

(Mis)Understanding Abortion Regret

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The debate about abortion regret rests on competing assumptions about women's attachment to pregnancy. Antiabortion claimants argue women always attach to pregnancy (inevitably regretting abortion), while abortion rights supporters counter that women do not attach to pregnancies they choose to terminate (feeling relief instead). Neither assumption explains women's experience; research shows that attachment is discursively produced. Using interview data from 21 women, this study moves past these political claims to empirically identify three sources of women's emotional difficulty around abortion: social disapproval, romantic relationship loss, and head versus heart conflict. Findings point to the importance of attention to women's lived experience and space for complex feelings around abortion.

Keywords: abortion, abortion regret, emotions, pregnancy attachment, sociology of reproduction

A debate about the existence or absence of abortion regret has emerged in recent years in the contest over abortion rights. Opponents of abortion rights have asserted that women inevitably regret their abortions, positing regret as a harmful emotion and arguing that abortion harms women (Siegel 2008), while advocates of abortion rights have disputed that all women regret their abortions, arguing that women generally experience relief (Ludlow 2008; Weitz et al. 2008). These opposing emotional outcomes—regret or relief—are premised on divergent understandings of women's relationship to pregnancy, with abortion rights opponents claiming that women inherently attach to pregnancy and abortion rights advocates countering that women do not to attach to pregnancies they do not wish to carry to term.

Neither of these assumptions is supported by the medical, anthropological, or sociological literatures. Instead, while research does support the underlying assumption that grief over fetal loss is associated with a woman's attachment to pregnancy, it suggests that the relationship of a woman to her pregnancy is discursively produced (Layne 2003), problematizing the simplicity of claims by both

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Symbolic Interaction, Vol. 35, Issue 2, pp. 105–122, ISSN: 0195-6086 print/1533-8665 online.

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DOI: 10.1002/SYMB.11

abortion rights opponents and advocates about the emotional consequences (or lack thereof) of abortion.

Drawing on in-depth interviews with women who narrate and explain their own difficult emotional experiences with abortion, I offer an alternative analysis, identifying the discursive construction of women's emotional difficulty around abortion through: (1) social disapproval; (2) romantic relationship loss; and (3) emotional conflict between head and heart. These findings point to the importance of attention to women's lived experience as well as to the value of the more expansive framing of "emotional difficulty" rather than "abortion regret."

UNDERSTANDING CLAIMS ABOUT ABORTION REGRET

Fundamentally, claims about abortion regret are premised on assumptions about women's attachment to pregnancy. In broad strokes, opponents of abortion rights have presumed that women inherently attach to their pregnancies and advocates have asserted that women are not attached to pregnancies they choose to abort. In support of their position, opponents of abortion have capitalized on an emergent therapeutic discourse developed by Vincent Rue that asserts that many women experience "post-abortion syndrome" (PAS) wherein they grieve and regret their abortion decision (Siegel 2008). PAS constructs abortion regret as normal and even inevitable because of women's nature (e.g., Reardon 1987). To a great extent, the definition of "regret" remains fuzzy and loosely understood by both sides as a woman's wish after the fact that she had never undergone the abortion procedure.

Consistent with research on movement-counter-movement relations (Meyer and Staggenborg 1996), the abortion rights movement has forwarded a counter to the abortion regret claim. Specifically, many abortion rights advocates have sought to portray abortion as universally an occasion for relief (Wasielewski 1992) and dispute the assertion that women commonly experience regret after an abortion by referencing psychological studies showing that abortion does not negatively affect mental health (e.g., Academy of Medical Royal Colleges 2011; Major et al. 2009). This position is built on an assumption that women do not attach to, and therefore will not experience regret about the loss of, pregnancies they choose to terminate.

Both assumptions about women's relationship to pregnancy, however, are inconsistent with research findings from medicine, reproductive health, anthropology, and sociology. Scholars have instead found that women's attachment to pregnancy varies and can be increased through specific experiences, such as feeling fetal movement (Heidrich and Cranley 1989; Lerum and LoBiondo-Wood 1989; Puddifoot and Johnson 1997), seeing an ultrasound (Layne 2003; Mitchell 2001; Spitz 1997), or planning a nursery (Kanter 1972). Although pregnancy is a biological process, it is also firmly a socially constructed reality (Shreffler, Greil, and McQuillan 2011) and, in practice, discursively operates as a continuum rather than a binary status (Gerber 2002).

As a culturally produced construction, maternal attachment to a fetus is not automatic (Layne 2003). Surrogate mothers, for example, frequently claim a lack of attachment to the fetus they carry (Berend 2010; Teman 2003, 2010), a claim supported by several psychosocial studies (Ragone 1994; Teman 2008).¹ Studies of the morals and psychology of women who elect to be surrogates find them “normal” (Baslington 2002; Einwohner 1989)—these women, in other words, are not distinguishable from the general population of women. The rise in testing for genetic anomalies during pregnancy offers further support for understanding women’s experience of pregnancy attachment as complex. With access to genetic testing, some women hold off on full attachment to a fetus as a baby-to-be until they learn that it does not have these genetic problems (Rothman 1986). Other studies find even further delays in attachment, including until assured of a newborn’s survival, and suggest that maternal attachment is a privilege of class (Scheper-Hughes 1992). Attachment can develop early in pregnancy as well. Reports of women’s experience of acute grief following early miscarriage (Frost et al. 2007; Layne 2003; Letherby 1993) illustrate that attachment can begin very early in a pregnancy, or even as early as when a woman intends to become pregnant (Reinharz 1987). Given this research that shows variation in the discursive production of attachment, it is clear that the simplistic assumptions about women’s attachment to pregnancy forwarded by abortion rights opponents and supporters alike are inaccurate.

Scholarship demonstrating variation in the experience of grief following fetal loss suggests that both sides of the debate over abortion regret additionally misunderstand women’s emotional responses to fetal loss. There is no evidence that the experience of grief following fetal loss depends on the kind of woman or the form of the loss (Moulder 1994; Robinson, Baker and Nackerud 1999; Shreffler et al. 2011). Women even in early stages of pregnancy may experience grief over fetal loss due to miscarriage (Reinharz 1988). Indeed, for some women, acute emotions of loss are felt following events that do not meet the medical definition of a pregnancy (Berend 2010; Greenfeld, Diamond, and DeCherney 1988). Likewise, there is evidence that grief does not inevitably follow fetal loss. Surrogate mothers who do not envision themselves as the mothers of the pregnancy they carry do not experience relinquishing a newborn as a fetal loss (Teman 2008); Andrews (1999) estimates that less than 1% of surrogates refuse to relinquish a child.

There are additional complexities to the feelings of grief some women experience following fetal loss. Research has found that women who do experience fetal loss are not always grieving the loss of the fetus for its own sake, but sometimes are grieving the loss of a relationship the pregnancy facilitated. For instance, surrogate mothers who experience fetal loss may not grieve the fetus so much as the lost opportunity to provide the intended parents with a child (Berend 2010) or the loss of the relationship with the intended parents after relinquishing the newborn (Ragone 1994; Teman 2010). In other words, what women actually grieve can be more complicated than—and even different from—grief for the fetus.

Bringing abortion regret claims-making into conversation with these research findings reveals such claims-making about the universal existence or non-existence of abortion regret as problematic. The flaws of these over-simplified framings of the emotional experience of abortion are further evidenced in empirical studies of women's emotional response to abortion. While most women report positive emotions following an abortion, a small subset of women report negative emotions (Major et al. 2000).² As research on attachment—and, indeed, the variation in emotional responses women report post-abortion (Major et al. 2000)—shows that these negative emotions are not the inevitable product of the essentialized woman, scholars are faced with the question of how emotional difficulty is discursively produced in women's lived experience of abortion. Aiming to redress the neglect of the discursive construction of emotional difficulty around abortion, I now turn to the question of what makes some abortions emotionally difficult for some women, bringing empirical data from women's lived experience to the debate over abortion regret.

DATA AND METHODS

To address the question of what makes some abortions hard, this paper uses data from semi-structured, in-depth interviews with twenty-one women, conducted as part of a larger project to study the landscape of emotions following an abortion, with a focus on abortion regret. As the clear majority of women who have had an abortion do not report emotional difficulty associated with that experience (Major et al. 2000), recruitment at an abortion clinic, among the general population of women, or through snowball sampling was unlikely to yield insight into the research question at hand. Similarly, there are no clear demographic patterns among women who do experience emotional distress following a first-trimester abortion (Adler et al. 1992; Major et al. 2000), making targeted sampling among certain populations similarly inappropriate.

Instead, women were recruited for this project through two methods. In the first method, the project partnered with two secular abortion support talklines. Women who called one of these two talklines were informed about the study by talkline counselors and referred to the study staff for an interview. The project presumed that women contacting a support talkline were exhibiting help-seeking behavior that was potentially representative of emotional difficulty related to their abortion. Consistent with research finding that there are no simple demographic determinants of difficulty in coping after an abortion (Adler et al. 1992; Major et al. 2000), data compiled by the talklines for internal use show no patterns among callers regarding age, race, geographic location, time since the abortion, gestational age at abortion, or religion. Between March and August of 2009, approximately thirty callers were referred to the study; fourteen contacted the study and completed an interview. (Due to incomplete reporting from talkline counselors, I am unable to report an exact referral rate.)

To ensure variation in the abortion experience among respondents, the project also specifically recruited women who had a later abortion (post-twenty weeks gestation). Women recruited through this second method had participated in the pilot phase of a separate study on women's experience with abortion and agreed to be contacted for future research. Seven of the twelve women contacted from this pilot study agreed to participate and were interviewed two years after their abortion, between June and August of 2009. All had a later abortion. Their help-seeking behavior since the abortion was unknown.

Interviews were open-ended and semi-structured and were conducted over the phone by trained study staff. The majority of the interviews (thirteen) were conducted by a medical anthropologist and the remaining eight were completed by two public health researchers with master's degrees. All three interviewers were women and have extensive academic training and experience in qualitative methods. The interviewers and the author work in the academic field of reproductive health and are familiar with the medical and social aspects of abortion.

Interviews lasted between thirty minutes and two-and-a-half hours, averaging seventy-five minutes. Relevant to this analysis, interviews included questions on women's reasons for seeking abortion(s); their emotional experience of abortion; the impact of their abortion(s) on their relationships to their partner, family, and friends; their motivation for seeking help or counseling, as applicable; and their openness about their abortion(s) with family, friends, and acquaintances. No identifying information was retained; only pseudonyms are used below.

Respondents were offered a gift card for \$25 to compensate them for their time. Two respondents refused the gift card. In general, women who agreed to be interviewed were forthcoming in their interviews, offering rich narratives of their experience. The primary difficulties in recruitment happened at the talkline referral level. According to talkline records, approximately half of the eligible callers were not referred to the study, sometimes because the counselor forgot or the caller hung up too quickly, but often because the callers themselves were judged too distraught (e.g., were crying) to be referred to the study. Although this reduced referral rates, it offers support for recruitment via talklines for studying emotional difficulty around abortion. We stopped recruiting respondents when we reached theoretical saturation. Despite the small sample size, due to respondents' extreme—and unexpected—candidness and the length and thoroughness of the interviews, saturation was reached relatively quickly.

All interviews were professionally transcribed by a transcription service. Transcripts were analyzed and coded using Atlas.ti 6.0 by the author.

Demographically, the respondents represented a diverse range of ages, racial backgrounds, and educational attainment. Respondents ranged in age from twenty-one to forty-seven at the time of the interview, and reported on abortions they had received when they were between fifteen and forty-six. Ten respondents were identified as white, four as African American, three as Latina, three as Asian Pacific Islander, and one as of mixed race (Latina and white). There was similar diversity in

their education: the highest level of education completed for five respondents was high school; two had associate's degrees; ten had bachelor's degrees; and four had graduate degrees.

Overall, the sample was less diverse in religiosity, with eleven identifying no religious affiliation and the remainder identifying as Christian (seven of whom specified no denomination). Six respondents attended services regularly (at least a few times a month), seven attended only occasionally, and eight did not attend religious services at all.

There was also only limited variation in respondents' geography. The majority of respondents (fourteen) were from the west coast, four lived in the Midwest, and three on the east coast. There were no respondents from the American south.

Eleven respondents had only a single abortion, while the remaining ten had received more than one; among all twenty-one women in the sample, there were forty-six abortions. Three abortions were completed using medication, eight took place after twenty weeks gestation (i.e., were later abortions), and the rest were first trimester aspiration procedures.

UNDERSTANDING WHAT MAKES SOME ABORTIONS EMOTIONALLY DIFFICULT

Although respondents were recruited via methods expected to select women who had experienced emotional difficulty around their abortion, four respondents reported no emotional difficulty related to their abortion. All four were recruited from the pilot study and had received a later abortion. This provides immediate evidence that the experience of abortion, even at later gestations, is not inherently associated with emotional difficulty.

The remaining seventeen respondents described three sociologically significant ways in which circumstances can make some abortions hard: (1) social disapproval; (2) romantic relationship loss; and (3) emotional conflict between head and heart. The final category includes women who experienced attachment to their pregnancies and that attachment led to emotional difficulty, while the first two fit with the literature that highlights the importance of thinking of women's emotional difficulty around abortion as bigger than—or even distinct from—the experience of fetal loss. In each woman's narrative, one of these three aspects emerged as most salient, serving as the most significant source of their negative emotional experience of abortion. This analysis is not meant to offer an exhaustive list of sources of women's emotional difficulty, but to provide an initial grounded analysis of the discursive production of emotional difficulty around abortion.

Social Disapproval

Seven women shared narratives of their abortion experience(s) in which social disapproval, including stigma, personal beliefs, and expectations of "appropriate"

emotions, emerged as the feature of their experience that most contributed to their negative feelings. For Melinda (twenty-nine, white), social disapproval took the form of judgment from friends. Making the decision to have an abortion was unproblematic for Melinda. Upon learning she was pregnant, her reaction was immediate: “So I felt like I wasn’t, I just wasn’t ready. I was not ready.” Melinda’s birth control had failed her, she was not in a stable relationship, and she had plans to return to school; it was not the right time for her to have a child. Her emotional difficulty came after she had the abortion, when she was confronted by what she characterized as “archaic and old-fashioned” responses from her friends. Specifically, they criticized her decision to have an abortion and pressured her to feel badly about her choice, despite Melinda’s confidence that the abortion was the best choice for her. As she explained, people told her:

you’re supposed to feel totally ashamed and you’re supposed to feel alone and you’re supposed to feel like you murdered someone and you’re supposed to punish yourself. And I was just like not prepared for that. I don’t feel that that is true for myself. I don’t have the experience that I murdered anything but I do feel like I’m supposed to feel that way.

Melinda’s friends’ comments evidence the existence of feeling rules (Hochschild 1979) around the experience of abortion, rules she refused to follow. Their comments aimed to enforce these feeling rules and made her feel alone in a way the actual abortion had not. The abortion, Melinda explained, had cost her several friendships. She found this shocking because she thought she and her friends shared similar values. At the time of the interview, Melinda was having trouble processing the reactions she received and found them “damaging” and “hurtful.”

Katia (twenty-five, half-Peruvian, half-English) battled the beliefs about abortion she had been raised with in the weeks after her abortion. Katia grew up Catholic and was taught that abortion was a mortal sin, although she did not subscribe to that idea at the time of the interview. Nonetheless, the strength of that belief was so powerful that Katia considered having a child “the easy way out” because “I wouldn’t have to hide it [an abortion] or feel, like, ashamed or whatever.” But Katia’s feeling that she did not want the pregnancy was stronger than her worry of feeling shame: “it was a little bit more like just kind of crisis, kind of just wanting to not be pregnant.” Believing she could not be a good mother, Katia chose to experience the stigma of abortion rather than bring a child she could not adequately care for into the world.

The social expectation that abortion is an emotionally complicated and sinful action is so powerful that it caused Tamara (thirty-five, white) to rethink her own lack of regret, which she implicitly defined as a wish after the fact not to have had the abortion. Attentive to assumptions about how women feel after abortion—i.e., the feeling rules—Tamara reflexively questioned whether she, indeed, did regret her choice. She explained,

But I really don’t regret the abortion at all. And like I said, it was kind of like: wait, but I’m supposed to feel really terrible about this. Like maybe I should dig

for this a little bit further. You know, I'm a poet at heart and so I kind of want to kind of tap into that, you know, deep vein of regret but it's just not there. So I kind of regret not regretting.

Because Tamara did not feel regret about her abortion, she worried about sharing her experience with others for fear that they would negatively judge her. This secrecy, in turn, made it difficult for Tamara to process the whole experience. Like the women discussed above, the decision to have an abortion and the procedure itself were not emotionally difficult for Tamara. However, in all of these cases, the responses and anticipated responses these women received from family and friends made the abortion experience emotionally difficult.

Loss of Romantic Relationship

For three respondents, the abortion was associated with a strong sense of loss—but the loss these women primarily mourned was the loss of their romantic relationship, not their pregnancy. For instance, Lana (twenty-eight, Asian) was in a serious relationship when she found herself unintentionally pregnant a few months prior to her interview. Although he had his own apartment, Lana's boyfriend spent nearly all of his time at her apartment, with her. Lana knew they faced many obstacles, not the least of which was her boyfriend's strict orthodox religion, but she believed they could work things out—she had already investigated the process of converting to Judaism. These obstacles seemingly became insurmountable for her boyfriend when Lana told him she was pregnant: he abandoned her.

Lana continued to call, text, and e-mail him for weeks, her messages growing increasingly desperate. After seeing him every day and spending most of her time with him, Lana was devastated when she could not get a response from him. Eventually, she received an e-mail from her boyfriend's brother on her boyfriend's behalf saying that she should communicate with him—the brother—from now on. Lana took this to mean that “the father didn't even want anything to do with me” and that the best decision would be for her to have an abortion. Even then, she expressed hope that her boyfriend would come back, but soon she couldn't deny that their relationship was over:

I was so stupid. I couldn't even see any logical reason for what had happened. I just denied it. I was like, “He didn't leave me. He's going to come back. Maybe he'll come back.” I thought there was hope he might come back. But he really abandoned me, and I knew it when he just didn't answer my e-mails at all.

Lana spoke at length of the emotional wounding her boyfriend's abandonment caused her:

I still had a lot of emotions. I still, I mean, I still love the father. I loved him a lot. And I was very confused when he left me. It was a huge problem. I'm still, you know, to this day, I'm, I can't even say that I'm angry . . . I can say I just don't

have any, I don't have any feelings. I don't hate him. I still care about him; I'll say that. So it's just like I'm very confused . . . this experience has changed me.

The dramatic end to an intimate relationship she thought of as very serious was emotionally extremely difficult for Lana.

Importantly, Lana's abortion experience was inextricably tied to her relationship loss. She resented having to make the decision to have the abortion entirely on her own, given the closeness of their prior relationship. Lana explained that she knew "it [the abortion] was really the right thing to do," yet she struggled to come to terms with the loss of her relationship to the father of the pregnancy. Alone and cut-off from her boyfriend's community, Lana sought help by posting her story on an online bulletin board and calling after-abortion talklines. In the end, Lana said of her overall experience, "it was probably the worst time of my life that I've been through." Broadly, Lana experienced loss associated with her abortion, but closer examination of her experience reveals her loss to be more specifically a romantic relationship loss than fetal loss.

Allison (twenty-nine, white) had a similar experience of romantic relationship loss associated with her abortion. She was twenty-eight when she learned she was pregnant. In the four years she and her boyfriend had been together, Allison reported that they had only failed to use birth control once: the time that led to this pregnancy. At a gut level, Allison knew she did not want to have a child: "When I found out I was pregnant, I was crying; I didn't want to be pregnant . . . I didn't want a kid." Moreover, at a practical level, she knew they could not support a child financially. Allison explained,

no one would take care of a child in my family. I couldn't afford daycare. I could barely afford to take care of myself. He [my boyfriend] was working on and off, not a steady job, so there was just no way.

Her boyfriend seemed similarly uninterested in raising a child, so Allison decided to have an abortion.

It turned out, however, that Allison and her boyfriend were not on the same page. As Allison explained it, "he broke down, like he couldn't handle it [the unplanned pregnancy and need for an abortion], like it was just overwhelming." Despite a promise to accompany her to the clinic, Allison's boyfriend failed to show up. Their relationship fell apart soon after, although he has occasionally called her in the time since about getting back together. This was a very difficult loss for Allison, especially as they had spent most of their time together and she had few other friends. Nearly a year and a half after the abortion, she was still trying to sort out her experience and move forward, but she emphasized that the source of her sadness "is not the abortion itself, it's the loss of my relationship." Articulating the broader theme of abortion-related difficulty because of social disapproval or romantic relationship loss, Allison said, "I don't think abortion can be emotionally harmful. I think the people in a woman's life who are not supportive of her can be emotionally harmful."

Emotional Conflict: Head versus Heart

The final group of abortions that were emotionally difficult experiences for respondents are best described as instances where women were torn between what they *thought* they should do about a pregnancy and what they *felt* they should do. Most commonly, these eight women saw abortion as the logical choice in their current circumstances, but some significant part of them also wanted to continue the pregnancy.³ This emotional conflict was experienced by women of different ages and races, in different kinds of relationships, and with and without children. As Table 1 shows, there are no clear demographic patterns across these women.

Julie (forty, white) was in a stable relationship with her husband of sixteen years when she had her abortion. Together, she and her husband had three children, but it had been difficult for them to start a family when they were in their late twenties. Julie underwent *in vitro* fertilization to conceive her first children, twins, and she and her husband were overjoyed to find that Julie was pregnant again, this time without assistance, two years later. Both pregnancies were hard on Julie, however, who has struggled with depression and migraines. She suffered extreme post-partum depression and was hospitalized for depression following the birth of her third child. She never anticipated being pregnant again at age forty, and recognized the challenge another pregnancy and birth would be for her ability to care for her three kids.

Two additional factors made a current pregnancy problematic for Julie. First, she had been taking a powerful drug to treat her depression that she worried would have negative effects on fetal development. Moreover, the drug successfully treated her depression and she was afraid that going off the drug would mean the return of debilitating depression. A similar thought process governed her thoughts about managing the migraines she regularly suffered from. Second, she and her husband had only recently emerged from a difficult patch in their marriage and Julie feared that an unplanned child could put them back on shaky ground. Summing up her

TABLE 1. Demographics of Women Who Experienced Emotional Conflict

Name	Age	Race	Number of children	Relationship status	Time since abortion	Number of abortions
Alicia	27	African American	1	Casual	5 days	1
Brandy	21	African American	0	Boyfriend	1 year	1
Cristina	29	Latina	3	Rape	2 years	1
Julie	40	White	3	Married	4 days	1
Laura	37	White	0	Married	10 years	2
Lucia	30	Latina	4	Boyfriend	2 years	3
Michelle	39	White	1	Recent boyfriend	6 months	2
Nicole	38	White	3	Boyfriend	2 years	1

concerns, Julie explained, “I was scared of birth defects and scared of my emotional state and my ability to make it through the pregnancy with my migraines and also taking care of my three kids.”

After her experience with infertility, however, Julie simultaneously felt that her pregnancy was a miracle and she emotionally attached to this pregnancy. Julie drew on a language of the head and the heart to describe the crossroads where she found herself:

[I was] just feeling really like my head was telling me that the wise decision was to have an abortion but then my heart was just wanting to hold onto this baby and, you know, just not, you know, just feeling like it was some kind of hopeful opportunity.

She confessed that “I would have the feeling when I was by myself and thinking about it that I definitely wanted to keep it.” But when she began to think through the situation with others, including her husband, having another child did not make sense; “[those conversations] just made it seem like it wasn’t really the best decision, you know, to keep the baby.” Making the decision to have the abortion was wrenching for Julie and she took nearly five weeks to make up her mind. Even then, she felt conflicted, describing a vivid dream with a baby the night before her scheduled abortion. Julie had her abortion just a few days before being interviewed and the conflict she felt was still strong.

Women not in stable relationships, too, experienced emotional conflict over the decision to have an abortion. Alicia (twenty-seven, African American) became pregnant from a casual relationship with a co-worker who had a longtime girlfriend Alicia knew about. In fact, Alicia and her co-worker slept together only twice. The first time, he insisted on wearing a condom; the second, he slipped the condom off before they had sex, without Alicia’s knowledge. This man was not a desirable partner in raising a child, in Alicia’s eyes, and she had no illusions of his help. But her irritation at his behavior did not extend to the pregnancy itself—when she found out she was pregnant, she felt excited. She had a four-year-old daughter and hoped to give her daughter a sibling before too long. This seemed the perfect opportunity: “I called it my miracle baby.”

At the time she weighed her choice, Alicia was a college graduate, upwardly mobile in her new job, with the weight of her mother’s high expectations on her. Already a single mother, Alicia felt the stigma of unwed motherhood heavily. She took her decision to keep or terminate the pregnancy seriously, assiduously keeping both options open:

I was preparing—like just so I could make a sound decision—I mean, somebody might call it weird but I was actually preparing for an abortion but I was also preparing as if I was having a baby. So I would, I would—I made [prenatal] appointments and stuff like that with the doctor to actually go see and make sure the health of the baby was fine, and I was smoking and I stopped smoking. So I was, I was really, a small part of me, and it was a small part of me but it was a part of me that wanted to have this baby. Like, I really wanted to have a baby.

Simultaneously, the co-worker began to insinuate that the pregnancy was not his and accused Alicia of being sexually promiscuous. A woman, presumably his girlfriend, came to their workplace and harassed Alicia. Alicia anticipated that this harassment would only increase if she carried the pregnancy to term. She interpreted these events, combined with her worries about raising the child on her own, to mean that abortion was her best choice: “all this negative stuff surrounding my pregnancy that just made me be like, ‘I can’t do this.’”

Alicia had her abortion five days prior to her interview. In the intervening time, she experienced many negative emotions. Alone, without family, friends, or a partner to confide in, Alicia was awash in sadness. Still, she tried to focus on the long term and recognize that abortion was the right choice—she did not regret her decision to have an abortion. She explained, “there’s so much I still have to get accomplished, and kids, they kind of slow that down. And I’m too much of a career-minded person. Like, I’m not a soccer mom. I’m a very career-focused mom.” The conflict Alicia felt between her head and her heart was ongoing and even her assurance that the abortion was the best decision did not make that emotional conflict subside.

Cristina’s story, too, highlights how complicated women’s experience of an unintended pregnancy can be. Cristina (twenty-nine, Latina) became pregnant after a rape by a stranger. Fearful that she would not love that child as much as her three existing children, she had an abortion. With her strong Catholic upbringing, however, she had some moral conflict about her decision. On top of that, she wondered whether the emotional circumstances of the pregnancy’s conception really would have mattered; she noted that she dislikes the father of her three children, her ex-husband, but loves the children themselves. Capturing the complex and simultaneous back-and-forth of her thinking about the abortion, Cristina said,

I know that I did make the best decision at the time. I know that in my head. In my mind, I know that that was the right decision. In my heart, I’m not sure that I did the right thing, you know? I don’t think that I did in my heart because it’s just, you know, I would’ve had one more person to love and one more person to love me. And at the same turn, you know, at the same time, I know that it was the right decision.

Cristina’s certainty two years after the abortion that it was the right decision did not assuage the feelings “in her heart” and that conflict produced significant emotional difficulties for her.

While this was the first abortion for Julie, Alicia, and Cristina, it was Michelle’s (thirty-nine, white) second. In marked contrast to her current experience, she had no second thoughts about her first abortion at age twenty. Comparing the two experiences, Michelle focused on her attachment to the pregnancies:

[In the first pregnancy,] I wasn’t having any maternal instincts. And I wasn’t feeling any attachments. With this [second] one, I definitely was.

Practical considerations about the refusal of her boyfriend of several months to accept parenting responsibilities and the prospect of raising the child alone persuaded her

to have an abortion. Michelle experienced a profound sense of loss and waves of grief following her abortion. She began drinking more frequently than before. She called into work sick to have time to be by herself. The depression she experienced was paralyzing: “I would just stay in bed. I just didn’t want to. I couldn’t function. I just didn’t want to do much of anything.” Michelle saw her depression over her abortion as directly tied to the attachment she formed to that pregnancy,

And I did have an attachment. And I was, I think the reason why I had that severe reaction and depression and everything was because I think I actually was bonded and I feel horrible now about it.

Michelle’s narrative identifies her attachment to the pregnancy as a significant factor making her emotional experience of the two abortions so different.

Women without children, like Brandy (twenty-one, African American), also felt a disconnect between what they knew rationally—that abortion was the right choice for them—and their emotional attachment to the pregnancy. When Brandy first found out she was pregnant, at age twenty, she was excited, but she felt too young and financially insecure to be a parent:

The reality is that I can’t take care of a child. I’m not even living on my own. I’m still living at home with my parents. My job right now, my income is not that much. I’ll be struggling. I’ll be a single mom because I know that my ex won’t be there.

Brandy sat down with her mother and “we went over the positives and negatives, more negatives than positives and that’s how that went.” But her emotional attachment persisted. She explained, “I just felt like it was unreal, like this can’t be happening, I’m actually pregnant and there’s actually a baby inside me. It’s actually a living life inside me.” Although Brandy felt the circumstances were not right for her to have a child, she was nonetheless emotionally connected to that potential child. That attachment made the experience of abortion difficult for her.

Unlike Cristina above, Brandy was not convinced she made the right decision a year after the abortion. While Cristina was conflicted but ultimately believed she had made the right choice for her, Brandy said she would make a different decision now if she could:

I think about that all the time. If I could go back and change it, I wouldn’t have had the abortion. I would’ve kept my baby, I would’ve kept it. No matter if the father was there or not, no matter if I was going to be a single mom struggling, I would’ve not had the abortion.

In many ways, Brandy holds thoughts of what might have been, even as she recognizes other wrinkles would likely have emerged if she had continued her pregnancy:

I mean, you know, it could be that possibly that I could’ve gotten depressed from post-partum depression or something, but I don’t think that. I think that I

would've been happier, more that I had a child and I could've see[n] the child smile and laughing and taking his first steps and talking. I think I would be much more happier now.

More than any of the other women in this category—and in the sample overall—Brandy describes a feeling that could be labeled regret, as used in the parlance of the political claims-making about abortion regret: she wishes she could go back in time and make a different decision.

It is important to note that while Brandy's emotional conflict yielded a feeling of regret, of wishing she had made a different decision, other women in this category experienced emotional conflict but did not express a wish to undo the abortion (although several wished they had not gotten pregnant in the first place or that some other aspect of their experience was different). Alicia, for example, was not sure she would make a different decision if given the opportunity. And women like Cristina were sure they would make the same decision to have an abortion, but that knowledge did not lessen the difficulty of that choice.

Compounding the conflict they felt, the women in this category uniformly also experienced or anticipated social disapproval and some experienced the double loss of their pregnancy and their romantic relationship. Although these women's negative emotional experiences most clearly were due to the conflict between their rational evaluation that abortion was their best choice and their emotional attachment to the pregnancy, social disapproval and relationship loss were compounding factors in their narratives. In contrast, the narratives of women introduced in earlier categories were not compounded by emotional conflict. This suggests that although the head/heart conflict is described here as something experienced internally, at an individual level, relationships and social support also matter significantly.

CONCLUSION

As this analysis of women's stories of emotional difficulty around abortion attests, some abortions are emotionally difficult. But not all abortions are difficult, nor is regret over the abortion decision always the source of any emotional difficulty. In several of the stories above, women's emotional difficulty around abortion had nothing to do with fetal loss and instead had to do with the social circumstances and expectations they experienced. For some women, the experience of social disapproval of abortion made the abortion experience difficult, as friends and significant others worked to enforce feeling rules that subscribe to the dominant framing that women should feel badly about their abortions. For others, the romantic relationship loss that accompanied the abortion made the overall experience emotionally difficult. In both cases, women's experience of emotional difficulty stemmed not from their intentions in choosing abortion but from the responses of others. Interactions about their abortions with key people in women's lives can have potent—and negative—effects on how women attribute meaning to their abortion. These findings highlight the value of a symbolic interactionist approach that looks beyond

interpretations of emotional difficulty around abortion as grief over fetal loss to attend to subsequent interactions and observations. Instead of saying some abortions are difficult; it would be more accurate to say that some circumstances can make abortion emotionally difficult.

The final group of women discussed in this analysis (the head versus heart category) did experience emotional difficulty related to fetal loss, but their stories challenge advocacy for restricting abortion as a solution to their distress. Although one woman who articulated a conflict between her head and her heart expressed a wish to undo her decision to have an abortion, others did not. Some of the women in this category were clear that they would have made the same decision to have an abortion if they had the chance to do it all over again. Further, there is no evidence that restriction on abortion would have resolved their emotional difficulty; it would not remove the “head” part—a woman’s practical reasons for terminating a pregnancy—of the head/heart equation. It is also clear that restriction of abortion would not improve the experience of women in the other two analytical categories who felt emotional difficulty that was distinct from grief over fetal loss: it would not make friends and family more supportive of a woman’s decision to have an abortion; it would not make a boyfriend stay committed.

Finally, this analysis leaves open the question of the consequences of emotional difficulty. Abortion rights opponents and advocates implicitly presume that regret is something to be avoided; the assertion that regret is harmful has not been challenged. Yet this is an important and untested assertion. This question enters the debate over the role of medication in speeding up the process of grief or mourning and avoiding depression and it engages arguments over whether or not grief is a “healthy” emotion and sadness a normal response within various circumstances (see e.g., Horwitz and Wakefield 2007). Future research should consider the social effects of so-called negative emotions like regret.

Given the complexity of how some abortions come to be emotionally difficult, together these challenges to the dominant discourses on abortion regret emphasize the importance of attention to women’s lived experience. If and when an abortion is hard, that determination comes from taking the woman’s standpoint, rather than from some external position. The same goes for other forms of fetal loss or newborn relinquishment. In all scenarios, women need space for complex feelings and, pointedly, people in women’s lives need to make this space devoid of the feelings rules, politically inflected or otherwise, that frequently frame these discussions. The politicized debate over abortion regret has notably failed to provide space for complex feelings and, to the extent that it has contributed to social disapproval of abortion, likely contributes to the emotional difficulties some women experience.

ACKNOWLEDGMENTS

This research was supported by a grant from the Ford Foundation. The initial conceptualization of what makes some abortions difficult came from Kira Foster.

The author also thanks Kate Cockrill and Deb Karasek for their help in data collection and Tracy Weitz, Lori Freedman, Alissa Perrucci, the editor, and the anonymous reviewers for their constructive comments.

NOTES

1. Adoption, however, is not always associated with non-attachment (Fessler 2006). Due to the additional variables at play in adoption, including equivocation by the birth mother, I note its appropriateness as a parallel case, but leave further exploration to future research.
2. Reporting negative emotions (e.g., sadness, feelings of guilt) is not the same as having poor mental health (i.e., medically recognized problems). Research consistently shows that abortion does not cause poor mental health (for reviews of the literature, see Academy of Medical Royal Colleges 2011; Major et al. 2009).
3. One woman is counted in two categories. She had two abortions, ten years apart, which were emotionally hard but for different reasons: the first, for emotional conflict; the second, for romantic relationship loss.

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