to studies that examine the social organization of abortion experience. It stands in striking contrast to psycho-analysis. Adler casts abortion in terms of internal and external conflicts that women experience when they make their decision whether or not to terminate a pregnancy. Abortion is conceptually identified as a stress experience that takes on two distinct shapes: first, on a personal level, women may experience feelings of regret, anxiety, depression, anger, and, doubt. These are the components of a woman's individual sense of loss, according to Adler. Secondly, through the abortion procedure and aftermath, women become aware of social messages. Women may experience guilt and shame, and may face people who openly show disapproval of their decision. This secondary response, at times very painful, illustrates how people can absorb external social meanings and definitions that society, in general, attaches to abortion. Feelings of guilt and shame demonstrate the degree of the impact of cultural definitions on women's personal perception of their experience. Often, the women who suffer are aware (and feel guilty) that they have performed a serious norm violation. Their experience is organized by the social stigma associated with abortion as murder. This rhetoric seeps into women's learning process at the same time they are making the decision that will affect the quality of the rest of their lives.

Major et al. (1990) and Russo and Zierk (1992) confirm the importance of a healthy social environment for women. They examine abortion as a stress experience using a psychological model of interpretation. Their findings suggests that emotionally unstable women will likely react to unwanted pregnancy in a disturbed fashion. Women who are deemed unstable and living in unstable and unsupportive living circumstances will most likely respond to abortion negatively. Their findings suggest that women who expect to cope well with abortion, generally do.

Major, Cozzarelli, Testa and Mueller (1992), social psychologists, find that women whose partners do not cope well with an abortion may be more depressed, particularly when the woman, herself, is ambiguous about her decision Women, whose partners have positive reactions to abortion, tend to benefit from their emotional support. Like Moseley et al. (1981) studies, these findings emphasize the importance of a supportive setting for women who have abortions.

Joy (1985), a counselor, argues that abortion is an issue that needs to be grieved. Her observations indicate that a typical response women have to abortion is emotional numbing. Symptoms of distress may surface only after months or years.

For this reason, it is important that women be able to vent their feelings and frustrations in a safe place where they will not be judged or condemned. Joy's perspective supports the need for experts to value everyday experience, and yet, at the same time, she implicitly suggests that if women need to grieve, then they must be hurt in some way. This understanding denies to women the recognition that some may not be upset.

Whether or not we agree that there may be some women who are not upset about their abortions. Speckhard (1987) provides substantial evidence that most women attempt to keep the fact of their abortion secret. In her sample, some 89 percent tried to hide the fact of their abortion or to minimize it (42). She notes that women express surprise at the intensity of the grief uncovered by therapy.

Illsley and Hall (1978) provide insightful understandings of how much the abortion setting influences women's recovery. They argue that society exercises a cultural guilt-producing taboo for women who choose abortion. Joy's (1985) suggestion that women require a safe place to grieve is therefore not a probability in the *known* social world. Instead, a complex system of social control is operative in the organization of women's experience. According to Illsley and Hall,

> guilt about abortion has been, and in most societies continues to be deliberately induced as part of a traditional system of social control. In such circumstances, it is superfluous to ask whether patients experience guiltit is axiomatic that they will (1978: 12).

If we accept that women do live under a system of social control that *makes* them feel badly about choosing abortion, then, Joy's recommendation that abortion should be grieved is not likely to be able to happen. If women are constantly protecting themselves from attack how can they feel safe to grieve? On the flip side, perhaps there is social control so that women are encouraged to *believe* that abortion is wrong. We can assume, therefore, that guilt, shame, and self reproach does not exist in vacuum. The practices and processes of social organization that organize abortion experience undoubtedly affect how women come to understand their own reactions. Mental heath research reviewed reveal that people continue to believe that abortion is immoral and women who choose abortion are acutely aware of this fact. Women, sometimes, are socially constructed as an actual danger to the unborn "fetus". For example, to call women who have abortions, murderers is to suggest that they do harm to children. They are perceived as threatening to the unborn child. These attitudes pervade the abortion controversy and / make it

difficult for women to openly grieve. Stigma is an added source of stress for women enduring an already difficult and emotional recovery process. This literature shows that the adverse psychological effects of abortion are, at least in part, culturally induced. This, in turn, might suggest that with time, if "society" were to become less punitive women who abort, we will find symptoms of "Post-Abortion Stress" occurring less often.

2,3. The Relationship between Pathology and Therapy

The studies on "Post-abortion Stress" and "Post-Abortion Syndrome" are controversial and yet, they are used, *un-problematically*, in the work practices of therapists in the therapy movement. The reason I use the term, "movement" to refer to the activities supporting abortion counseling is because of its close attachment to political initiatives, particularly Christian counseling and its association with the "pro-life" movement[9] The theoretical literature shows differences of views on the degree of perceived severity in women's reactions to abortion. Therapy literature, however, sets out to "help" women assuming a problem, at times even falsely characterizing them as victims.

For example, Christian therapy is described by Michels (1988) for women suffering with "PostAbortion Stress". Her book, Helping Women Recover from Abortion for Victims of Post-Abortion Stress, has important suggestions for women that include self-reflection and steps for personal growth. At the same time, this text explicitly depicts abortion as murder making it culprit to affecting women with the self-blame and self-loathing that it claims to remedy.

While most mental health studies, as we have seen, concentrate on abortion as a social welfare issue that requires health care services, Michels defines it as a serious absolute moral violation She provides a self-help approach that depends on a Christian conception of abortion as sin. It urges women to take the time to ask for "forgiveness from Christ" and take time to grieve. This self-help text provides data on a number of women who have experienced mild to serious repercussions of "Post-Abortion Stress".

For example, several churches in Victoria speak about the "pro-life" movement to their congregation and support members to get involved as activists. At the same time, they provide Christian counseling for women in the church who ask for it.

On the surface, Michels's work appears helpful for women. With deeper probing, we find that it captures one of the critical paradoxes of the "pro-life" therapy movement. One the one hand, Michels validates women's experience and supports the trials and tribulations associated with making a lifealtering decision. She provides help to women as they move through the grieving process. On the other hand, her work is a direct part of the fabric of dominant discourse that views abortion as murder. It is part of a social organization of culturally induced guilt mechanism operating in the larger society that encourages people to maintain the taboo around abortion and view it as deviant. I suggest that this literature views the symptoms of "Post-Abortion Stress" as women experiencing a kind of spiritual punishment for committing an immoral act - that is to say that women feel badly and experience difficulties *because* they have done something wrong. An example is how a Christian counselor may suggest to women to ask "God for forgiveness" which suggests they *need* forgiving and in fact have *sinned*.

Freed and Salazar (1993) is an example of secular writing within the "therapy" movement. These mental health experts have produced A Season to Heal: Help and Hope for Those Working through Post-Abortion Stress. This work is careful not to take a political or moral position on abortion. It does not tell women that abortion is right or wrong, it helps them to identify and articulate their feelings. By encouraging a restoration process in women's lives, it provides a road map through grief and isolation. Most of all, these writers, both counselors working in the field of post-abortion health, honor the courage of women facing post-abortion struggles.

Adler and Dolcini (1986) suggests that with adequate care and support, abortion does not pose serious complications for women.

> Although abortion is stressful for any woman, it generally does not pose a substantial threat to emotional well-being. The likelihood of a favourable outcome will be enhanced if she participates actively in making the decision. This in turn requires services that are accessible and that reach her relatively early. Ideally, the family and partner of the young woman will be involved and support her decision. Service providers need to be particularly sensitive to the young women's need for support, taking the opportunity to sort out the conflicting pressures and determine what is best for her (92)

Although supportive to women, this approach seems to take away women's sense of agency and places them in a child-like relationship with professionals. By suggesting that if women participate actively in making a decision the likelihood of a favourable outcome will be enhanced, Adler and Dolcini seem to be patronizing women. The language used by Adler and Dolcini gives the impression of "infantilizing" women's role in the decision-making process. To speak of an ideal need for supportive families and partners does not explain why, in so many instances, women find themselves isolated. Adler and Dolcini emphasize the role of service and support providers, suggesting that they need to take "the opportunity to sort out the conflicting pressures and determine what is best for her". This last comment, although subtle, gives the authority over to others to determine what is best for pregnant women.

Marecek (1986) looks at women's stress from a different angle and proposes an alternative way of framing women's needs for counselling. According to her, it is not women's identity and self-esteem that are damaged by abortion, but, rather her relationships with those who disapprove of the decision are negatively affected. Marecek speaks as a psychologist and argues that to define women's reactions individually or separately from those people who have influenced her experience neglects io address the effects of the abortion setting. She states:

> the interpersonal consequences of an abortion center mainly on the possible damage to the young woman's relationships if her abortion is against others' wishes or moral standards. One of the myths about abortion is that women feel deep regret and self-reproach afterward The experience is expected to generate long-standing emotional damage (1986: 109-110).

I mentioned earlier that if we place too much emphasis on the findings that women are psychologically damaged by abortion, we run the risk of further distorting actual lived experience. It is intriguing to think that Marecek may be hinting at the possibility that women may feel compelled to have feelings of grief and regret. They may fear being viewed as unfeeling in the face of negative onlookers if they suggest that having an abortion did not bother them. Living in a world of accused moral bankruptcy, they may wish to diffuse some of the comments made by "pro-Lifers" that abortion is murder and demonstrate an effort