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)

2.1.1 Motherhood

Traditional views

Women are generally seen as the caregivers in any relationship. Many writers such as Phoenix, Woollett and Lloyd (1991) have pointed to the normative or mandatory quality that society endorses of motherhood: all women who are married or in stable heterosexual relationships are expected to become mothers and it is considered 'normal' for them wanting to do so. In this ideological context, women's decisions are not so much about whether or not to become mothers but about when to have children, how many to have or in which social context to have them. Whatever else they do with their lives, women are supposed to be mothers, with the result that variability in women's feelings and experiences are rarely taken seriously. Women's maturation and achievement are often viewed as dependent on their becoming mothers. This is even endorsed by psychological theories of adult development which provide "scientific validation" for motherhood as a major growth point in women's lives (Phoenix, Woollett & Lloyd, 1991). Friedan (1963) also states that society is of the viewpoint that the desire

for children is assumed to be universal. The motherhood mystique asserts that having children is not only compatible with self-actualization but is, indeed, necessary for it. She states that having children is a necessary factor for a woman's self fulfillment. Friedan (1963) continues by stating that the social meanings of childlessness are essentially the obverse of the social meaning of parenthood, and childlessness is therefore defined almost exclusively in very negative terms. Glenn (1994) adds that motherhood rests on three beliefs; they are that all women need to be mothers, all mothers need their children, and all children need their mothers. Each of these beliefs is made plausible by the social and cultural conditioning that impels women to be mothers. This theory according to Glenn (1994) has been supported by the psychoanalytical theory that posited that "normal" women desire a child and those who reject motherhood are rejecting femininity. LeMasters (1957) states that motherhood is believed to provide experiences which are crucial to the development of full emotional and sexual maturity. In the real sense, having a child affirms one's adult status in the community. Children are thought to give life purpose and meaning and, especially for women, to be necessary if not sufficient for fulfillment. Motherhood is often considered a mandatory adjunct of husband-wife roles, providing a cohesive focal point which helps to cement the marriage. He continues by saying that having a child is believed to increase one's sense of social responsibility. According to Goffman (1963), not having, or wanting to have, a child becomes a noteworthy kind of social deviance, in clear violation of the dominant fertility norms. He continues by saying that these deviants are stigmatized; Goffman (1963) distinguishes among three kinds of stigma: abominations of the body, blemishes of individual character and tribal stigma through race, nation and religion. LeMasters (1957) explains this by saying that the sterile are stigmatized in terms of their bodily abnormalities which do not allow them to reproduce and thus render them as less-than-whole persons. The childless by choice are stigmatized in terms of their blemished characters and are considered immoral and deserving of censure. Russo (1976) agrees by saying that having children is judged to be more important for women than for men. Part of this discrepancy may be a legacy of the double standard, in which any immoral behaviour among women is traditionally judged more harshly. According to Russo (1976) motherhood is much more salient to the female role than other roles.

She states that femininity has therefore, traditionally been closely linked with bearing and caring for children, with other roles, such as occupational success, remaining relatively peripheral. As a consequence, childlessness is more cogent and salient in the lives of wives than of their husbands. In spite of sex role changes, motherhood is still viewed as an integral part of the female gender role, and having or not having children still remains primarily a woman's issue. Given the complete vulnerability of the human infant, if a society is to be maintained, each generation must recruit a large number of persons who will devote a major proportion of their lives to having and raising children. Russo (1976) says that the crucial link in the interdependence of biology and socialization is that the child is taught not only to want to rear children but also to rear his children in turn so that they want to care for their children. Lorber (1994) sees motherhood as contested not only physiologically and emotionally, but also more importantly in the political arena. She maintains that it is in the vested interest of patriarchal societies that men control not only the means of production, but also the production of children. They therefore make decisions on abortion, number of children and preferences of one sex (often boys) over the other. Motherhood in Africa is regarded as the woman's "true destiny" and her most important purpose of existence and her singular means of accomplishing achievement as a human being (Tettey, 2002). "Motherhood is a colossal role of a woman: her child bearing function and her ability to provide nourishment for children through her body must be far more fulfilling than her contribution to, for instance, farming" (p.2). This idea that motherhood is a women's reason for being is deeply embedded in our patriarchal society. Dickson, Jewkes, Brown, Levin, Rees, Mavuya (2003) highlights that "abortion fundamentally challenges patriarchal control over female fertility and sexuality" (p.1). Abortion raises questions around motherhood and women's traditional roles 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 strong and vested allegiance (Dickson et al, 2003).

In her book *Will you be a mother?* Bartlett (1994) writes:

> Debates on the rights and wrongs of abortion illuminate important ideas about what it means to be a woman. When a woman demands an abortion, she is saying: I do not want to become a mother (to another child, or at this present time). Could it be that the debate confronts head-on the belief that this is her highest accolade – her ultimate achievement and function?

Some of the literature above explores women who chose not to have children, it is important to note that this study is about women who choose not to have a child at a given time in their lives rather than not at all. One of the participants in this study chose not to have children; all the other participants have children. It is also important to note that the factors that influence the decision to abort are extremely complex and not always understood by society. These women are often treated as 'deviant' when in certain instances the decision to abort is not solely their own.

Gender roles and reproduction: Sociocultural perspectives

The sociocultural view of gender roles states that gender roles and stereotypes develop within a culture and are then perpetuated by that culture. Individuals within that culture are expected to conform to these norms, and are socialized in manners which constantly reinforce the beliefs and behavior which are prescribed and presupposed for them (Evens, 2003). It is clear from the previous section that the concept of motherhood is an example of how gender roles are culturally perpetuated.

The dominant discourses in our society teach women to see themselves in relation to men. Men are placed at the centre of the universe and women are always marginal and only have meaning when they are fulfilling roles that are significant for men; as mother, as partner, as daughter (Evens, 2003). Kimmel (1990) 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. Evens (2003) feels that the implication of this is that often the ways in which women's lives are regulated and influenced by these social conditions (for example, inadequate

child care services, salary inequalities, sexual harassment in the work place and unequal opportunities) are not recognized and acknowledged. "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" (Kimmel, 1990, p.88). Suffla (1997) found in a study of nurses in Sowetan clinics that nurses felt that abortion symbolizes the 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. It is important, according to Suffla (1997), 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. 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. Therefore, the information with which one is confronted in the context of gender may affect the meaning that a woman constructs from her abortion experience (Suffla, 1997).

Ussher (1991) states:

> Women as a group have less access to power, less access to resources in society, and yet are expected to care, to mother, to provide that particularly female gift, nurturance and security. At the same time, women are subjected to abuse, verbal, physical and sexual – abuse that erodes sense of identity. The all-caring, coping woman is both marginalized and derided. (p.4)

Kimmel (2000) is of the viewpoint that biological evidence helps explain the ubiquity of gender difference and gender inequality, but social scientific evidence modifies both the universality and the inevitability implicit in biological claims. He states that cross-cultural research suggests that gender roles and sexuality are far more fluid, far more variable, than biological explanations of gender would have predicted.

Feminist perspectives

Petchesky (1990) states that "Control over one's body – including, for women, control over whether, when and in what circumstances they shall bear children – is not just a libertarian 'right'. It is, rather, a positive and necessary enabling condition for full human participation in social and communal life" (p. 382).

While reproductive rights are often formulated as elaborations of the universal human right to found a family, they also have historical roots in the West in a long tradition that emphasizes the bodily integrity of individuals and their right to protection against coercion by others. In official documents drafted at each of the international conferences on population, reproductive rights are defined as the right of individuals to decide "freely and responsibly" about the number and spacing of their children (Obermeyer, 1995). Decisions about procreation require that individuals have access to information concerning reproductive matters and have the power and resources needed to carry out their decisions, in other words, reproductive rights are dependent on individuals' ability to exercise their basic rights as human beings. Therefore an examination of reproductive rights entails a consideration of the status of women in society (Obermeyer, 1995). Several theorists have maintained that women's position within two systems of social relations, namely production and reproduction, is primary in the formation of their gender-role attitudes and identity. At the crux of these theoretical formulations is the assertion that women's increased independence in both spheres makes them more likely to challenge the dominant culture's view of gender. Research on white women concerning production has consistently demonstrated that employed women are more likely than women not in the labor force to hold nontraditional attitudes toward gender roles (Lorber & Farrell, 1991). Concerning reproduction, Petchesky (1990) contends that women's reproductive relationships determine whether they will possess a "pro-life" or "pro-choice" orientation. For her, women highly invested in production, as evidenced by high labor-force participation and low fertility, are more likely to reject culturally dominant views of gender, whereas women highly invested in reproduction, as evidenced by low labor-force participation and high fertility, are likely to "adhere" to traditional family forms and ideologies that certify women's primary function as a homemaker and

childrearer. Obviously this is an 'artificial' distinction and more complex than stated by Petchesky (1990). Not all women highly invested in production are likely to reject culturally dominant views of gender and vice versa, this is a generalized statement about women and their experiences and the uniqueness of each woman is sidelined.

Obermeyer (1995) also states that an important element in Western feminist critiques is the reluctance to wholeheartedly adopt male-derived notions of autonomy because they are in contradiction to the reality of women's reproductive experience and their patterns of caretaking. Although in principle a positive value, autonomy fails in practice. It thus becomes necessary to preconceive autonomy in a way that would combine the claim of the constitutiveness of social relations with the value of self-determination and better reflect women's involvement in relationships of nurturance and care. By modifying the two key notions of equality and autonomy, feminist theory does in fact temper the abstract universalism of human rights and provides an approach that is more relevant to the reality of women's lives. In so doing, it takes a step towards other cultural elaborations of gender that emphasize differences rather than ignoring them. Therefore in attempting to understand it is important to examine women's unique experiences as woman in their daily life experiences. This research focuses on women's unique experiences of abortion, as stated before emphasizing the differences instead of ignoring them. This will hopefully give us a better understanding of the abortion experience.

2.2 Empirical review

2.2.1 The impact of abortion on women

There is a clear contradictory debate about abortion in the literature. On the one hand, some women who have undergone abortions are described to be relieved (Petchesky, 1990), on the other hand, other women are severely traumatized after the event (Davies, 1991; De Puy & Dovich, 1997; Faure & Loxton, 2003; Germann, 2001; Kushner, 1997; Miller & Rahe, 1997). It seems that psychological research is increasingly involved in debates regarding abortion. The American Psychological Association (APA) appointed an expert panel (Adler, David, Major, Roth, Russo, Wyatt, 1996) in 1996 to review and investigate the literature on the psychological effects of abortion on women. It presented evidence that abortion is not always followed by serious psychological responses, and

that in fact, both positive and negative responses are evident. Olivier and Bloem (2004) also found that both negative and positive emotions are experienced.

The complexity of the abortion experience is not to be underestimated. The literature alludes to the two extremes of the abortion experience as either relief or trauma, but many grey areas exist as each woman's experience is unique. Some authors believe that both positive and negative responses are evident following the abortion experience. There may be commonalities in the experience, such as anger, but anger is experienced in different ways and women have different reactions to their abortion experience. This is very evident in the analysis of the research.

The literature review will explore empirical research that shows the two contradictory views: that women are traumatized after their abortion or experience negative psychological responses: or that women are relieved after their abortion experience.

2.2.1 (a) Psychological impact

Our experiences are unique and individually created from our own characters and personal life situations. How women in South Africa or globally react to their abortion experiences will depend on many different factors. These could be their decision making processes, support from loved ones, life changes, coping mechanisms, whether or not they express their feelings or suppress them, reasons for the abortion, their views on abortion and their religious views. These are but a few factors; there may be many more, depending on the woman herself. Adler et al (1992) warn that given the variety of experiences associated with abortion, it is inappropriate to generalize from one abortion circumstance to another without adequate evidence that similar responses are found in different contexts.

De Puy and Dovitch (1997) found the following:

> Beneath the clamor of the abortion debate, the quiet impact abortion has on the psychological life of the woman who makes this choice has gone unheard. There is no cultural acknowledgment that she may have struggled over her decision or felt bereaved, or that the event may have left her with pain. Thus, abortion remains a significant personal experience that is not publicly recognized, socially sanctioned or frankly shared in the way a divorce, the death of a loved one or a miscarriage might be. A woman's

> emotional journey from conception to termination is often left buried in her psychological underground. (p. 3)

Generally accepted view – negative emotions

Adler et al (1996) states that most of the research on abortion has been descriptive rather than theory-based, but two broad types of theoretical perspectives underlie the research. One perspective, deriving from clinical experience and theories, focuses on psychopathological responses following abortion. This perspective, drawing heavily from psychoanalytic theory, characterizes earlier work on abortion. The second perspective, characterizing more recent work, is that of stress and coping. From this perspective abortion is seen as a potentially stressful life event, meaning that it causes difficulties to the individual, but does not necessarily lead to psychopathological outcomes. Rather, a range of positive responses, including growth and maturation as well as negative affects and psychopathology can occur. Negative emotions according to Adler (1975) fall into two categories: one consisting of shame, guilt, and fear of disapproval which he termed socially based factors: the second consisting of regret, anxiety, depression and anger, which he termed internally-based factors. He believed that women whose culture and religious background prohibits abortion experience more negative responses.

Davies (1991) believes that an abortion is an extremely stressful event which falls outside the normal range of what women experience. She states that these feelings, such as anger, shame and guilt are a normal reaction to stressors in life, but the total effect does not have to be negative as generally expected. Whether women suffer post-abortion trauma, extreme depression, anxiety or guilt is a contentious issue, and Davies (1991) contends that it is difficult to be scientific about feelings. According to Miller and Rahe (1997) the events of pregnancy, miscarriage or abortion, and the death of a child are rated as life changes with the greatest impact on women. These authors state that it is not necessarily the events themselves, but the subjective perceptions of life change events that influence how an individual will cope with such an event. Many research findings indicate that women acknowledge that the discovery of an unwanted pregnancy and the decision to terminate it are very stressful and conflicted experiences for them (De Puy & Dovich,

1997; Faure & Loxton, 2003; Germann, 2001; Miller & Rahe, 1997). De Puy and Dovitch (1997) state that psychological studies show that 10% of the 1, 6 million women in America who undergo abortions annually experience severe emotional trauma following the procedure. Unfortunately most studies dismiss the other 90% of women as if they had no reaction whatsoever after the abortion. De Puy and Dovitch (1997) found the following:

> Many are distressed and unaware of the ways in which their choice has changed their lives and, sometimes, the lives of those around them. Many have been unwilling to speak of their choice in a world that is openly conflicted about abortion. Many are wracked with religious guilt and a fear that they have killed an unborn child. These reactions are not felt on the day of the abortion, but may arise over time – sometimes years later – as women reflect back upon their experience. (p. 6)

Speckhard and Rue (1992) state that abortion may relieve stress by ending an unwanted pregnancy, but the event itself may simultaneously be experienced as a stressor causing anxiety, grief, guilt, despair and anger. These authors maintain that collectively these factors could contribute towards a vulnerability to depression, as feelings of powerlessness, anger and self-condemnation are emotions that underlie depression. Adana and Tweneboah (2004) examined the effects of induced abortion on women in Accra, Ghana. They state that women's feelings differ. Fear, anger, sadness and guilt were found among these women to be the most prominent emotions. Most women felt relieved after the whole procedure, only to be overcome by fear and anxiety afterwards. There was anger directed at the provider of the service and sometimes towards the partner. Some women continued to feel sad and guilty even after a long period of time. According to Bird Francke (1978) feelings of guilt are among the most common immediate as well as delayed reactions to abortion for many women. She maintains that guilt is a normal reaction that usually surfaces after the woman recognizes that abortion is wrong and that she is responsible for committing her own abortion. Guilt is a feeling when a moral code is violated. This author also notes that for the woman who comes to believe, at some point after the abortion, that she has consented to killing of her pre-born child, the burden of guilt is relentless. There is little consolation to offer the woman who has transgressed one of nature's strongest instincts: the mother's protection of her young.

This inner voice of self-condemnations begins playing a repetitive tape in the mind that accuses her of being defective as a woman, and asking how she could have done such thing? This normally makes women feel bad as a person, and as woman. According to Bird Francke (1978) it is also normal for many post-abortive women entering therapy to verbalize their belief that any unhappy events that have occurred since the abortion were inevitable because they "deserved it". It is noted by Ney (1983) that women will often express guilt and shame through anger at themselves and others involved in the abortion decision such as parents, friends, doctor, the baby's father and men in general. He also states that studies indicate that post abortion depression and anger hinders the mother's ability to bond with her other or future children and in some cases child abuse occurs. Reardon (1997) states that many women are forced into unwanted abortions by husbands, boyfriends, parents or others. This may lead to anger after the abortion and this anger could be inflicted on the woman herself for allowing the forced abortion. Some women, no matter how compelling the reasons they have for seeking an abortion, may still perceive the termination of their pregnancy as the violent killing of their own child. The fear, anxiety, guilt and anger associated with the procedure are mixed into this perception of grotesque and violent death. This viewpoint is also supported by authors such as Adana and Tweneboah (2004). Reardon (1997) continues by saying that approximately 60 percent of women who experience post-abortion sequelae report suicidal ideation, with 28 percent actually attempting suicide. He also states that abortion is significantly linked to subsequent drug abuse. Olivier and Bloem (2004), in a study on adolescent's abortion experiences, also found that abortion had an effect on the adolescent girl's emotional life. These authors are of the view that abortion may have emotional implications for these girls and leave an emotional scar. Just as with other studies, they found that negative and positive emotions may be experienced. According to Hollis-Triantafillou (1996) teenagers who have abortions are especially vulnerable to Post-Abortion Syndrome because they are at a critical developmental period of their life. Instead of being encouraged to accept the consequences of her choices, and to mature through the responsibilities of parenthood, she is forced to "mature" through infantile destruction. Another study by Mojapelo-Batka and Schoeman (2003) researched the moral concerns and emotional experiences among black South African adolescents and

termination of pregnancy. Their results revealed that moral concerns were based on social, ecclesiastic and cultural values, as well as a sense of accountability towards the self. The women's emotional reactions also predominantly involved the negative emotions of shame and embarrassment as well as guilt and sadness linked to a sense of loss. Hollis-Triantafillou (1996) maintains that women do not talk much about their abortion, except to their gynecologists and close friends, but the problem of unwanted pregnancy is one that most of them face at some time during the 40 or so years of their reproductive lives. Even with modern methods of contraception mistakes still occur all too frequently. The women with an unplanned conception should be able to decide freely and independently whether or not she wishes to continue with that pregnancy and if not, to have access to quick, easy and safe early abortion as her legal right. Hollis-Triantafillou (1996) is of the opinion that through this choice there is no delay, psychological stress, guilt and remorse and is vastly outweighed by an overwhelming sense of relief.

Due to the fact that the majority of women move forward with their lives, any normal grief, confusion or ambivalence they might feel is usually dismissed (Germann, 2001). Post-abortion trauma, according to Davies (1991), is not inevitable, contrary to the views of anti-abortion activists. She is of the viewpoint that abortion can in certain cases also prevent destructive feelings. While the abortion itself may be experienced as stressful, the circumstances surrounding the abortion for instance, the woman's feelings regarding the morality of abortion, support from a partner and others who are close to her, and also the actual experience she has in obtaining an abortion are very likely to influence her later responses.

One of the key variables that have been identified in terms of the impact abortion has on women is social support (Adler, 1992). Bracken, Hachamovitch, and Grossman (1974) interviewed 489 women before and after their abortion. They found that higher levels of perceived and actual support, by a partner or parents, were associated with more favorable post abortion reactions. The role of a partner's support has been found to be a significant predictor of psychological responses, as has the role of parents.

Kushner (1997) writes that often women feel the full emotional impact of an abortion only after the procedure, and yet the period following the abortion has been the least addressed by those who offer abortion services and counseling. Many clinics and doctors' offices provide decision-making counseling as well as counseling on the day of the abortion. Almost none offer post-abortion counseling. Much literature is available to women and to those who counsel them. These address the decision-making process and how to prepare for an abortion, with little attention to the impact this decision may continue to have on a woman's life. Therefore ongoing qualitative research is needed into this area of the abortion experience. Kushner (1997) goes further by saying that it is for political reasons that those of us who support a woman's right to choose have been reluctant to acknowledge that emotional turmoil can both accompany and follow an abortion. She states that in the face of the ongoing controversy over abortion and the real threat of losing the right to choose, it may seem like a luxury to address women's feelings about their abortions. And yet, in reality many women's experiences take place within the gray area between the two polarized views about abortion. Therapists, health workers and women's communities can support women who choose abortion by remaining sensitive to this reality. They also need to understand the full context in which women make reproductive choices.

Bandura (1989) maintains that people's beliefs in their capabilities affect how much stress and depression they experience in a threatening or taxing situation, thus perceived coping efficacy operates as a mediator of anxiety and depression.

2.2.1 (b) Contradicting viewpoints – positive emotions

Feminist writers such as Petchesky (1990) believe that choosing to terminate an unintended pregnancy might increase a woman's sense of control over her own body and her life. This action might even be empowering for certain women. She reminds us that abortion is not always a necessary evil or a minor tragedy, but can, in fact, signify a positive, meaningful step forward in a woman's life. Central to her book are the Marxist-feminist insights that women opt for certain reproductive "choices" in the context of social conditions over which they have little control: that material differences in the lives

of women of diverse race and class groups lead to major differences in their experience of reproduction: and that a dynamic interaction exists between women as subjects of powerful societal forces and women as agents and decision-makers. Petchesky (1990) describes, for example, how the conjunction of new birth control technology and expanding educational and work opportunities for women led to a massive trend towards postponing marriage. It was not merely the advent of the pill that caused this development: rather, the number of women entering college and service sector jobs had already generated a waiting market for the pill. Once available, however, the pill further fueled the dynamic by reinforcing the expectations of women that they could choose to delay marriage without foregoing heterosexual intimacy. Similarly, the legalization of abortion enhanced women's ability to reject early marriage, even when confronted by a pregnancy in progress. Post-abortion trauma, according to Davies (1991), is not inevitable, contrary to the views of anti-abortion activists. She is of the viewpoint that abortion can in certain cases also prevent destructive feelings. Women who abort are not always unscathed by such an experience. According to De Puy and Dovitch (1997) many women acknowledge a feeling of relief after their abortion, yet are understandably upset by facets of the experience that they had never anticipated. Adler (1975) notes that termination of an unwanted pregnancy may reduce the stress engendered by the occurrence of the pregnancy and the associated events. He states that positive emotions post abortion normally includes relief and happiness.

Faure and Loxton (2003) found that coping expectations would operate as a mediator of anxiety and depression before and after the abortion. Perceived self-efficacy was therefore strongly related to better psychological adjustment. Their results are consistent with past research which reported that women with high coping expectancies before abortion experienced lower levels of anxiety and depression before and after an abortion. Their study only explored short-term adjustment, and they indicate that future research is needed to examine long-term reactions of women who have undergone abortions. It is important to note again the importance of women's individual unique abortion experiences.

2.2.2 Society's opinion

Germann (2001) maintained the following:

> Society as a whole tends to be judgmental towards others whom it perceives as different, odd or in the case of abortion, deviant. Elements like race and sexual orientation can be considered to realize that people tend to make judgments based on belief systems rather than actual experience. It would therefore seem that double standards exist 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. (p. 18)

In South Africa, Media releases in 2004 by the Human Sciences Research Council of South Africa (HSRC) show public attitudes toward moral values.

The following were found regarding abortion:

- Fifty six percent of South African adults think that abortion was always wrong even in the event that there was a strong chance of serious defect in the unborn child. Twenty one percent thought that it was not wrong at all.
- Sixty four percent of black Africans opposed birth defect-related abortion. Other races: Coloured: 41%: Indian: 37% and White: 23%.
- Opposition to abortion if the family concerned had a low income and could not afford more children: Seventy percent thought it was always wrong under such circumstances. Ten percent thought that it was not wrong at all.

Much of the ambivalence could be due to society's condemnation of abortion, and the fact that women often have to make the decision with a sense of shame and secrecy (Germann, 2001).

De Puy and Dovitch (1997) state:

> In an era when people are talking on national television about difficult and formerly taboo subjects, such as sexually transmitted diseases, rape and incest, it is time that post-abortion recovery be brought out from under the cloak of fear and controversy. (p.33)

Religion

Attitudes toward induced abortion vary from society to society, among policy makers and the population at large. Religious beliefs also vary and can have a huge impact on how women feel about themselves when they have made the choice to abort their unborn fetus. According to Akindojutimi (2006) both Christianity and Islam do not expressly refer to or teach about abortion, but both give injunctions not to kill. Many religions regard abortion as killing. For instance Pope John Paul II regarded abortion as the "slaughter of the unborn" in the name of comfort and convenience for women. Akindojutimi (2006) writes about what the Bible and the Quran have to say. The Bible's closest reference regarding abortion states that "None shall cast her young…" (Exodus 23:26). The Quran states that "kill not your children for fear of want: we shall provide sustenance for them as for you. Verily the killing of them is a great sin (Quran 17:31). Some women with strong religious views struggle with more shame, guilt and anger after their abortion experience. Most women with strong religious views even struggle with the decision making process. This is evident in the results and discussion section of this research.

2.2.3 Conclusion to empirical review

The literature can debate the two viewpoints, but the actual experience of abortion is relative to the woman who experiences it. It is very important to note that no study or single point of view can be conclusive, due to the fact that every single woman reacts differently to her experience of abortion. Every woman relays her experience in her own voice and it cannot be compared or made similar to another woman's experience. Every woman's subjective experience of any traumatic event or any event at all is unique. No matter how many women are interviewed regarding their experience of abortion, each one's story is different and complex. Their experiences are also colored by their cultural differences, religious beliefs, society's influences, personality traits, etc. Yes, some women are severely distressed and have long lasting effects from the abortion, whilst others may not have that same experience. In summary therefore, there appears to be an understanding that abortion is neither all positive nor all negative. Women can experience abortion as simultaneously being positive and negative. For many women the

reaction that they have to abortion may be one of ambivalence. Ambivalence is defined as "having simultaneous, contrasting or mixed feelings about a person, object or idea" (Germann, 2001, p.25).

Researchers can only hope to do these intense emotional feelings justice in depicting the richness and depth of these experiences and not to lose any of the importance of that experience.

Motivation

Having explored the literature about abortion it has become evident that many quantitative studies have been conducted globally and in South Africa. Many of these studies focus their attention on opinions and attitudes toward the Choice on Termination of Pregnancy Act (CTOPA) of 1996, statistics of abortion delivery and public and political debates about abortion. Several of these studies, as stated before, focus their attention on young, poor, women of colour who sometimes struggle to access abortion services in this country. Women and their experiences are sidelined or ignored in these discussions regarding abortion. In comparison to many quantitative studies done on abortion, few qualitative studies have explored abortion experiences.

According to Kimmel (1990) abortion gives us a rare opportunity to closely examine the set of values that are almost never directly discussed. Due to the fact that these values apply to areas of life that are very private, such as sex, or very diffuse, such as morality, most people forget to look at the patterns they form. At the same time, because these values are rarely discussed, when called into question by the abortion debate, people feel that their total world view is under assault. Germann (2001) states that although abortion is widely researched globally, the woman's actual experience of abortion forms only a small part of the total research regarding 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 as such. More specifically there is a paucity of research that

examines the emotional experiences from the perspective of the women who undergo abortions.

CHAPTER THREE

Research Methodology

3.1 Method

3.1.1 Research design

A qualitative method is used in this study. More specifically the phenomenological approach was employed. For Giorgi, the important word in phenomenological research is "describing" (Giorgi, 1999). The aim of the researcher is to describe the phenomenon as accurately as possible, refraining from any pre-given framework, but remaining true to the facts of the experience. According to Kruger (1999), the phenomenologist is concerned with understanding social and psychological phenomena from the perspectives of the people involved in that particular experience.

Kruger (1999) believes that the researcher is concerned with lived experiences of the individual person. According to Pietersen (2002), the aim of this approach is to determine what an experience means for those who have had the experience and are able to provide a comprehensive description of it. The task of phenomenological psychology is to capture as closely as possible the way in which the phenomenon is experienced: it is used to uncover the psychological meanings that constitute the phenomenon in the participants' "lifeworld", and therefore the lived context of the individual (Makoe, 2008).

I chose the phenomenological approach to this particular study so that I could become as close as possible to each woman's experience. This involvement did not include my own preconceived ideas about abortion. Hammersley (2000) correctly states that researchers cannot be detached from their own presuppositions, but can learn continuously from their participants' experiences. Therefore it is important to be conscious of any preconceptions, but these should not be allowed to impact on the process. Holloway (1997) states that the researchers who use phenomenology are reluctant to prescribe techniques. Hycner (1999) agrees with him, saying that there must be a reluctance to use specific steps for it would do a great injustice to the integrity of the phenomenological approach, and if steps are used they should only be used as a guideline.

3.1.2 Sampling strategy/participants

I chose participants that were prepared to tell their story, and therefore used purposive sampling. I selected the sample based on my own judgment and the purpose of the research. I looked for participants who have had experiences relating to the phenomenon to be researched, in this case, an abortion. I identified one woman who was prepared to tell her story in 2006. Her experience of abortion was used as a case study during my Honors research. I wanted to extend this particular study into my Master's year and realized that I would need more participants; I therefore used snowball sampling to trace additional participants. According to Babbie (1995), "snowballing" is a method of expanding the sample by asking one participant to recommend others for interviewing. To my surprise I personally knew all of the participants. The advantage of this was that disclosure was of a higher quality. The participants all stated that they would not have disclosed so much detail if they did not know and trust me. Frizelle (1999) found the same in her study on "Experiences of motherhood". She used a quote from Burman (1994, p.67) stating that knowing the participants "facilitated greater disclosure and reflexive
commentary". All the women who were prepared to share their experience with me are white, Afrikaans speaking and from a middle class background. Most of them have made a rational choice regarding their abortion. The final sample consisted of four women. The names used to refer to the women are pseudonyms to ensure anonymity.

Marelize is a 45 year old, Afrikaans speaking, psychic healer who resides in Somerset West. She is a divorced, heterosexual woman who has two children. At the time of her pregnancy she was in a relationship with her future husband at that time, but felt that the time was not appropriate for having a child. She had her abortion twenty five years ago at the age of twenty. Her abortion was, at the time, illegal, but was done in a private facility. She felt that at the time she had made the right decision.

Ingrid is a 43 year old, Afrikaans speaking, IT architect who resides in Somerset West. She is a single heterosexual woman who has no children. At the time of her pregnancy she was 25 years old and felt that having a child at that time would interfere with her life

on a religious and career level. Her abortion was illegal and was performed at her home by a woman who performed abortions with knitting needles. At the time of her abortion she felt that she had made the right decision and strongly believes that women should have the right to make such decisions for themselves.

Nina is a 37 year old, Afrikaans speaking, graphic designer who resides in Fishoek. She has had two abortions and spoke about both and how they differed. The first one was in her twenties and the second one in her thirties. She felt at the time that she did not want a child for several reasons, ranging from work instability to relationship problems. Both abortions were done legally. The first one was done when abortion was still illegal in South Africa, but was done legally in a private facility. The second one was done in London when she resided there. She has been on various prescribed and illicit drugs most of her adult life and she ascribes this to be an effect of both these abortions. She is a heterosexual woman who has no children.

Amelie is a 44 year old, Afrikaans speaking, business woman who resides in Stellenbosch. She is a married, heterosexual woman who has two children. At the time of her pregnancy, seven years ago, she had marital problems and there was a chance that her foetus could have been deformed or abnormal. Although her abortion was legally performed she describes it as the most physically painful experience of her life.

3.1.3 Data Collection/Procedure

As stated earlier, the interview method was used to gather data. This method is appropriate for gaining an understanding of the complexity and uniqueness of each participant's narrative.

Specifically, the unstructured approach was used first to ensure "free speech" from the participant. Probing questions were used to clarify specific issues, but otherwise it was the participant's own perspective on her experience, emotions and feelings. Secondly a semi-structured approach was employed to gain more specific information and to ensure

a better understanding from my perspective. This part was more reciprocal, as both the participant and I engaged in the dialogue.

The specific phenomenon of interest was, the emotional expression of feelings experienced by the participants experience after having an induced abortion. My central research question for the unstructured part of the interview was: "How did you experience your abortion?"

Firstly, interviews were conducted using an unstructured approach, whereby the participants told their "story" of their abortion without any direction from the researcher, thereby encouraging "free flow" thinking. The women's narratives were tape-recorded and transcribed verbatim. The question was: "Please tell me how you experienced your abortion".

Secondly semi-structured interviews, using specific questions, were conducted with the same participants. This was done in order to ensure that specific information was gathered to describe the phenomenon as completely as possible. These interviews were also recorded and transcribed verbatim.

The semi-structured interview (Appendix A) consisted of:

1.) Questions regarding the experience of the abortion itself.

2.) Questions regarding the effects of the abortion.

Bentz and Shapiro (1998) and Kensit (2000) caution that the researcher must allow the data to emerge in specifically qualitative research. According to these authors, using the phenomenological approach means the capturing of rich descriptions of phenomena.
It was very important to me that the question I asked would elicit these women's feelings regarding their abortion experience, whatever these feelings were. In other words their self reflection on their experience was of central interest. It was also important that these women describe their own lived experience in their own way and in their own language. Pietersen (2002) states that the unique method of using phenomenological research is to

locate underlying themes or patterns in the search for structure and meaning in each participant's experience. She continues by saying that phenomenological research is based on a grounded, inductive approach and focuses on what a person experiences in a personal, first-order language that is as close to the lived experience as possible. She highlights the importance of asking each individual to relate their story in as much detail as possible in their own home language so as not to lose any of the intended meaning.

Exploring the abortion experience of women creates some important ethical challenges. Abortion is a sensitive topic and before beginning the research I had to consider what the ethical implications would be. The issue of confidentiality was obviously very important. The four women were assured of their privacy. Another issue was that given the sensitive nature of the topic it was possible that some participants could experience emotional difficulty after sharing their experiences with me.

In order to ensure ethical research, I made use of informed consent. I opted to use some of the recommended items from what Bailey (1996, p.11) calls a "consent agreement". The participants were informed about the following:

- That they were participating in research
- The purpose of the study
- The voluntary nature of their participation

These were explained to the participants and the participants signed a consent form (Appendix B) before the actual interview started. The consent form explained the aim of the research and that it would entail face to face interviews. They were told that they would be asked questions regarding their abortion experience, and examples of the questions were given to them. They were assured that they could stop the interview and withdraw from the study at any stage. They were informed that to ensure confidentiality, the only one who would know their identity would be myself. All their identifying information would be locked away at all times and destroyed once the research was completed. They were also informed that if they had any subsequent problems or questions they could contact either myself or my supervisor and we would assist them or

refer them for further counseling where necessary. Once the Ethics Committee of the University of KwaZulu-Natal approved my research proposal I began to collect my data.

The two interviews with each participant were conducted in two separate sessions at the participant's home, where she would feel most comfortable. The unstructured interview was completed, in the first session, and then the semi-structured interview was conducted in the second session. All interviews were audio-recorded with permission from the participants. I explained to them that the material would be translated and transcribed, so that their words would be captured as they had stated them. Each interview was recorded on a separate cassette. I labeled each cassette and assigned a code to each interview, such as "Participant 1", with the date of the interview, e.g. "4 July 2007". As soon as possible after each interview, I listened to the recording and transcribed the data. I started translating the first interview and immediately felt conflicted in this process. I translated two of the interviews and left the other two in their original language. I realized that translating from Afrikaans into English can be problematic as certain words in Afrikaans cannot be translated without losing their original meaning. The women used their original first language in expressing their abortion experiences and these were sometimes extremely crude, especially when explaining pain – they often used expletives when trying to express themselves. This was almost impossible to translate. I made an appointment with my supervisor as I was feeling too conflicted to further translate any of the interviews. While I thought that I had to translate all four interviews into English, believing that it was the most appropriate academic language to use, I felt that these women's voices would in fact not be heard, as their language would lose meaning in analysis, perhaps diminishing the validity and reliability of the research. I also believed that since Afrikaans is a recognized language in South Africa it could be used appropriately in research. My supervisor advised me that this was an interesting part of the analysis and that I should discuss it in my research report. We decided to leave two of the interviews in English and the other two in Afrikaans. My "translation dilemma" is reflected in the following comment by Simon (1996)

> The solutions to man of the translator's dilemmas are not to be found in dictionaries, but rather in an understanding of the way language is tied to social realities, to literary forms and to changing identities. Translators must constantly make decisions about the cultural

> meanings which language carries, and evaluate the degree to which the two different worlds they inhibit are the same. These are not technical difficulties; they are not the domain of specialists in obscure or quaint vocabularies. They demand the exercise of a range of intelligences. In fact the process of meaning transfer has less to do with finding the cultural inscription of a term than in reconstructing its value. (p.137)

3.1.4 "Explicitation" of data

The heading of "Data Analysis" is avoided here in recognition of Hycner's (1999) caution that "analysis" has dangerous connotations for phenomenology. The term "analysis" usually means "breaking into parts" and therefore often means a loss of the whole phenomenon, whereas "explicitation" implies an "investigation of the constituents of a phenomenon while keeping the context of the whole" (p.161).

According to Pietersen (2002), phenomenological studies are not driven by preconceived theoretical constructs and research hypotheses, but a desire to explicate a given phenomenon: therefore the researcher can expect to be deeply immersed in data which may seem obtuse. Pietersen (2002) highlights the importance of the attitude of the researcher to be open and willing to allow the phenomenon to present itself. It is a critical reflection on the participants' descriptions of their experiences, therefore the researcher sets aside any preconceptions or judgments she may have about the phenomenon. This way, according to Makoe (2008) the researcher is able to focus her attention on locating what is being questioned within its own context. The aim is to analyze and describe the experience as lived without contaminating it with personal or theoretical concepts. It refers to the idea of taking the meaning of any experience exactly as it appears in consciousness (Makoe, 2008). Hycner's (1999) explicitation process was used in this study. His process includes five phases, which are (Appendix C):

1. Bracketing and phenomenological reduction
2. Delineating units of meaning
3. Clustering of units of meaning to form themes
4. Summarizing, validating and modifying each interview if necessary
5. Extracting general and unique themes from all the interviews and making a composite summary

1. Bracketing and phenomenological reduction

According to Hycner (1999) the researcher "opens herself up" to the phenomenon of abortion (in this case) and that the researcher takes no position either for or against her own presuppositions about abortion and also does not allow her own meanings and interpretation or theoretical concepts to enter the unique world of the participant. Pietersen (2002) states that employing bracketing is of utmost importance for revealing experiences that are totally uncontaminated by prior learning and bias. In other words, "bracketing out" any preconceived ideas and allowing the data to speak for itself, is necessary for this specific research approach. Holloway (1997) and Hycner (1999) recommend that the researcher listens repeatedly to the audio recording of each interview to become familiar with the words of the participant in order to develop a holistic sense of the experience, or the "gestalt".

I allowed the unique "own experience" of the participants to emerge, so that the "here and now" dimension of those personal experiences could help me to understand the phenomenon under investigation.

2. Delineating units of meaning

This is a very important part of explicating the data, according to Hycner (1999). The reason for this is that in this phase those statements that are seen to illuminate the research phenomenon are extracted or isolated. The researcher uses her own judgment here and also ensures that her own presuppositions are kept in check in order to avoid passing subjective judgments. Here the researcher will consider the literal content of the interview, the number of times a meaning was mentioned by the participant. A list is made of these units of meaning.

Pietersen (2002) is of the viewpoint that the purpose of investigating a phenomenon is to empirically determine what the meaning of an experience was for the participants, instead of accepting that the predetermined answer to the question is known. Therefore, this study was approached with no preceding ideas as to the possible meaning of the experience for the participants

3. Clustering of units of meaning to form themes

With the list of units of meaning, the researcher will again set her own presuppositions aside in order to remain true to the participant's experience of her abortion. Rigorous examination of these lists of units of meaning was done in order to elicit the essence of meaning in the holistic context of the participant's experience. Hycner (1999) refers to "creative insight" (p.153). Pietersen (2002) agrees with Hycner (1999) in that the descriptions of the participants' experiences are examined. She highlights the importance of each meaning unit and the interpretation thereof in context. She states that these meaning units are simply a statement made by an individual which is self-defining and self-delimitating in the expression of the individual's experience. Clusters of themes are typically formed by grouping units of meaning together and the researcher identifies significant topics, called "units of significance" by Hycner (1999). Reading and rereading the participants' descriptions of their experiences, each unit of meaning should be highlighted, and stated in the exact same words used by the participants, in their "own language". These units of meanings, according to Pietersen (2002), collapse into emergent themes.

4. Summarize each interview

A summary is made and incorporates all the themes elicited from the data; this ensures a more holistic ending. The aim of the researcher is to almost reconstruct the inner experience of the participant (Pietersen, 2002).

5. General and unique themes for all the interviews and composite summary

Once the process outlined in points 1 to 4 has been done for all the interviews the researcher looks for the themes common to most or all of the interviews, but most of all individual uniqueness is elicited. I tried, therefore, to elicit common themes as well as unique contributions.

In other words, if guilt was a common emotion shared by most participants, I showed that as being the case, but my main focus was on the unique experiences of abortion. Although certain themes were common amongst the participants, they were still uniquely their own.

According to Pietersen (2002) the final step in a phenomenological analysis is to derive individual situated structures and/or a general account of the structure of the women's experiences. The objective of this specific study was to derive a general and individual structure. The themes identified for each respondent were clustered into a number of general themes that appeared to be common to all the participants' descriptions of their experiences.

CHAPTER FOUR

Results and Discussion

This chapter describes the findings of the collected data. In keeping with the qualitative paradigm, 'thick descriptive' data were used to authenticate the findings. The data are presented in terms of the themes that emerged from the lived experiences of four women who had undergone induced abortions.

4.1 Introduction

This study focused on white, Afrikaans speaking women who are from middle to upper class backgrounds. They had accessed private or governmental facilities to terminate their pregnancies, mainly because they simply did not want a child or in some cases did not want more children. These women's ages ranged at the time of the interviews from 25 and 45 years. They are independent, economically secure, have freedom and autonomy, and know that an abortion is their individual human right. However, they still experience emotions such as guilt, a sense of loss or sadness after their abortions because there is still the traditional expectation (within themselves) of their reproductive function. Therefore a tension still exists between women's changing roles in society and the traditional expectations of motherhood.

I started all the interviews with an unstructured question: how did you experience your abortion? After allowing the women to talk freely with very little probing from me, we went, in the second interview, onto more structured questions about the experience and the effects of the abortion.

Contrary to the stereotypical thinking presented in society that certain kinds of women make the decision to abort, it has been found that women of all races, class, religious and cultural groups have abortions (Kimmel, 1990). The participants in this specific study are from the same race and class, yet there are differences within their religious and cultural backgrounds. This study is not representative, but it can show some of the

unique and similar ways in which different women in different contexts respond to and construct their own abortion experience. It also highlights the ways in which the context of each of these women shapes their own experiences and their emotional reaction to their abortion. Also this study is exploratory in nature and the results may be limited to the group of women who participated in this research and therefore only general suggestions for future research can be offered in the following chapter.

The interview started with the unstructured question "Please tell me how you experienced your abortion". Each woman constructed her own abortion experience by answering this question in her own words.

I have used pseudonyms to protect the identity of all these women. Much caution was taken not to disclose any identifiable information. Some of the participants expressed no need for confidentiality and more information has been included about them.

Marelize described her abortion experience as follows:

> "*I felt isolated, because there was no one that I could go and talk to, you know, we're talking about 25 years ago, you know, it was a very difficult time. I was 20 at the time, also living with someone and even that was unacceptable. I remember so clearly, sitting in the chair and saying 'but we planned this, how can you tell me now that I need to have this…this pregnancy aborted?' He said to me 'Babes I promise you, I promise you we will have another baby when the time is right I will put my arms around you and I will kiss your stomach and I will be happy about it, but the timing is wrong now'. And then my gynaecologist encouraged us, because at that stage he felt that there was obviously a problem, B not wanting the child, so he did everything that he needed to do. I just felt, ja, I just gave up, you know. I kind of felt swept away by the whole process, and it led to the ultimate break up of our marriage in the end, I just resented him so much and also I had the abortion and he just oh, well, get on with life and because I could not tell anyone that I went through it. Umm….I think….umm there was guilt definitely, but at the same time I was also already on a different level spiritually, so you know, I accepted that these*

things happen by agreement, it was more, umm, forgiving myself for being so…so…weak, and forgiving B for being weak. Um… ja and then I did things over the years to help me, I don't go through that thing of 'I have murdered a child', you know. With pregnancy, soul comes in anywhere between conception and birth anyway, so some people have to go through the loss of their experience of their abortion and they will do that on their own, there might not even be any soul involved and other times there is an agreement between souls and um, I am totally ok with that. But, ja it was emotionally very difficult. Like when B said when I was sitting on the chair 'when the time is right, I will put my arms around you and kiss your stomach….' That was my ambition, to have a child".

Ingrid says:

"*Umm…en dit sal seker maar vir ewig daar wees, maar dit was nie vir my n scary, bang, my lewe hang aan n draatjie…dit was nooit dit nie, um….ek dink die after effects van dit was baie erger gewees, nie oor wat nie, maar ek het n deal met God gaan maak, en daai deal moes ek nooit gaan maak het nie. Ek het vir God gese as ek nie swanger is nie, sal ek nooit weer voor huwelikse seks he nie, ek het geweet ek moes dit nooit doen nie, maar toe probeer ek die deal honour ten spyte van die feit dat hy nie sy deal na gekom het nie, which…um you don't do things like that. Ongelukkig my persepsie van God en liefde en all those kind of things was heeltemal anders as wat my persepsie nou is. Dit was nog daai regte konserwatiewe, kalvinistiese, verstaan jy?, jy mag, jy mag nie, jy moet, jy moenie en as gevolg van dit het ek as gevolg van daai framework die deal gaan aangaan. Die experience was traumaties, die sonar. Dit was traumaties, die actually…um….ek het geboorte geskenk, en ek sal nou nou in daardie detail ingaan met die volgende vrae, maar al die trauma is trauma wat oor kon gaan, verstaan, dis nie iets wat my opgevreet het nie, wat my gevreet het was my deal wat ek gemaak het….um….en dit uit kalvinistiese sonde…..SONDE!"*

Ingrid is saying that she can remember every minute of her experience in absolute detail. She did not experience the abortion as feeling scared or afraid. She has difficulty coping

with her feelings about the decision to have an abortion, and struggles with the deal that she made with God to never have premarital sex again. She came to the realization that this "deal" has negatively influenced her life in terms of interpersonal relationships, and that she deprived herself in many ways. She feels that her beliefs are less conservative now. She also felt that the experience was traumatic, especially the sonar and the fact that she gave birth to a five month old foetus. She feels resentful about the deal that she made with God, believing that the decision was based on a Calvinistic framework at that she adhered to at the time of her life.

Nina says:

> "*Die pregnancy was half in die pad gewees, ek weet dis bad om te se, maar dis hoe ek dit subconsciously in my kop gehad het. My ouers het ook n rol gespeel, ek meen my ma hulle is moerse religious en ek wou nie vir hulle teleurstel nie. Ek weet op die ou end sou hulle dit aanvaar het en wat ook al, maar dit sou nogsteeds n shock gewees het. So ja, die eerste een was meer hectic want ek het dit laat doen toe dit nog onwettig was, dit was n moerse storie en dit het baie geld gekos. Ek het dit legal gedoen, maar n klomp mense moes teken. So jy moet n handtekening he van die Ginekoloog, die GP, Psigiater en die Superintendent van die hospitaal voordat die prosedure gedoen kan word. Dit was n baie weird experience gewees, maar dit was fine, want ek het emotional support gehad van C, die pa.*
>
> *Die tweede een was vir my moeiliker, dit was vir my meer traumaties, want in n way wou ek die kind gehou het. Omdat ek reeds n aborsie gehad het het ek gedink ek kan nie weer dit doen nie, nie omdat dit te erg was of iets nie. Ek het net gevoel dat ek ouer was, ek was een en dertig. Ek was heel idealisties daaroor, ek het gedink dat dis sal goed wees, want maybe I'll be alone for the rest of my life, en it's maybe my only chance to have a kid. Ek het besef dat ek nie regtig n keuse het nie, ek het gefantiseer oor hoe die kind gaan lyk, krulkop dogtertjie, vir een of ander rede het ek gedink dit sal n dogtertjie wees. Ek was die hele tyd in n tweestryd, ek onthou. My religious background het toe ook bietjie begin inkom, ek het begin skuldig voel en het gedink ek is n slegte vrou. Um…..ja dis weird, ek dink*

jy judge jouself baie meer as wat byvoorbeeld society jou judge…ek het op n stadium gedink dat ek is bad, want ek het myself gelabel omdat ek dit gedoen het…um….so op n stadium het ek gekom waar ek n veer gevoel het….so dis hoekom dit vir my n traumatic tipe van experience was. Met die tweede een het ek onsettend baie gehuil. Selfs toe ek na die operasie saal toe gaan, het ek gehuil, want ek was alleen, ek dink dit was dit.

Nina had two abortions, with each experience being different. With the first one, she felt that a child would have been in the way of a career and a good life. The father of the child supported her through the process and she felt that the experience was not traumatic. She worried that her parents with their strong religious background would find out and was afraid of disappointing them. She experienced her second abortion as traumatic and very emotional because she was alone in another country. She idealized the idea of having a child and because she was in her thirties she felt the time was right, but she was abandoned by her boyfriend and felt extremely isolated in this experience. She had the abortion in London on her own and when she returned home she kept the whole ordeal a secret. This has perpetuated her guilt, not only for the fact that it was her second abortion, but also that she felt she could not talk about it for the fear of disappointing the people she loves.

Amelie describes her experience as follows:

"*My doctor gave me a pill that I had to drink that afternoon; this would start the abortion process. I was alone at home and this was the most terrifying thing I experienced in my entire life. You take this tablet; I'm going to give you the gory details now: you get contractions that are far worse than labor pains, it is so painful. Labor is fucking painful, but this…um…I cannot even begin to explain it…the pain is so intense that you would rather die, not wake up again, I can only say that it is fucking painful. I went to sit on the toilet, um…you can feel it coming…I wanted to see what was coming out of me. I put my hand between my legs and a lump fell into my hand. It looked like a piece of liver that had been cut into 80 pieces. There is no baby, only pieces…the pill dissolved my baby. I could*

not stop crying. It is so painful that you cannot share this experience with anyone. If you share, who do you tell what about the abortion? I had this intense emotional pain that I wanted to share, but were not allowed, because this is the nature of an abortion. It is wrong, yes, very wrong. The next day I could not stop crying, I regretted the abortion….its so ambivalent, the one moment you feel that you've killed a child and the next moment you felt you did the right thing. I sometimes feel that I have killed my third child; I already have two and would have liked another child. This is very sad for me, the abortion itself is physically fuckin painful, emotionally very intense and I would not want anyone to go through this horrible experience".

Davies (1991) argues that every woman's experience of any traumatic event is unique. No matter how many women are interviewed regarding their experience of abortion, each one's story is in fact different and complex. Some women are severely distressed and have long lasting effects from the abortion, whilst others may not have that experience. It is therefore important to note that the literature can debate the two viewpoints, but the actual experience of abortion is relative to the woman who experiences it. Every woman relays her experience in her own voice and it cannot be compared or made similar to another woman's experience. This is evident from the women that were interviewed and the manner in which they relayed their abortion experiences. Marelize felt isolated and betrayed by her partner: Ingrid did not find the abortion emotional, but the physical pain and the pact that she had made with God created her psychological difficulty: Nina felt that the abortion was needed as she was not in a good place in her life and that the pressure from her parents finding out was too much for her to handle at that specific point in her life: and Amelie felt that she had killed her unborn child and still finds it difficult to live with. From these women's inputs it is evident that each woman's experience was unique, and cannot be compared to another's.

In the process of analysis it became apparent that there are commonalities in the stories around abortion, but what was also evident was the uniqueness embedded in these

commonalities. So for the purpose of analysis I will discuss the commonalities and the uniqueness simultaneously within each theme.

4.2 Themes

Three general themes emerged from the analysis. They are "guilt"; "secrecy"; and "anger". The purpose of the investigation was to describe ways in which these women subjectively and personally "lived" the experience of their abortions. From the results it is evident that the phenomenon under investigation has a shared general structure, but also that each of the participants experiences the importance of the identified themes differently, which only yet again confirms their uniqueness as human beings.

According to Pietersen (2002) the final step in a phenomenological analysis is either to derive individual situated structures and/or a general account of the structure of the women's experiences. She states that the aim of the phenomenological analysis is to derive themes that give an account of the women's lived experiences, in this case their abortion experience. Pietersen (2002) continues by saying that the unique method of using the phenomenological research is to locate underlying themes or patterns in the search for structure and meaning in each participant's experience. She states that it is based on a grounded, inductive approach and focuses on what a person experiences in a personal, first-order language that is as close to the lived experience as possible. She highlights the importance of asking each individual to relate their story in as much detail as possible in their own home language, so as not to lose any of the intended meaning. The objective of this specific study was to derive both a general and an individual structure. The themes identified for each respondent were clustered into a number of general themes that appeared to be common to all the participants' descriptions of their experiences.

4.2.1 Guilt:

Adana and Tweneboah (2004) are of the view that some women continue to feel sad and guilty even after a long period of time. A study done by Mojapelo-Batka and Schoeman

(2003) reveals that women's emotional reactions after an abortion include guilt and shame linked to a sense of loss.

Guilt can be experienced at different levels: we can see that in Marelize's account, feelings of guilt are not related to the loss as such, but to allowing herself to be coerced into the abortion. Marelize's guilt stems from "*being so weak"*, for allowing her partner to force her into going for an abortion. She feels guilt for not saying to him *"stuff you, I'm having this baby on my own"*. She revealed that it was a planned pregnancy, but when the pregnancy was confirmed her partner forced her to go for an abortion, due to the fact that he was not yet divorced. She said that after the abortion he thought, *"I am a woman and I did not fight hard enough to save this baby, I rejected the baby and the fact that I wanted to be a mother so badly: I felt so abnormal"*. Glenn (1994) states that theories around motherhood have been supported by the psychoanalytical theory that posited that "normal" women desire a child and those who reject motherhood are rejecting femininity. Tettey (2002) views motherhood as the woman's true destiny and her most important purpose of existence, and her singular means of accomplishing achievement as a human being. Marelize also states that "*we wanted to have a baby together, cause I wanted a baby ever since I could remember: I was in a stable relationship it was all I ever wanted, to be a mother"*.

Marelize also felt that men were making decisions about her life and that she had no choice. Lorber (1994) maintains that it is in the vested interest of patriarchal societies that men control not only the means of production, but also the production of children. Marelize felt that her partner and the gynaecologist both just said *"oh, well, just get on with life":* that their approach was *"calvinistically, just have an abortion, a quick solution to their problem, it's so patriarchal you know"*. Evens (2003) argues that the sociocultural view of gender roles states that gender roles and stereotypes develop within a culture and are then perpetuated by that culture. Individuals within that culture are expected to conform to these norms, and are socialized in manners which constantly reinforce the beliefs and the behaviour which are prescribed and presupposed for them. Evens (2003) continue by stating that the dominant discourses in our society teach us to

see ourselves in relation to men. Men are placed in the centre of the universe and women are always marginal and only have meaning when they are fulfilling roles that are significant for men.

> Marelize: *" Um…there was guilt definitely, but at the same time I was also already on a different level spiritually, so you know, I accepted that these things happen by agreement, it was more…um…forgiving myself for being so…so weak. I did not want this, I felt pressurized, manipulated and not supported. Men were making a decision about my life. I was so weak; I was 20 at the time. The gynaecologist also encouraged us; he saw there was obviously a problem between us. I just felt ja, I just gave up, you know. I felt swept away by the whole process and this led to the ultimate break up of our marriage in the end. I resented him for making me go against my natural instinct to be a mother that was all I wanted, I feel so guilty about that still".*

In Ingrid's account of guilt there is the notion of "*killing a full grown baby"*. She was 24 weeks pregnant at the time of her abortion, and she states that she *"had to deal with that, that guilt was the most difficult"*. She is also very quick to add that she had dealt with guilt and that she had "*made complete peace"*. She admitted that she did feel guilt, but it's no longer a part of her, it's *"only a part of my abortion experience"*. *"I gave birth to a 5 month old child, um… that was hard, I saw him, the cord was cut and he was taken away, I think he was dead"*. She made a deal with God that because of the abortion, she would never have intimate relationships with men again. She said *"it's been 19 years since I've been intimate with anyone"*. She says that she felt *"relieved"* after the abortion, because *"it was all over, it was all taken care of"*. Hollis-Triantafillou (1996) maintains that a woman with an unplanned conception should be able to decide freely and independently whether or not she wishes to continue with the pregnancy, and if not, to have access to an abortion as her legal right. She is also maintains that this would ensure that there is no delay, psychological stress, guilt and remorse, but rather an overwhelming sense of relief. Ingrid also talked about the guilt that she felt about keeping the abortion a secret. For her, secrecy was not the issue, but the guilt of keeping it a secret, especially

since she had eventually told a few people, and yet her parents still didn't know. *"Can you imagine my mother, she would have killed herself, my father would be ok with it, but I cannot disappoint them, I cannot tell them about this".* She refers to her Afrikaans background as being Calvinistic, *"you may not kill, you will go to hell for your sins"* and how that enforced her decision making process and how she dealt with this experience. Akindojutimi (2006) argues that many religions regard abortion as killing, Pope John Paul II regarded abortion as the slaughter of the unborn in the name of comfort and convenience for women. Ingrid yearns for *"the truth will set me free"*, but cannot speak to her family about this. She feels that she has given up her life and she is overly involved in her parents' lives, declaring that she *"constantly overcompensates"* for what she's done. De Puy and Dovitch (1997) state that attitudes toward induced abortion vary from society to society, among policy makers and the population at large. Religious beliefs and culture also vary and can have a huge impact on how women feel about themselves when they have made the choice to abort their unborn fetus.

> Ingrid: *"Dit was traumaties, die experience, die sonar veral…um…ek het geboorte geskenk, maar al die trauma is trauma wat kon oor gaan, verstaan die guilt het my nie opgevreet nie, wat my gevreet het was die deal wat ek gemaak het met God…en dit uit kalvinistiese sonde…sonde!. Ek het so gewroeg, al die kalvinisme en my ouers, ek het gedink my ma gaan fokken selfmoord pleeg en my probably expel. Vir ons society veral Afrikaners is aborsie nog taboo, dis nie deel van die framework nie. Ek het in n Afrikaanse omgewing groot geraak en die geweldige sterk rules en regulations is nogsteeds daar vir my, maar dinge is aan die verander vir my. Ek maak geen geheim daarvan dat ek nie kinders wil he nie, dit was nog nooit n begeerte van my nie. Die mense in my lewe, vriende, is nie eng of nougeset rondom sulke goed nie, maar ek moet jou se dat ek nou en dan kritiek kry, meestal van wit Afrikaans sprekende vrouens wat nog steeds in hul kalvinistiese blokkies bly. As jy n ou ontmoet wat min of meer reg is vir jou in ons kultuur, trou jy en die volgende step is kinders, dis hoe dit werk. Daar is n groot persentasie wat hierdie stappe volg en iemand soos ek wat heteroseksueel is in my veertigs en nie kinders of trou soek nie word gekritiseer."*

Glenn (1994) states that motherhood rests on three beliefs: they are that all woman need to be mothers, all mothers need their children and all children need their mothers. Each of these beliefs is made plausible by the social and cultural conditioning that impels women to be mothers. In Ingrid's case the guilt stemmed from her religious upbringing. Ingrid has never wanted to have children and she feels a rejection from white Afrikaans speaking women for this notion, due to their own Calvinistic upbringing.

Nina had two abortions. With the first pregnancy, she believed that it would interfere with her independence. With the second pregnancy she felt pressurized into having an abortion, her experience being very similar to Marelize's experience described earlier. With Nina's second abortion her partner did not want to have a child with her. She was living in London at the time and felt isolated and thought the abortion would be the best thing for everyone. *"I think, um, I thought of other people first, I was not very comfortable in my own skin"*. Her guilt is not related to the abortion itself, or the loss of a potential child, but what the aftermath of the abortion holds for her. She feels guilt about the possibility of disappointing her parents. *"My parents played a definite role, they are very religious and it would have been such a shock to them, I could not face their disappointment in me. As you know we were all brought up with these rules"*. De Puy and Dovitch (1997) state that women who abort are not always unscathed by such an experience, many women acknowledge a feeling of relief after their abortion, yet are understandably upset about facets of the experience that they had never anticipated. Nina also feels tremendous guilt around her drug abuse after her abortions. She became addicted to antidepressant and illicit drugs. *"Four years after the second abortion I freaked out, tried to commit suicide and then the whole process started, you go from doctor to doctor and from this pill to that pill. Prozac fucked me up so badly, Aropax is just as bad and Effexor, well the same stuff"*. She feels guilt around what she's done to her body by trying to numb her guilt around her abortions. This is a unique experience around the abortion, meaning that none of the other participants have had this experience. She's been clean for about four years and can now finally talk about the turmoil of guilt leading to depression, suicide attempts and drug abuse.

Nina: *"Ek gaan sielkundige toe en soek pille, maar dit was net nie meer genoeg nie. Ek het begin rondslaap, ek het geen gewete gehad nie, ek het heavy drugs gevat en gedrink daarop ook nog…um…ek was baie lost, I did not know where the fuck I was, where I was going. Ek het soon in…um…cocain en ecstacy gedoen, dit het vir my die gap gevul…ek het great gevoel daarop, geen guilt. Ek het dieselfde pattern gevolg, doen drugs, hou op daarmee en doen weer drugs. Ek het baie keer gedink ek het my baba's abandon, nou word ek abandon deur mense, ek word gestraf…um…ek het hectic drugs gedoen, ek het amper my lewe verloor deur kak".*

Amelie describes her guilt feelings around her abortion as directed towards herself. She said that *"you are so emotional, you feel so terrible about yourself, you think of yourself as a terrible human being, a woman, how can you do this?"* She has been very hard on herself regarding the abortion. She stated that *"you kill a potential child and that is sad".*

Speckhard and Rue (1992) state that abortion may relieve stress by ending an unwanted pregnancy, but the event itself may simultaneously be experienced as a stressor causing anxiety, grief, guilt, despair and anger. These authors maintain that collectively these factors could contribute towards a vulnerability to depression, as feelings of powerlessness, anger and self-condemnation are emotions that underlie depression. In concluding this section it is important to be clear that guilt is felt on different levels by the individual women. Moral guilt exists. The role that society plays impacts on women's lives: from the decision making process to the stigmatization after the abortion. Guilt has been experienced 'internally' leading to self destructive behaviour or women just feeling terrible about themselves. Guilt has also been expressed over the impact that the abortion would have had on others, such as how parents would have reacted, or even that a mother would have committed suicide had she known about her daughter's abortion.

4.2.2 Secrecy

Abortion remains a very personal experience that is not always recognized publicly or socially and not shared in a way that for instance a divorce or a miscarriage might be. A

woman's emotional journey from conception to termination is often left buried in her psychological underground (De Puy, Dovitch, 1997).

Hollis-Triantafillou (1996) maintains that women do not talk about their abortion, except to their gynaecologist and maybe close friends. De Puy and Dovitch (1997) state that many women are distressed and unaware of the ways in which their choice has changed their lives and many have been unwilling to speak of their choice in a world that is openly conflicted about abortion. They continue by saying that we live in an era where taboo subjects are discussed on national television and that the time has come for post-abortion recovery to be openly discussed too and not be feared as too controversial. According to Kimmel (1990) abortion gives us a rare opportunity to closely examine the set of values that are almost never directly discussed. Due to the fact that these values apply to areas of life that are very private, such as sex, or very diffuse, such as morality, most people forget to look at the patterns they form. At the same time because these values are rarely discussed, and when called into question by the abortion debate, people feel that their total world view is now under assault.

We see in Marelize's account of secrecy that she could not tell anyone that she was going through an abortion and *"felt swept away by the whole process"*. She felt that her partner spoke about terminating the fetus to his family and brothers, yet she could not speak to anyone about it. Germann (2001) is of the opinion that women have to deal with their decision with a sense of shame and secrecy.

> Marelize: *"I kind of felt swept away by the whole process, and it led to the ultimate break up of our marriage in the end, I just resented him so much and also I had the abortion and he just oh, well, get on with your life. Because I could not tell anyone what I went through, it made it so much worse for me. I remember I had the abortion on my mom's birthday and she had a big party that night and I had to go to hospital, come out and then go to the party. I had to pretend that everything was fine at her dinner party - that's it I just had to"*. Marelize continues in her notion of secrecy. She says: *"I saw a client this week that said that she loves her mother-*

in-law dearly, but she could not tell her about her abortion, because she is scared that she would be disappointed in her son. That's the thing about it, it is still whispered about and you know what, everyone knows that you are intimate with a person and sometimes you might fall pregnant and I don't think there should be so much stigma attached to it. Abortion is stigmatized and if you have it you are burdened down by the guilt and the shame, that is what I see with the people who belong to this club, it's the guilt and the shame. I should be able to say to you now that you can use my name and not change it and that I want to stand on a podium and speak to hundreds of women about it and say don't be ashamed it's a part of your life story and you did not kill anyone, but I can't".

It is clear in Marelize's account of secrecy that she feels ambivalent. She kept silent for a long time and she is still only sharing her experience of abortion selectively, but she also feels a need, almost a calling, especially in the line of her work as a healer, to *"shout about it"*. It is also clear from her account that her shame led to secrecy. Marelize goes on to say that she still keeps the abortion a secret and that she is not comfortable sharing it with everyone yet.

She says: *" It's something I still carry…some people know about it, my mom knows now, I eventually spoke to her about it and I'm so sorry I did not speak to her at the time, but my children don't know about it, it is something that I would want to share with them when the time is right. I'm only sharing this with you, because I trust you completely, and you know that".*

As Burman (1994) correctly states knowing the participants do facilitate greater disclosure. This strengthens the point that secrecy is still a very prominent theme in abortion research.

In Ingrid's account of secrecy there is a clear notion of not being allowed to share due to the way she was raised. She stated that she had to deal with it on her own as she had no choice; it was just not talked about in her culture. She believed that her mother would not

have coped with it and that she would have committed suicide, and that although her father would have been extremely saddened by it, he would at least have been able to deal with it.

> Ingrid: *" Wat vir my sad is aan die hele saak was natuurlik die hele situatsie rondom, of eerder as gevolg van die omgewing waarin jy groot geraak het, is dit iets wa jy op jou eie mee probeer deal, jy weet jy kan dit met niemand share nie. Jy kan jou sekerlik voorstel hoe my ma te kere sou gegaan het, nie net selfmoord nie, my pa sou met dit kon deel, hy sou hartseer wees, maar hy sou met dit kon deal, maar nie my ma nie".*

Ingrid continues by saying that a child out of wedlock would have caused major shame to her family, due to various reasons, one of them being their religious beliefs. De Puy and Dovitch (1997) say that religious beliefs vary and can have a huge impact on how women feel about themselves when they have made the choice to abort their unborn fetus. Ingrid felt that her mother would not have been able to *"show her face in public"* and that the embarrassment of it would have been too difficult for her to handle. She also felt that her mother would have rejected her and that she would rather keep the abortion a secret than deal with her mother's rejection. She also states that the guilt following her mother's possible suicide would have been too much for her. Ingrid continues in her notion of secrecy by saying how worried she was that her cousin whom she lived with at the time of the abortion, who knew about it, would tell someone. She felt that she was now also a statistic or someone with a skeleton in her cupboard and that made her very nervous. Although her abortion did eventually become known, only a selected few knew about it. Her parents and sister still don't know about it and she feels strongly about them now knowing, she says: *"It was more a case of me hiding it than an emotional thing"*. As referred to before by De Puy and Dovitch (1997) many women are distressed and unaware of the ways in which their choice has changed their lives and many have been unwilling to speak of their choice in a world that is openly conflicted about abortion. Ingrid also states that she has friends who have been through the same experience, but they do not talk about it to each other: *"they don't share it; they don't share the*

experience of it". As she states below, she believes that women are ashamed for taking a life and they will rather not admit to it: they almost deny it. She admits to doing this herself by keeping it from her parents and sister, but she justifies this by saying that they will not be able to understand it and this in a way makes her feel less guilty.

> Ingrid: *"Ek ken n paar mense wat deur aborsies is en…wat actually vriendinne is en snaaks genoeg vrouens praat nie met mekaar daaroor nie. Vrouens sit reg oor mekaar by n etenstafel en jy weet jul albei is deur die experience, maar daar word nie daaroor gepraat nie. Ek dink vrouens is skaam, hulle is skaam oor die faith dat hulle n lewe geneem het and they don't want to admit to it. Ek dink dis n mate van denial, en dis vir my baie hartseer want ek het nie daai nie, verstaan jy ek het nie daai form of denial nie. Ek speel wel n rol in denial deur my ouers en my sussie daarvan te weerhou, want they will not understand it"*.

In Nina's experience of secrecy it is very clear to see that it is similar to Marelize's experience. Nina states that in both her abortions she felt a need to be quiet about it for various reasons. One of her strongest reasons was not wanting to disappoint her parents. She felt that they would have accepted it eventually, but that the initial shock would have been too hard. She felt especially afraid to tell her father as their relationship did not allow for intimate conversations, not even about her love life, never mind her abortions. She stated that she feared her father because she had always been taught to respect her parents and she understood this as not approaching them with her problems. She felt that this is probably due to our patriarchal society in South Africa that *"good Afrikaans girls"* do not do these things.

> She says: *"Ek kan nie met my pa daaroor praat nie, ek kan regtig nie met hom praat nie. My verhouding met my pa is ook van so n aard dat ek nie met hom daaroor kan chat nie, ek kannie met hom eers oor my liefdeslewe praat nie, ek is bang vir my pa, meer so toe ek jonger was, dis seker maar n patriargale ding, veral in Suid Afrika om bang te wees vir veral jou pa"*.

According to Evens (2003), the sociocultural view of gender roles states that gender roles and stereotypes develop within a culture and are then perpetuated by that culture. Individuals within that culture are expected to conform to these norms, and are socialized in ways which constantly reinforce the beliefs and behaviour which are prescribed and presupposed for them. Nina's experience is similar to Marelize's in that she did not want to disappoint her parents, but is different in her relationship to her father, especially, touching on the patriarchal system, gender roles and being a "good Afrikaans girl". Her fear of her father has forced her to secrecy. Evens (2003) say that whether women are married or mothers or not, they are culturally shaped into discourses of femininity and notions of being "the good woman". Nina continues to talk about her secrecy in that her current partner does not know about her abortions and that she feels he will be disappointed in her, as he sees her as a princess. Her partner has experienced five abortions with previous girlfriends, but Nina feels that she cannot tell him about hers. She says that may tell him one day when they are married, but is afraid that he may leave her now that they are only engaged. The marriage, she believes, will give her more security in that he cannot walk out on her when she tells him.

> She says: *"Nie eers K weet nie, alhoewel hy al vyf aborsies deurgewerk het met sy girlfriends…um ek dink nie die tyd is reg nie, ek wil eers seker maak, maybe one day when we're married it will be safe".*

She continues by saying that he was the *"biggest slut"* and that he's slept with more that two hundred women, but that he is chauvinistic, believing that a woman must know her place. She states that she feels very sad that she can't share this with her partner yet, but that she would like to in the future. Evens (2003) state that the dominant discourses in our society teach us to see ourselves in relation to men. Men are placed in the centre of the universe and women are marginal and have meaning when they are fulfilling roles that are significant for men, as mother, as partner, as daughter. Nina see herself in relation to her fiancé at present and her secrecy is linked to her belief that her relationship could be under threat; she is scared of her fiancé leaving the relationship if he finds out about her abortions. She is keeping her abortion experience a secret and it is linked to the

impact that abortion has on other people in the individual's life: in Nina's case the impact that her abortion might have on her relationship with her fiancé.

In Amelie's experience of secrecy she explains *"intense emotional pain that you want to share, but can't, because abortion is wrong"*. For her the secrecy is about the wrongness of killing an unborn baby, not like Marelize's and Nina's fear of disappointing significant others. Amelie's experience is more of a very personal, moral ambivalence within her, knowing that the child might be abnormal or be aborted naturally and her then subsequently making the choice to abort. De Puy and Dovitch (1997) state that abortion is not a frivolous choice and that no woman sets out to create and then terminate a possible life. Germann (2001) supports this by saying that the majority of women move forward with their lives, any normal grief, confusion or ambivalence they may feel is dismissed. Amelie suppressed the feelings that she so badly wanted to share, but could not.

> Amelie: *"This was extremely painful and I could not stop crying. It is so painful and you cannot share this experience with anyone. If you share, who do you tell what about the abortion? So you have this intense emotional pain that you want to share with someone, but you are not allowed, because this is the nature of abortion. It is so wrong, yes it's wrong"*.

In conclusion to this section, it is clear again that secrecy regarding their abortion experience is dealt with differently. Davies (1991) is of the viewpoint that women's decision making processes, support from loved ones, life changes, coping mechanisms, whether or not they express their feelings or suppress them, reasons for the abortion, views on abortion and religious views are all important and can cause various reactions depending on the woman herself. Bracken, Hachamovitch, and Grossman (1974) interviewed 489 women before and after their abortion. They found that higher levels of perceived and actual support, by a partner or parents, were associated with more favorable post-abortion reactions. Mojapelo-Batka and Schoeman (2003) found that moral concerns were based on social, ecclesiastic and cultural values, as well as a sense

of accountability towards the self. In the present study women's emotional reactions involved shame and embarrassment.

4.2.3 Anger

Speckhard and Rue (1992) states that abortion may relieve stress by ending an unwanted pregnancy, but the event itself may simultaneously be experienced as a stressor causing anxiety, grief, guilt, despair and anger. These authors maintain that collectively these factors could contribute towards a vulnerability to depression, as feelings of powerlessness, anger and self-condemnation are emotions that underlie depression.

Negative emotions according to Adler (1975) fall into two categories. One consisting of shame, guilt, and fear of disapproval and he termed these socially based factors. The second negative emotion consists of regret, anxiety, depression and anger, which he termed internally based factors. Women whose culture and religious background prohibits abortion experience more negative responses. Adana and Tweneboah (2004) did a study of the effects of induced abortion on women in Accra, Ghana. They state that women's feelings differ. Fear, anger, sadness and guilt were found among these women to be the most prominent emotions. There was anger directed at the provider of the service and sometimes towards the partner. Anger is the last theme, and it is clear that all four women did not experience anger. For those who did, the anger was, directed mainly towards themselves or their partners. Anger that was self directed was dealt with differently by each woman. Some felt anger and dealt with it by withdrawing from life, as in the case of Ingrid: others directed it against themselves in a self-defeating, self-destructive manner, as can be seen by Nina's way of dealing with anger. Amelie's anger involved self-condemnation and anger towards her husband.

We have seen that Ingrid's anger was directed towards herself. She feels that she has lost such a huge part of herself, due to the pact that she had made with God, that she would never have premarital sex again. She stated that at the age of 39, 14 years after the abortion, she realized what she had done and that she could never make up for the lost time. She feels very saddened, but most of all angry at herself for losing time in the

prime of her life. She recalls crying for the part of herself she felt she had lost, but she makes it very clear that with the sadness came the anger towards herself and that has been more devastating to her.

> Ingrid: *"Ek het myself in n straight jacket gaan sit, ek het myself gescar for life, maar um…ek is nou twee en veertig en ek was nege en dertig toe ek besluit het wel nou is dit genoeg…die kak moet nou stop. Ek het die waarheid begin sien vir wat dit was, ek het besef dat ek verby my fleur is. Ek het die prime time uit my lewe gevat, en dit maak my so kwaad om dit nou so te sien, dis so sad eintlik. Ek het gehuil vir daai mens wat n stuk van haarself verloor het".*

Nina's anger is also self-directed. She stated that four years after her second abortion she felt the true psychological effects of the abortion. She explains how she went from psychiatrist to psychiatrist in order to get help for the symptoms she was feeling. She stated that she felt so angry at the world and herself that she could not cope in normal daily life. She was prescribed different pharmaceutical medications and she felt that antidepressants numbed the pain she was feeling inside. She also expressed that she could not cope in her romantic relationships with men: she felt irritable and betrayed and directed her anger on them. This led mostly to breakups, which according to Nina made her feel more angry and unlovable. She also talks about trying to commit suicide, trying to end all the pain and anger she felt and experimenting with illicit drugs. According to Bird Francke (1978) some of the anger could lead to self-defeating and self-destructive behaviours, such as suicide. She notes that women who have had abortions are nine times more likely to attempt suicide than women in the general population. This author also states that survival guilt, development of eating disorders and alcohol and drug abuse are common among post abortion women.

> Nina: *"Ek was baie lost, I did not know where and who the fuck I was, ek was 35. Ek het al my relationships opgestuff en my werk verloor. Ek het twee jaar na die aborsie gevoel ek cope, na nog twee jaar het ek begin uit freak, die bom het gebars, toe begin ek met drugs….ek het cocaine en ecstacy gedoen, dit het vir my die gap*

gevul, ek het great gevoel, dit het defnitief die gap gevul…verstaan. I started destroying myself….."

In Amelie's account of her anger, it is also clear that it is directed towards herself and her husband. She felt that her husband made her consent to killing her unborn child. Bird Francke (1978) notes that for the woman who comes to believe, at some point after the abortion, that she has consented to the killing of her pre-born child, the burden of guilt is relentless. There is little consolation to offer the woman who has transgressed one of nature's strongest instincts: the mother's protection of her young.

Amelie: *"I stay angry with myself; I so badly want to give someone the blame for this. I tell myself often not to be so hard on myself, but I keep on feeling what I feel…I tell myself that worst things could have happened to me, I could have lost my husband or my children. I'm battling with this still…um after seven years; a voice tells me that I am a bad person, a bad mother you know….."*

According to Bird Francke (1978) this inner voice of self-condemnation begins playing a repeating tape in the mind that accuses that you of being defective as a woman, for doing this thing? This normally makes women feel bad as a person, and as woman. Reardon (1997) states that many women are forced into unwanted abortions by husbands, boyfriends, parents or others. This may lead to anger after the abortion and this anger could be targeted at the woman herself for allowing the forced abortion. Some women, no matter how compelling the reasons they have for seeking an abortion, may still perceive the termination of their pregnancy as the violent killing of their own child. The fear, anxiety, guilt and anger associated with the procedure are mixed into this perception of grotesque and violent death.

According to Reardon (1997) approximately 60 percent of women who experience post-abortion sequelae report suicidal ideation, with 28 percent actually attempting suicide. He also states that abortion is significantly linked to subsequent drug abuse. Many post-abortion women develop a greater difficulty forming lasting bonds with a male partner.

This may be due to abortion related reactions such as lowered self-esteem, greater distrust of males, substance abuse, and increased levels of depression, anxiety and volatile anger (Reardon, 1997).

In Amelie's account of anger it is clear that she expresses anger and resentment towards her husband.

> She says: *"After the procedure was done, my husband and I never ever spoke about it again, for my husband there was no alternative, it was not negotiable, and I was forced. I resent him now, as up to today; we have never spoken about it….um never…not a word…like this never happened"*.

It is noted by Ney (1983) that a woman will often express guilt and shame through anger at herself and others involved in the abortion decision such as parents, friends, doctor, the baby's father and men in general.

In conclusion, this chapter depicted the findings of the collected data. The data were explored to use 'thick' descriptions in trying to authenticate these women's voices. The data were presented in terms of the themes that emerged from the lived experiences of four women who had undergone induced abortions. Three themes were evident and even though commonly shared between these women, it became clear that they were unique in their understanding and experience of each theme. Each woman's context shapes their unique experience and their emotional/psychological reaction to their induced abortion.

CHAPTER FIVE

Conclusion and Recommendations

In conclusion, given that prior to 1996, abortion was illegal, the stigmatization of women who undergo abortions, and the heated debates which still exist around abortion, the focus of this study was women's subjective and unique experiences of abortion. This study's qualitative nature has allowed for a "thick" description of experience so that women's authentic voices have been heard.

The literature review of the psychological and emotional impact of abortion has shown that the emotional response following abortion may be varied, but that a common response is that of relief. There is a body of literature that draws attention to possible negative emotional consequences of abortion. Both these responses have been discussed in the literature review. Instead of continuing to view the response to abortion as polarized, it might be warranted to consider that the emotional response of ambivalence is experienced by many women who undergo abortions.

The 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 both unique and common reactions to abortion. This study utilized theories of gender, motherhood and reproduction to explore the various contexts. Gender theory highlights the way in which women are viewed in society and considers how the traditional roles shape subsequent meaning and experiences for women. As discussed, gender is socially constructed. Thus the way in which women think about issues like motherhood and sexuality will have implications on how they experience their abortion. If one views motherhood as a primary function of women, then this idea will shape one's decision regarding termination. Abortion, perhaps more than any other issue, raises important questions around being a mother and the traditional roles of women. This allows for an understanding of abortion, which implies an acknowledgment of abortion as

a difficult decision. It is also important to note that once women have moved through the various emotional responses, another factor can came into play, namely coercive influence of people around them. This point is mentioned as all the women in this study felt coerced directly or indirectly. As was discussed, these women, coerced by their partner, husband or parents (indirectly), exhibited greater negative emotional responses and dependency. All the women in this study did recognize that the decision making process should be the woman's alone.

The phenomenological approach was used to explore individual authentic abortion experiences. The themes of guilt, isolation and anger that emerged were experienced by all the women, but each one not only experienced them differently but also contextualized them differently. This could be dependent on their different life experiences and also that each experience is unique. Some of the women are and have always been happy with their decision to abort, some maybe have felt happy at the time and now because their context may have changed, may regret the abortion. Abortions are not experienced in the same way: decisions are not made in a vacuum and there is more than one way of making sense of the experience.

Strengths and weaknesses of the study

As this was an exploratory study involving only four participants, is not representative. The results of this study may be limited to the group of women who participated in this research only. Therefore some general suggestions for future research can be offered. Although the findings of the present study cannot be generalized, it provides many important insights into the abortion experience.

Reflection on the process

In reflection on the process: to my surprise I personally knew all of the participants. The advantage of this was that disclosure was of a higher quality. The participants all stated that they would not have disclosed this much if they did not know and trust me. On the other hand I became much more involved in their description of their lived experiences and it was at times difficult, during the interviews, to control my own emotions. Most of

these women went through a traumatic abortion experience and re-telling their stories was not easy for them. Knowing them but not knowing they had had an abortion made it harder for me to deal with. During the analysis I had to repeatedly re-read all the transcripts and it really increased my empathy not only for these four women, but for all women who undergo abortions. It is a topic that will be close to my heart forever due to this research experience.

After the interviews were completed my supervisor and I decided that all the Afrikaans interviews had to be translated into English. I started with this process and felt very conflicted about it. The reason for my conflict was that I felt as I was translating Afrikaans words into English, meanings were being lost in the process. I felt that I was betraying my own language and the authentic first language of the participants. This became a dilemma for me and I took my concern to my supervisor. She suggested that two of the interviews be translated and the other two left in their original language. When using the English translations, it was important not to directly translate verbatim, but to explain in English what the participant was saying. The method of direct translation did not work in this particular study, due to my own conflict with it. When I did the interviews I could feel how each woman conceptualized her abortion experience, when I listened to their words on the recording, it still felt the same. Once the translation process started I felt that some of what was said, was lost, and I felt that I would betray the participants authentic voice, which went against the method of analysis I was using, namely the phenomenological approach. The intention of this approach is to relay the lived experience of each participant in "thick" description and I felt that I was failing at that.

Field researchers have stated that examples of identified problems, included how to translate words that had no direct equivalent when the equivalent word in English did not convey quite the right "meaning" in a different language, and whether stick to the sentence construction that interviewees used in their own language in rendering these into English (Temple, Edwards & Alexander, 2006). According to Twinn (1996) we have to consider, when using translation in qualitative research, the complexity of managing data

when no equivalent word exists in the target language. She also states that where English is not the first language of the participants it is more appropriate for researchers to use the language of the participant in order to obtain a better understanding. Furthermore, the difficulty of translating words for which there is no equivalent in the target language, raises similar issues for the analysis of data, and this may put at risk the findings of a phenomenological study where the major purpose of the study is to capture the essence of the phenomenon from the perspective of the participant. Ultimately translators and indeed researchers are expected to produce easy-to-read English texts in which the process of production is not apparent. Writers within translation studies argue that the way people's words are translated and presented in English is a form of colonialisation of meaning of stripping of any other context other than that provided by the English language. Spivak (1993) goes further, saying that translation practices are a form of "translatese" where everyone sounds as if they speak perfect English, whatever their language of origin. Venetia (2000) argues that the re-writing of interviews into neat English is a "domestication" of text in which the fluency of the final version masks the benchmark of English meaning. He also looks at the role of the academy and publishers in the drive to conceal the language context in which texts are produced and the attempt to re-contextualize into English.

As mentioned before these writers discuss strategies such as including words in the source language, using notes to discuss possible meanings, and resisting an English language grammatical structure for non-English texts. They also suggest that the language of the original text is part of the context of the data production. The authors maintain further that in writing up our data, we tidy up the quoted data we present to conform to English readers' expectations: they regard this as "betrayal of context". In concluding, these authors felt that ignoring the language in which the interview was carried out is de-contextualizing and elides social power.

During the interviews all of the women often slipped into English when using slang: in other words, the usage of slang was common in all four interviews. The usage of slang by non-English speakers is now considered a variation of the Afrikaans language

(Marais, 2007). The use of this kind of language is an informal register of Afrikaans making use of certain linguistic phenomena, like slang, code switching, borrowing and calque. The wide range of non-Afrikaans lexical items that are used by Afrikaans speakers are mostly derived from English. It is well known that a significant number of Afrikaans speakers use this mixed language and that it is a variety of the Afrikaans language (Marais, 2007). From this study it became evident that there was difficulty in paraphrasing and staying true to these women's stories. Explaining what they were saying instead of directly translating made the process easier and it kept their voices authentic. In retrospect now, after completing the study, perhaps a narrative approach may have been more appropriate.

In summary, this study has strengths and weaknesses and exploring those gave me the opportunity to reflect on the process more objectively. Throughout the analysis process it became apparent that a language dilemma presented itself. However, this assisted me in coming closer to the authenticity of each woman's unique story and experience. If all the interviews were translated directly into English, much of the meaning would unfortunately been lost. The language dilemma became a way of exploring deeper into these women's experiences and allowed for their voices to be heard, as originally intended.

Recommendations

- In our multi-cultural/racial society it is imperative to gain a greater understanding of women's responses to unwanted pregnancies. Exploring the different ways in which women deal with this situation could be helpful in working with those who might present with psychological symptoms. This would be particularly helpful to the role which psychologists could play in dealing with women who have undergone an abortion.
- The importance of support and acceptance is highlighted in this study. With the change in legislation regarding abortion, it would be helpful to consider the attitudes of the health professionals who may encounter women having abortions. Educational work and needs assessments of those in the medical and mental

health professions are necessary in order to ensure that women are provided with supportive, accepting and non-judgmental assistance. In addition to this we also needed to consider the ways in which medical staff responds to performing abortions: this is particularly important for those whose personal beliefs clash with the abortion decision. It is also important to note the role that psychologist would play in responding to a women who have undergone an abortion, particularly keeping in mind that it may clash with the personal belief of the psychologist.

- An important point is to consider post-abortion counselling. Post abortion feelings could be normalized by explaining to women that reactions are not uni-dimentional and that positive and negative reactions are acceptable.
- As stated, some women do experience negative symptoms post-abortion and more research is needed to examine in depth the experience of these women. Longitudinal studies and narrative research could be beneficial in this regard.

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Appendices

Appendix A

Interview questions

1. Unstructured question:

Please tell me in your own words how you experienced your abortion?

2. Semi-structured questions:

Questions regarding the abortion itself

When did you have an abortion?
What is your attitude regarding abortion?
How do you think society views abortion in South Africa?
Why did you decide to terminate your pregnancy? Which factors influenced you to terminate your pregnancy?
How was your pregnancy terminated – which procedure was used?
How did you feel just before the actual procedure?
How did you feel just after the procedure?
Did you experience physical pain?
Explain the emotions you felt after your abortion.
When you think back to your abortion now, which emotions are elicited in you?

Questions regarding the effects of the abortion

Explain the effects that your abortion had on you personally.
What would you say changed in your life due to your abortion?
What changes can you see within yourself due to your abortion?
Have your personal opinion regarding abortion changed, will you have another abortion?

Appendix B

Informed consent form

Title of research study: A phenomenological exploration of women who have experienced an induced abortion.

The focus of this research is on the experience of women who have experienced induced abortions.

All information provided by participants will be recorded, stored and disseminated in the most appropriate manner to ensure the anonymity and confidentiality of the participants is ensured.

I, _____ hereby consent to participate in the abovementioned study. I acknowledge that my participation is of a voluntary nature. I declare that all information provided is valid and true.

_____ _____
Signature of participant Date

_____ _____
WaSignature of researcher Date

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Appendix C

Clusters of meaning units	**Central Themes**
I am a woman I did not save my baby Rejected baby I'm abnormal I'm so weak Have to forgive myself somehow Resented him Going against my instinct	Guilt feeling
Swept away Break up the marriage Just get on with you life Pretending nothing happened Just had to carry on Can't share it yet Something I carry…always My mom knows now Should have spoken at the time When the time is right So alone When you trust completely Disappointed in myself Such stigma attached to it Burdened down by it Ambivalence	Isolated/secret
Lost myself Lost so much time Could not cope Numbed the pain Took drugs Felt irritable and betrayed by men I'm unlovable Trying to commit suicide Just end all the pain Self destruction Want to blame someone for it I'm battling with it still	Feeling angry