into the shifting ground of moral values" (371).

These "series of negotiations", according to Petchesky, are some of the practices that women are engaged in as they reason out the pregnancy dilemma. This process, she says, emerges out of individual consciousness revealing a sense of competing moralities. If the cultural climate is non-supportive to them, it is not surprising to find some women's experience adversely affected.

2.2 The Unpacking of the Language of Pathology

The discussion I have presented up to now has emphasized the need to look at women's experiences in feminist terms. I have focused primarily on an analysis of argumentative strategies that are used by theorists who covertly support an anti-abortion position to negate women's voice. We must now turn to a discussion of the number of ways that other theorists attempt to explain women's psychological responses to abortion. In general the focus of the analysis will be on how women's responses have been pathologized, most notably in the emerging debates on "Post-Abortion Stress" and "Post-Abortion Syndrome"[6].

These are two important terms in the psychological and psychiatric discourses that are being used to "describe" women's reactions to abortion. Given that they are part of "theory" and situated within a particular academic and therapeutic framework, these terms possess a limited value for understanding women's actual lived experience. This is to say that the degree that to which they hold a "power over" relationship with non-academic explanations, women's own explanations for their behavior and feelings are subordinated. 1 refer to these terms therefore as "colonized" concepts. The labeling of women's reactions are called into question in the following critical inquiry of mental health literature.

In the next section, I will present how some health practitioners misconstrue women's behavior, objectifying their experience by evaluating and assessing it under the guise of research observation to determine a psychological or psychiatric condition. Theorists have examined "conditions of sickness" in women who have had abortions that explain levels of psychological distress. Much of the literature in the field of psychology, nursing, and psychiatry says something about the emotional effects of abortion on women's well being, for the most part conducting an examination of the "symptoms" to identity women's troubles. The result of the

tendency to focus discussion on women's symptomatic reactions is that theorists develop a pathology of women's experience. The discourse fails to consider the risks involved in treating women as patients for psychiatric analysis.

The focus of my review of this literature is to query the pathology framework of "Post-Abortion Stress" and "Post-Abortion Syndrome". These two terms refer to "conditions" that are employed in the discourse of theorists to define the complications women may experience after an abortion. The difference between these two terms is that the former identifies mild problems, while the latter is often used to explain computations serious enough that some writers argue for the detrimental effects of abortion I intend to unpack these terms to demonstrate an understanding of the organization of experience and the ways women who have had abortions are socially constructed within the discourse. This will give a general sense of what the discourse suggests actually happen to women when they have abortions. Psychological terms are a part of the work process of theorists and abortions therapists for whom these terms are central in representing reality.

[6] These terms pervade psychological and psychiatric discourses. They have helped "experts" explain the incidence of problems occurring in women after abortion.

Freed and Salazar (1993) identify "Post-Abortion Stress" as a particular form of a larger diagnosis known as Post Traumatic Stress Disorder (PSTD). They argue that it is widely accepted as stress reaction that can occur anytime from immediately after the procedure to several years later. "PostAbortion Stress" is caused by a woman's inability to express her feelings surrounding her pregnancy and abortion (1993: 4). In other words, the condition is seen to be caused by women's own silence - thenlack of being able to express their feelings about their experiences. Post-Traumatic Stress Disorder has yet to be linked *directly* with women who have had abortions, yet Freed and Salazar (1993) suggest that women experience some of the same symptoms. The argument that psychological damage of is due to holding the experiences inside, 'stuffing' them down through various psycho-dynamics, or keeping the experiences subdued through addictive behaviors" (Bille. 1996: 19-20) may be applicable to women who have had abortions. I do not wish to suggest that we should accept that all women who have abortions experience some level of psychological damage. This is clearly not the case because many women would argue that they were unaffected by the experience. The point I wish to make is

that these technical terms objectify women and medicalize their experience. Even if the findings of this condition has some merit (that some women are '■traumatized"), the way that these terms characterize women is problematic and therefore need to be called into question

Bille (1996), writing from a nursing perspective in mental health services, explains that "PSTD can be identified by the development of a set of specific symptoms following a psychologically distressing event that is outside the range of 'usual' human experience. Post-Traumatic Stress Disorder is linked, in Bille's text, with survivors of disasters, children who witness trauma and family violence, and rape and incest survivors. I would suggest that given the pressure on women to bear children as part of their cultural responsibility, abortion could be seen as out the range of "usual human experience"(19). Freed and Salazar (1993) suggest that women who have abortions experience similar symptoms as those identified by Post-Traumatic Stress Disorder. Intriguing about this connection is the argument that, for some, abortion is out of the range of "usual" human experience since most women continue with the pregnancies, or if they do not, they keep their decisions to abort very secret. Some women may indeed relate to the feeling of "stuffing" their experiences down inside of themselves or keeping them subdued through silence. Freed and Salazar (1993) claim that there is evidence that women do attempt to suppress memories of their abortion experience which is in part what brings on 'Post-Abortion Stress'.

Waites (1993), a therapist, provides a definition of trauma which may shed some light on the possible connection between 'Post Traumatic Stress Disorder' and 'Post-Abortion Stress', although she, herself, does not make this link She deals with the syndromes of rape, incest and battering. She uses a psychotherapy model for therapy and examines how victims are re-victimized by the activities of institutional processes where they seek help. Trauma is "an injury to the mind or body that requires structural repair" (25). She claims that a feeling of mental and physical disorganization is the main effect of a traumatic experience. From a psychological point of view, trauma can be classified in terms of a stress reaction:

> Trauma impacts on learning and memory in a variety of ways, affecting exposure to or avoidance of information as well as the encoding, storage, and retrieval mechanism of memory itself. To the extent that information input is traumatic, avoiding such

input is a straightforward strategy for moderating stress (26).

It can be argued that women who have had abortions may avoid settings where they know they will be exposed to anti-abortion sentiment. They may suppress memories of the surgery if it was experienced as a traumatic event and memories of the hospital experience if they were severely neglected or mistreated. If significant others fail to offer adequate or even any emotional support, some women may be inclined to deny or forget the hurt. Women may avoid speaking about their abortions for fear of reliving the stigma they felt at the time of surgery. Classic is the woman who escapes confrontations with traumatic reminder, for instance, the sight of mangled newborns advertised by "Pro-life" campaigners. This sight can have a debilitating effect on women. "The victim may, in effect, try to live in a cocoon, walled off from the world perceived as dangerous" (Waites, 1993: 26).

Although there are conflicting opinions about how pervasive 'Post-Abortion Stress' actually is, Adler (1975), Marcus (1979), and Moseley et al. (1981) suggest that women experience a reaction that is either improved or worsened by their individual psychological make-up and immediate social environment. In time, and with the help of counseling, most women learn to function very well with their abortion experience (Adler and Dolcini, 1986; Major et al, 1990; Russo and Zierk, 1992). Warden (1982) and Joy (1985) argue that abortion is an issue that needs to be grieved. Freed and Salazar (1993) and Michels (1988) encourage grief therapy.

The research on "Post-Abortion Stress" is varied, at times, even contradictory. Francke (1978) writes about her own experience in having an abortion. In the first instance, she believed she was making a necessary decision, only later to face intense feelings of doubt and remorse. In contrast, Zimmerman (1987) illustrates that while many women experience feelings of loss, ambivalence, anxiety and regret around the time of the abortion, the majority of women feel relief several months afterwards. The difference in response remains a puzzle for the reason that, as Zimmerman (1987) explains, abortion is still viewed as a deviant act and is not freely discussed in society.

Some scholars take very seriously the research that claims that having an abortion causes psychological damage in women. They argue that the stress experienced by women forms the basis of what they characterize as, "Post-Abortion Syndrome". Some "syndrome supporters" even co-opt stories of women who may have been "relieved" but later "regretted" their decision, using it as

political ammunition to defend a "pro-life" position (Reardon, 1987). Heavily influenced by a psychiatric discourse, which tends to pathologize women's responses, the debate on 'Post-Abortion Syndrome' is taken up and appropriated by writers to whom the "pro-life" position appeals. In this highly charged politically inflected discourse, much has been written by people whose moral stance invades their examination of the issues one way or the other.

An example is Reardon (1987) who provides a series of interpretations of a collection of women's stories. Clearly anti-abortion in his position, Reardon creates a skewed perception of these stories, emphasizing particularly damaging abortions and others that he views were coherced on women. His victim framework eliminates agency for women. While defending an anti-choice platform, he chooses to quote from writers like Francke (1978), a woman who expresses an intense remorse for an abortion she had originally felt reasonably content with.

Reardon (1987) takes the argument one step further, using women's ambivalence about abortion as a weapon for political maneuver to advocate the tanning of abortion. He strategically discusses the term, 'coerced abortions', to manipulate and defend a political platform.

> No psychological condition has ever been cured or alleviated by abortion; instead it is found that abortion sequelae worsens mental disorders and increases emotional stress. Psychiatric testimony suggests not only that mentally ill women should not have abortions, but also that mentally stable women do not need them. Truly stable women are capable of adjusting to an unplanned or even unwanted pregnancy quite quickly, especially if given the emotional and economic support which is necessary (178).

The above quotation is an illustration of propaganda. It generalizes the effects of abortion on women without adequately documenting how psychiatrists linked the stories that Reardon gathered with these conclusions about mental illness. It would be difficult for Reardon to actually prove that abortion is ever used by women to cure or alleviate a psychological condition, without actually interviewing women on this question which he does not do. He claims that mentally stable women do not need abortions. Couched behind a psychiatric

defense, a judgement call and an impressionistic moral conclusion are made about what women should or should not do. Physical risks, issues of guilt and remorse, broken relationships and sexual dysfunction are used without substantiation as reasons why abortion should not be permitted

There is a piece to the puzzle that Reardon does not see under the existing moralistic framework - that women may choose abortion out of a commitment to alternate life goals and out of a realistic assessment of their capacity to raise a child in a healthy environment. This aspect of women's reasoning we explored in the writings of Petchesky (1986) and Gilligan (1983). Not accepting that women who have had abortions may be feeling empowered by the choice, and not providing a supportive forum for their recovery, Reardon depicts women as victims and reinforces a commitment to control reproduction.

There are other controversial studies that claim women are deeply disturbed by having abortions and are believed to suffer from "Post-Abortion Syndrome"[7]. Baars (1979) argues that women develop psychiatric problems and suffer emotional pangs of what amounts to bereavement or self-condemnation, with severe psychological and physical manifestations. For example, Baars (1979) states that women who choose abortion are selfish because they do not dedicate their life to raising their "child". For him. a woman's realization that she has followed an immoral course of action leads her to deep feelings of depression.

[7] Nancy Michels (1988), a Christian writer of Helping Women Recover from Abortion, mentions Rue (1986)and Garton (1979)in her text as a secondary reference. (Minneapolis: Bethany Publishers, 1988, p. 50-54)

> the bitter realization that she was not even unselfish enough to share her life with another human being will take its toll. If she had ever entertained a doubt as to whether her parents and others really considered her unlovable and worthless, she will now be certain that she was indeed never any good in their own or her own. A deep depression will be inevitable and her preoccupation with thoughts of suicide that much greater" (121-122).

Baars" diagnosis is charged with hidden implications and attitudes about what women's subscribed roles "ought" to be i.e. natural motherhood. Feminists would argue that it is crucial that discourses that appear to contain a covert political

agenda (such as Baars') are challenged. Specifically those that attempt to restrain women in traditional roles. The type of argumentation that nourishes the socialization of a society that continues to resist abortion services and stigmatizes women's experiences must be called into question. There are also covert political agendas as part of a discourse defending either sides of the abortion issue - "pro-choice" or "pro-life". The case in point is the danger to women's rights that is revealed by Baars' statement about abortion: "the bitter realization that she was not even unselfish enough to share her life with another human being will take its toll". There appears to be a relationship between the diagnosis he makes about the devastating effects on a woman who has had an abortion and his (personal) repugnance toward the practice of abortion. He assumes that a woman is pained because she did not choose to put the life of the "fetus" before her own will. He leaves the entire issue of prevailing anti-abortion social sentiment, associated taboo, and devastating impact on women totally unexplored.

As feminist who has worked with other "pro-choice" activists, I would like to suggest that the reasons why women may be adversely affected by abortion may be entirely different from the conclusion made by Baars. That is, guilt, shame, and self-reproach may actually be culturally-induced symptoms from having to live in an anti-abortion political climate. The "pro-life" movement uses the findings on "Post-Abortion Syndrome" as a political weapon to ban abortion[8]. These strategies have made it difficult for me to discuss the fact that I may have had contradictory feelings about my abortion experience. As an "pro-choice" activist, I have felt that I had to inadvertently minimize or ignore the social and emotional repercussions I dealt with in order to diffuse some of the arguments on emotional damage put forward by "pro-lifers".

[8] Demonstrations in Vancouver and Victoria have used these strategies and have been seen by students and passerbys alike. For example, "pro-life" activists have showed pictures which incite fear in people. They also display material that suggests women are damaged by abortion physically (Fieldnotes, Spring 1995)

"Pro-life" positions tend to ignore many of the social and political dilemmas that may arise when we try, as a society, to treat the protection of the fetus as paramount over women's wishes essentially interfering with women's bodily integrity and right to and choice of personal lifestyle. This "fetal" line of thinking presumes that women should have children against their own wishes and

aspirations, something that feminists have long decried. The freedom of mobility and lifestyle available to men is not seen as a critical condition of women's lives. Feminists, in the early days of the "prochoice" movement, pointed out that women's natural ability to bear children should not necessarily, by an act of state intervention, sentence them to carrying every zygote and ultimately every fetus to term. Many "pro-choice" activists defend the alternative political and moral view that often there are extenuating circumstances that may prevent women from raising children the way they deem fit i.e. with adequate food shelter, family network, healthy environment, and a willing mother. Luker (1984), for instance, has suggested that many "pro-lifers" believe that abortion is morally repugnant because motherhood is women's natural role, in their eyes. The fetus must come first. A woman's other aspirations are secondary once a pregnancy exists. We can see now how the pathological framework of Baars (1979) displays similar characteristics to the moral framework of de Varent (1976), discussed earlier in the discussion, in that they both fail to consider women's social and economic realities and how they morally resolve such situations.

The discourse on "Post-Abortion Syndrome" carries remnants of age-old stereotypes of women as victims. It also reveals implicit ideas about women's socially ascribed roles in a patriarchal society i.e. the responsibility to bear children. With its heightened emphasis pathology, it has been shown to medicalize women's abortion experiences. It has encouraged the "diagnosis" by experts of a clinical condition that is set within a psychiatric framework, rather than, for instance, a sociological analysis of women's lives.

One can still find psychoanalytic studies that contribute to women's experiences being pathologized within the context of their sexuality. A twisted sexualized picture of women and abortion stands in stark contrast to emerging feminist literature on abortion, and, mere is, of course, a massive literature criticizing how psychoanalysis characterizes women. The popularity of these studies though, even today, is an excellent example of the kind of social influences that still prevail in shaping understandings of women's abortion experiences. It appears that psychoanalytic work on abortion does not depart from these by now well refuted arguments about women's natures and their motivations. As an example, the following quotation offers so peculiar a view of women as to be almost unrecognizable.

> Women who abort repeatedly, may well seek to assert by these means, that despite repeated 'castrations' (abortions) they retain the capacity 'regenerate' the lost phallus (child); thus demonstrating they are 'uncastratable'. In such instances, the abortion is clearly is 'triumphal' one, giving woman the feeling that she is the (more or less) magical mistress of life and death including her own (Devereux, 1976: 44).

There are still others that try to characterize women who have abortions with a peculiar form of mental illness. Tunnadine and Green (1978) are a good example of the discourse that pathologizes women's experience. Particularly interesting about the passage below is the use of psychiatric labels:

> The woman will thus develop a more deeply schizoid type of personality; emotionally cold; intellectual and and likely to be more clinical and calculating; unable to make close and worth-while relationships - an inand-out attitude about life in all its aspects - jobs, friendship, men, institutions. Although superficially this may appear a good result, in that there is no breakdown or mental illness, personally to the woman it is a tragedy. She has been left with a hard, cold personality with the unlikelihood of ever achieving any emotional worth, attachment, or growth, which would allow her to progress to anything better. Many of the women in the 'crazy, and 'featureless' categories display such features (133).

This passage reveals the tendency in psychoanalytic discourse to evaluate women and abortion within a sex-focused and male-identified framework that conceals the sexism behind its discursivelyorganized gender role identification. Tunnadine and Green do not provide a term to explain the "deeply schizoid type of personality" of women who have abortions - only that they are part of "featureless categories"(133).

Again, we can see why feminists have become aware of the vital need to politicize the added dimension of everyday reality. The attention in abortion discourse, at least in social-psychological studies, has turned away from the terms and conceptual definitions of psychiatry and moved toward an examination of social factors impacting women's experience. Adler's (1975) analysis is a precursor

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

to feel some sense of remorse. Not all women are irreversibly damaged by abortion and Macerek's analysis does, indeed, deflate the pervasiveness of psychiatric conditions like "Post-Abortion Syndrome".

Shostak and McLouth (1984) investigate the vital role that men can play in women's recovery from abortion. They encourage therapy for men who share in an abortion:

> we begin to use the abortion drama to help men become better contraceptors, better communicators, and better partners... we may begin to reduce the number of abortion first-timers and repeaters. We may also lower the frequency of post-abortion breakups. We may even assuage the worst of the ethical and moral aftermath, for even the right decision is not necessarily easily made or lived with. Above all, we may help strength the nation's commitment to legal abortion services (267).

Shostak and McLouth insist that the role men play in an abortion experience is very important. Their research suggests that partner's reactions heavily influence women's reactions. It is comforting to see that there are projects underway that encourage men to seek counseling for abortion. They suggest that if a couple receives counseling, it will likely reduce the possibility of a repeat abortion. What is implicit in this perspective is that abortion is conceptualized as wrong when theorists argue that we should prevent further abortions.

In summary, I argue that we should reject the pathology frameworks of "Post-Abortion Stress" and "Post-Abortion Syndrome" because of how they take precedence over women's own understandings and women's own voices. I have suggested that although evidence exists that some women suffer emotional pangs and, at times, even bereavement, we should not assume that all women are traumatized by abortion, as the "therapy movement" implicitly seems to assume. Furthermore, "trauma" is defined very differently by theorists than say, by women themselves who have had abortions, as I have shown in Chapter 1. The challenge of this section has been to show the links between the terms used to describe women's responses and the faulty logic used by defenders of a moral stance on abortion (de Varent and Fairweather, 1976). As well, I have shown that any analysis that claims to account for women must move away from abstract discussions of abortion as "right" or "wrong". Rather, the focus must be on everyday lived reality.

Although there are a number of valuable studies that suggest the importance of investigating women's reactions to abortion, even psychological discourses fail, by and large to offer women a strong voice. Instead it offers discursively organized ideas about abortion without actually presenting in the text, itself, the standpoints of women who could say more about actual lived experience. Exceptions exist, such as the analysis by Gilligan (1983). Mainly though, the discourse carries ideas from religion, politics, and therapy *into* accounts of abortion produced. Even Petchesky does not go far enough. She lacks an analysis of the social organization of silence, for instance, which I have showed is one of the most important components of my experience.

The abortion debate remains incomplete. We need to turn to women themselves to understand actual lived responses to abortion. Their lives are organized somehow - their experiences arise out of actual material conditions. Exploring their "expressed" responses to abortion should tell us something about how they internalize their social environments and the "texts" which appeal to them most for an interpretation of that experience. I may be able to challenge the way theorists, such as Petchesky (1986), have failed to address the issue of silence, even when the abortion question is framed in feminist terms. To do this, I must let you "hear" the voices of (the) women who have experienced abortion and let you see how they socially construct *their* texts.