

A Woman's Vulnerability

By Amy R. Sobie and David C. Reardon

Abortion advocates speak proudly of "freedom to choose," conjuring up images of women freely and autonomously making decisions that are "right" for them. But research into abortion presents a far different picture.

Polls show that most women choosing abortion at least 70 percent say they believe abortion is immoral (1). In most cases, women who abort are violating their consciences because of pressure from other people or their own circumstances. More than 80 percent of women who report post-abortion problems say they would have completed their pregnancies under better circumstances or with more support from the people they love (2).

The sad truth is that hundreds of thousands of women undergo unwanted abortions every year to please someone else or because of pressure or coercion by their sexual partners, parents, social workers, counselors, employers or school administrators. In a WEBA survey of 252 post-abortive women, more than half said they felt "forced" into the abortion by others (3.) How is such widespread coercion possible?

Crisis Induced Vulnerability

Experts on crisis counseling have found that people are more vulnerable to outside influences whenever they are faced with a crisis situation. The more overwhelming the crisis appears to be, the less they trust their own opinions and abilities to make the right decision. As a result, a person in crisis is more likely to feel dependent on the opinions and direction of others.

People in crisis "are often less in touch with reality and more vulnerable to change than they are in non crisis situations" (4). They often experience feelings of tiredness, lethargy, hopelessness, inadequacy, confusion, anxiety and disorganization. Thus, they are more likely to stand back and let other people make their decisions for them, instead of protecting themselves from decisions that may not be in their best interests.

Fundamentally, a person who is upset and trapped in a crisis wants to reestablish stability in his or her life. This desire to be free of the crisis leaves the individual more susceptible than normal to any influence from others who claim to be able to solve the crisis, especially to the influence of those who appear to have status or authority (5).

In such periods of heightened psychological accessibility, "a relatively minor force, acting for a relatively short time, can switch the whole balance from one side or to the other to the side of mental health or to the side of ill health" (6).

An understanding of this basic crisis theory helps to explain why pregnant women, especially if they are unwed, adolescent, or poor, are so vulnerable to undergoing abortions in violation of their own consciences. Women who would normally be very much in control of their own lives may suddenly feel dependant on the guidance of others when faced with a crisis pregnancy. In such cases, even minimal efforts by family members, their male partners, or medical authorities to encourage abortion may be experienced as the decisive factor.

What women experience as "pressure" to abort may be very subtle, such as withholding love or approval from the woman unless she agrees to an abortion. Or it may be overt, as in an outright threat to abandon or expel the woman from her home if she does not abort her child.

In many cases, the pressure is applied intentionally by others. In other cases, the "pressure" is not intended, but simply perceived by the woman. For instance, if her boyfriend exhibits an unenthusiastic response to the news that she is pregnant, she may see this as his way of telling her that he will not help to support her or their child.

No matter what form the pressure or manipulation of her situation takes, any attempt to influence a woman toward abortion during this time of crisis when she is most vulnerable can be almost impossible to resist. For example, one WEBA member wrote:

"My family would not support my decision to keep my baby. My boyfriend said he would give me no emotional or financial help whatsoever. All the people that mattered told me to abort. When I said I didn't want to, they started listing reasons why I should . . . I started feeling like maybe I was crazy to want to keep it . . .

"I finally told everyone I would have the abortion just to get them off my back. But inside I still didn't want to have the abortion. Unfortunately, when the abortion day came I shut off my feelings. I was scared to not do it because of how my family and boyfriend felt. I'm so angry at myself for giving in to the pressure of others. I just felt so alone in my feelings to have my baby" (7).

In cases like this, an abortion is likely to be especially traumatic. (In the above example, the young woman attempted suicide shortly after her abortion.) In such cases, women are violating their consciences, and often their strong maternal desires, only because they are in crisis and are therefore more vulnerable to the influence of those who insist that abortion is the "best" solution. This is especially true when pregnant women cannot immediately see where they can find the financial resources and social support they will need to care for their children.

This conflict between the heart saying, "don't do it," and the mind saying, "it's the only thing I can do," is at the heart of the deep ambivalence that is felt by most women having an abortion. Indeed, many women describe going into the clinic and waiting for someone their boyfriend or husband, a parent, even the counselor to burst into the room and stop the abortion from happening. When no one attempts to prevent the abortion, this reaffirms in women's minds that abortion is the only choice that their loved ones will support. One woman described her feelings of powerlessness this way:

"I didn't want to kill my child; I just made the decision to be weak and not care about any of it. I made a decision not to make a conscious choice at all. In fact, Planned Parenthood and all the abortion mills tell you that you have NO CHOICE but to get an abortion. This is the irony of the 'pro-choice' rhetoric" (8).

CONCLUSION

There is no disputing the fact that many, perhaps most, women who have abortions feel pressured into choosing abortion against their conscience. In many cases it is clear that coercion by others is deliberate and blatant. In other cases, the pressure to abort is more subtle, or even unintended.

This is why it is vitally important to develop safeguards that will, at the very least, protect women from unwanted abortions. Unfortunately, abortion clinics generally make no attempt help women resist the pressures they face to undergo an unwanted abortion.

Indeed, more than 80 percent of women with post-abortion problems report that their abortion clinic counselors showed no interest in helping them explore other options, and two-thirds of the women said the counselors were strongly biased toward encouraging abortion (9).

Simply put, abortion counseling is usually designed to "sell" a woman an abortion, not to help her escape the pressure of others who may be pushing her into an unwanted abortion. In essence, rather than taking the side of the woman, abortion counselors often take the side of those pushing for the abortion.

The only solution to this problem is to hold abortion clinics more fully liable for protecting women from coerced abortions. Proper screening for the known risk factors that predict post-abortion psychological problems would necessarily include screening for any evidence that the woman feels pressured or manipulated by others to consent to the abortion. In this case, the clinic should be held liable for failing to refer the woman to resources that can help her resolve her situation without undergoing an unwanted abortion.

In cases where the abortion clinic knew or should have known through proper screening that a woman was being pressured into an unwanted abortion, the abortionist should be held liable not only for her psychological pain and suffering, but also for the wrongful death of her child. Such liability is the only way to ensure that abortion clinics are properly motivated to screen for coercion and to act in the best interests of these women.

NOTES

1. Los Angeles Times Poll, March 19, 1989. See also Zimmerman Mary K., *Passage Through Abortion* (New York: Praeger Publishers, 1977) and Reardon, David C., *Aborted Women: Silent No More* (Chicago: Loyola University Press, 1987).
2. Reardon, *Aborted Women*, 12.
3. Reardon, 10-11.
4. Stone, Howard W., *Crisis Counseling* (Fortress Press, 1976).
5. Morely, Wilbur E., "Theory of Crisis Intervention," *Pastoral Psychology*, Vol. 21, No. 203, April 1970, p.16.
6. Caplan, Gerald, *Principals of Preventive Psychiatry* (New York: Basic Books, 1964).
7. Reardon, 31.
8. Reardon, 143.
9. Reardon, 16. Originally printed in *The Post-Abortion Review*, Vol. 8(1), Jan.-March 2000.
`6/27/2002



From: The Pro-Life Infonet
Subject: Women's Heightened Vulnerability During a Crisis Pregnancy
Source: Elliot Institute; September 11, 2002
Who's Making the Choice? Women's Heightened Vulnerability During a Crisis Pregnancy