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ABSTRACT

The paper focuses on the relationship between changing societal norms and actual, emotional acceptance of them for oneself, with regard to changing norms toward women's roles as they relate to the areas of abortion and sexual behavior. Elective abortion still is regarded by many as a "deviant" activity. Such a view has sprung from an uncritical acceptance of the traditional role of women. The implications are that women who have abortions accept traditional norms for sexual behavior, in spite of their own sexual activity, and have a generally traditional view of women's roles. They are considered to behave stereotypically and to have failed. Traditional norms for women's roles have been challenged in recent years, however, especially by the feminist movement. The authors hypothesized that women who sought early abortions tend to have feminist orientations. The paper is based on a pilot study of 71 patients at an abortion clinic, done during summer, 1974. The women studied showed little lag in emotional acceptance of changing norms about women's roles. They indicated an overt feminist orientation, and saw themselves as competent, self-directed, and legitimately sexual persons, with extra-maternal and self-acutalizing goals. They appeared to make the decision to have an abortion primarily on a rational basis, and most did not have any great conflict over that decision. The findings by and large substantiated the authors' hypotheses. (Author)

ABORTION AS "DEVIANCE":*

Traditional Female Roles vs. The Feminist Perspective

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Abortion as "Deviance": Traditional Female Roles vs. The Feminist Perspective

Introduction

Behavioral scientists have postulated that there tends to be a lag in an individual's acceptance of changing social norms. Erikson (1965, p.232) for instance, states that:

> There is always a historical lag between any emancipation and the inner adjustment of the emancipated. It takes a much longer time to emancipate what goes on deep down inside us--that is, whatever prejudices and inequalities have managed to become part of our impulse life and our identity formation--than the time it takes to redefine professed values and to change legalities.

and Taylor (1973, p.269) points out that:

> Increased permissiveness in society appears to be one jump ahead of the natural emotional evolution of full acceptance of the new permissiveness.

This paper will focus on the relationship between changing societal norms and actual, emotional acceptance of them for oneself. That question will be examined with regard to changing norms toward women's roles, specifically as they relate to the area of abortion and, concomitantly, the area of sexual behavior.

Background

First, however, it may be useful to review the nature and bases of norms relative to those topics.

In spite of enormous changes in societal norms with respect to elective abortion, it still is regarded by many segments of the society as a "deviant" activity. It has become socially acceptable to talk about the subject, and legal restrictions on abortion have been repealed both by many states and by the Supreme Court ruling of January, 1973. Nevertheless, Blake (1973, p.447) concluded from

an analysis of public opinion surveys that "there is still considerable public disapproval of giving women and their physicians the degree of latitude that the court ordered." There has been a tremendous wave of reaction against the Supreme Court ruling, just as earlier there was a strong reaction in New York state against legalization of abortion there. Opponents of abortion continue to be active and vocal. Many doctors and hospitals avoid performing abortions or schedule them in a limited and unobtrusive manner.

Abortion and the behaviors leading to the need for it ("inappropriate" sexual activity, lack of effective contraceptive usage, and consequent "unwanted" pregnancy) have been viewed as deviant not only among lay people and health professionals (doctors and nurses, etc.) who are directly involved, however. Other professionals also have seen these activities as deviant. Prior to legalization of elective abortion, sociologists and others who were concerned with "unwanted" pregnancy, focused on "unwed motherhood" and "illegitimacy," and saw such phenomena as major social problems. The alternative of illegal abortion, when examined at all, also tended to be viewed from a social problems perspective, and within a crime and deviance context (Ball, 1967; Bates, 1954; Schur, 1965). When legal restrictions on abortion were eased, some sociologists became concerned with the "problem" of "abortion recidivism"--a term with connotations of criminality and relapse into negative behaviors.

Professionals' view of abortion and its antecedents as deviance sprang from an uncritical acceptance of the traditional role of women as appropriate. Social workers, psychiatrists, psychologists, sociologists, health professionals, and others have been concerned about abortion because it violates traditional

societal expectations of women.

The traditional view of women's appropriate social role in our society is well known. She is expected to find her supreme fulfillment in marriage and motherhood. These roles should constitute her primary commitment, and all other interests and involvements, e.g., employment outside the home, are considered legitimate only so long as they further, or at least do not interfere with, her role as wife, homemaker, and mother. In keeping with the concept of the "genius of woman," as articulated by Montagu (1972), she is expected to be gentle, passive, self-sacrificing, dependent, emotional, and adaptive, rather than forceful, assertive, competitive, independent, rational, and decisive. Research has documented the widespread acceptance of such stereotypic expectations (Broverman, et al.,1970; McKee and Sheriffs, 1959; Rosenkrantz, et al.,1968). She is viewed as both sex object (to be desired by men) and asexual (having no sexual desires of her own). Her sexual activity has been defined as "normal" and acceptable only within a monogamous marriage relationship, as a means of fulfilling her role expectations as wife and mother. Within this framework it follows that pre- and extra-marital sexual activity on the part of women (seen as a threat to marriage) and abortion (seen as a threat to motherhood) would be viewed as deviant behavior, i.e., "behavior viewed as involving a personally discreditable departure from a group's normative expectations," about which something should be done (Schur, p.24-5). From this perspective, legalization of abortion does little or nothing to remove its stigma. The fact of an unwanted pregnancy, especially if illegitimate, presupposes deviant sexual behavior, and the deviance is compounded by a woman's refusal to accept the consequences and by her rejection of motherhood. Women who deviate in such ways from their appropriate role have been seen as immature and sick, as having unconscious conflicts over their feminine identity, and/or

as impulsive, anxious, acting out, denying, with weak ego development and masochistic and aggressive tendencies (Bolter, 1962; Fleck, 1970; Galdston, 1958; Ford, et al., 1972; Kane, 1973; Martin, 1973; Walbert and Butler, 1973).

Let us look in more detail at this perspective as it applies to the interpretation of the meaning of sexual behavior for the women involved. In spite of trends (especially among the young) toward increasing societal acceptance of sexual relations outside of marriage (Bell and Chaskes, 1970; Christiansen and Gregg, 1970; Gallup, 1973; Reiss, 1967), many behavioral scientists have indicated that women who engage in sexual relations outside of marriage are filled with guilt because of "the residues of an older morality which are still powerful and which have been internalized as a standard of behavior" (Bardwick, 1970, p.13). It has been postulated that this is particularly the case for women who do not use contraception or use it ineffectively and, therefore, often become accidentally pregnant. They are seen as having failed to use contraception effectively because of a denial process, an inability to admit that they are going to continue to be sexually active people (Cobliner, 1974; Cutright, 1971; Kettlinger, 1973; Kane and Lachenbruch, mimeo, n.d.; Lessard, 1973; Miller, 1973; Rains, 1971). As Pohlman (1969, p.353) describes the situation, for instance, such an individual "may experience repeated cycles of uncontracepted sex relations, repentance, resolutions to never 'sin' again, and backsliding." Since, ipso facto, women who get abortions generally do not plan their pregnancies, most of them would be a subpopulation of those who accidentally became pregnant.

This view implies that women who have abortions accept traditional norms with regard to sexual behavior, in spite of their own sexual activity. It also is implied that they have a traditional view of women's roles more generally, and essentially behave as women typically have been expected to--that is, acting impulsively, passively, irrationally, illogically, and incompetently. As Emily Moore-Cavar (1974)

points out, they, rather than their partners, the method, or the medical care system, are assumed to have failed. They are seen as an emotionally disturbed exaggeration of the stereotypes for women generally, i.e., immature in terms of the male definition of adult maturity as indicated by such social scientists as Broverman,et al. (1970).

Women who get abortions also are commonly seen as generally experiencing conflict over their abortion decision, not fully accepting at an emotional level their own action, but feeling guilt, shame, and ambivalence (Dauber, et al.,1972; Harrison, 1973; Kane, et al., 1973; Pakter, 1973; Pohlman, 1969; Sherman, 1973). Lessard (1973, p.276), for instance, explains:

> The discomfort with having violated social mores, and a person's consequent ambivalence about her sexual nature in general, if very strong, will probably preclude getting in touch with real self--completely. But insofar as patients do wrestle with questions about abortion itself, . . .the issue in such cases takes shape not so much in terms of "murder". . .but of violating one's maternity.

Not all lay people or professionals uncritically accept such a traditional view of women's roles and its implications for the meaning of sexual behavior and abortion, however. There can be little question that traditional norms for women's roles have been challenged both broadly and in depth in recent years, with consequent changes in viewpoint for many people. The modern feminist movement has been in the forefront of such a challenge, and epitomizes another view of the meaning of abortion and sexuality. To briefly summarize that position, feminists generally do not denigrate marriage and motherhood, but view neither as woman's sine qua non. If chosen, marriage and/or motherhood may legitimately be combined with career and other interests. Such personal characteristics as intelligence, competence, and self-determination are viewed as human, not simply male, qualities. Woman's sexuality is neither flaunted nor denied; it is accepted and affirmed. A crucial concept of feminism is the right of women to control their

own bodies. In this context, abortion is not viewed as an act of deviance, but as a legitimate option. Feminists have been active in the campaign to repeal legal restrictions on abortion, but for different reasons than some other proponents. As Cisler (1971, p.242) explains:

> Some people were involved with "reform". . .for very good reasons: they were concerned with important issues like the public health problem presented by illegal abortions, the doctor's right to provide patients with good medical care, the suffering of unwanted children and unhappy families, and the burgeoning of our population at a rate too high for any economic system to handle.
>
> All these good reasons are, in the final analysis, based on simple expediency. Such reasons are peripheral to the central rationale for making abortion available: justice for women.

Feminists generally believe that women should have the right, safely and inexpensively, to terminate any pregnancy for any reason, without having to suffer humiliation and without incurring negative social sanctions for making that choice. They feel a woman should not have to obtain permission for such action from anyone else--physician, parent, husband, or any other male partner. They want to help women free themselves from traditional norms sufficiently so that they can accept at an emotional level their right to control their own bodies and comfortably to reject, at any given time and for any period of time, a maternal, life-nurturing role. To the extent that the feminist perspective has been internalized by women who have abortions, one would anticipate minimal feelings of conflict or guilt.

Problem

Returning to the focus of the paper, it seemed significant to examine the relationship between changing norms and emotional acceptance of them among women who have abortions because of the implications of the common and traditional view of such persons. To the extent that such a view is accurate, one would expect aborting women to demonstrate particularly clearly the lag between changes in societal norms and emotional changes for oneself. As noted, they are commonly perceived

as accepting traditional rather than modern norms, but not being adequate in living up to them. This view might be summarized in Ryan's (1971) terms as an attitude of "blaming the victim," or seeing a category of persons with special problems as less competent and less knowing than the general population, and as having "failed" by not conforming to predominant societal norms. (In our society, "general population" and "societal norms" tend to be defined in terms of males.)

The authors, in contrast, hypothesized that women who sought early abortions would not demonstrate such a lag, but instead would tend to have feminist orientations, including acceptance of the legitimacy of sexual activity as equals with men, rather than as sex objects.

Some evidence for the extent to which feminist norms have been internalized can be obtained from the nature of women's self concepts. The authors, therefore, further predicted that rejection of traditional roles would be reflected in their self concepts, i.e., that they would not have a sense of themselves as passive, dependent, primarily emotional beings but rather would have a feeling of actively controlling their own lives and bodies, being competent, rational, and decisive. A significant aspect of such self concepts would be the women's view of themselves as sexual beings, whether they were guilt ridden for transgressing the sexual double standard, or rather saw themselves as autonomous persons for whom sexual activity was a legitimate option. The latter was hypothesized. Concomitant with this was the prediction that they would indicate little emotional resistance to the idea of being a contraceptor. Another important element would be the women's emotional reaction to the abortion experience--did they feel conflict or guilt over abortion as a denial of maternal and nurturant qualities and/or as a transgression of traditional religious or ethical standards? Or did they perceive abortion as an emotionally acceptable way to control their own bodies and giving them options other than motherhood? It was hypothesized that they would make the decision to get an abor-

tion on a rational, objective basis, and that any conflict they felt about such a decision would not be intense or immobilizing. In other words, it was not only felt that aborting women would profess feminist values but that their emotional response would be in accord with them.

This issue was considered important because the perspective within which such women are viewed has many practical ramifications for reactions to and treatment of such a population. It also has implications, if only suggestive, for the extent to which feminism has deeply permeated the society--at least the female portion of it. In addition, much of the research concerning changes in women's roles has focused on college women. The group studied here is of a lower educational and socio-economic status, by and large, so that evidence would be provided for a population for which data are sparse.

Methods

This paper is based on a pilot study of 71 patients at an abortion clinic during the summer of 1974. The clinic was located in Detroit, Michigan, and could be characterized as a women-centered clinic. That is, the clinic did not accept commercial referrals, was approved and referred to by such organizations as Planned Parenthood, National Organization for Women, Clergy Counseling, and a Feminist Women's Health Center. Their fees were reasonable, and there were no hidden fees. The staff was well qualified, individual counseling was provided, and birth control information and supplies were provided. In accordance with the Michigan Department of Public Health Guidelines at the time of the study, no abortions were performed on women who were more than 12 weeks pregnant. Such women were referred either to a Detroit hospital or to New York.

The respondents had a mean age of 22, and an age range from 14 to 36 years. Most were single, divorced, or separated. Only eight percent were married

and living with their husband. The average education of respondents was high school graduate, and the average family income was between $8,000 and $10,000 a year. Seventy-nine percent of the respondents were white. Fifty-eight percent were Protestant, 33% Catholic, and 9% other or no religion.

Data were obtained by means of a voluntary, anonymous questionnaire. All women who had procedures at the clinic during a one week period in July, 1974 were asked to complete it. The response rate was 95%.

The questionnaire included three indices relevant to this paper. One was a 25 item index of Feminism, covering such areas as work roles, family roles, interpersonal relations, including sexual ones, and female personality attributes. A second was a 19 item index of Competency, dealing with the extent to which an individual feels able to cope with her own problems, and the extent to which she feels what happens in life is dependent on other people or on fate. Some items were taken from various versions of the Rotter (1966) Internal-External Control scale; others were new items. The Conflict index had 13 items which dealt with how certain or ambivalent an individual was about the pregnancy decision, what affect the decision process had, and how independently the individual made the decision. A modified Likert type response categorization was used, with four categories: Agree completely, Agree somewhat, Disagree somewhat, and Disagree completely.

Only respondents who omitted two or less items were included in analysis of the indices, with the result that there was considerable missing data. Fifty-four of the 71 respondents were included for the Feminism index, 57 for the Competency index, and 56 for the Conflict index.

In order to determine whether those who were included in analysis of indices differed from those who were not, the two groups were compared with respect to age, education, religion, race, and whether or not they saw any disad-

vantages to abortion. In only one comparison was there a significant difference ($p < .05$). That was with respect to race in responses to the Competency index. Proportionately more whites than other racial groups answered that index.

Findings

With regard to expressed Feminism, a significant proportion of patients (94%) had scores above the midpoint, toward the positive end of a Feminism index.

The subjects' self concept with regard to their own competency and personal control, as measured by another index, was found to be significantly toward the high competency end of the index. The percentage above the midpoint was 77% ($p < .01$).

Before looking at subjects' attitudes toward their own sexual behavior, it is important to recall that 92% of the respondents were single, divorced, or separated, so that sexual relations for that portion of the group would not have occurred in a traditionally approved situation. Feelings about sexuality were elicited in several ways.

One was the possible reasons for not using contraception at the time the women thought they became pregnant. More than four-fifths of the women indicated that they were not using contraception at that time. However, when answering an extensive list of possible reasons as to why this was the case, none of the respondents selected as applicable "I was afraid of what the man would think of me," or "I was afraid of what others would think of me." Only two percent checked "I was afraid it would cheapen sex," and/or "I was embarrassed to try to get birth control." If the women accepted traditional norms for sexual activity, one would have expected them to find such explanations relevant. Some of the major reasons which they did give for not using contraception when they became pregnant were not connected with social sanctions in any way and had a perceived rational basis: they had gone off the pill because of side effects (28%) or they thought they were in a safe period (27%). The other two primary reasons could be subject to various interpretations; i.e., intercourse was unexpected (26%)

or they never thought they would get pregnant (18%).

Another indicator of feelings about their sexuality was the women's plans for using contraception in the future. One would expect individuals experiencing denial and guilt over sexual activity to reveal such feelings by vowing in the future to abstain from sexual relations. If they took that path, they of course would perceive no need for contraception following the abortion. This was not found to be the case. A highly significant proportion of respondents (97%) said that they indeed did plan to use birth control after the abortion, and most (71%) intended to use the pill; i.e., the most effective contraception available, aside from sterilization.

A third indicator of sexual attitudes was scores on a sub-category of the Feminism index which related directly to norms for sexual behavior. Significantly more women (85%) expressed feminist views about the legitimacy of sexual activity for women, on an equal, independent basis, than accepted a double standard of sexuality.

In summary, the attitudes of the women toward their own sexual activity do not seem to support the contention of guilt over and denial of their own sexual activity.

Turning to the emotional components of the abortion decision, it is important to consider first, to what extent the decision was made by the women themselves. Seventy percent ($p < .01$) said the decision was primarily their own, 23% that it was a joint decision, and only seven percent that someone else had taken the major part in making the decision for them. In interpreting this finding, it is important to remember how young many in the group were.

One indicator of the nature of decision making was women's perceptions of the advantages and disadvantages of abortion as a choice for themselves. The

primary advantages were given in terms of keeping options open for themselves--continuing in school, keeping a job, avoiding currently unwanted responsibilities of child rearing, and the like. Only a small minority (10%) chose abortion solely in terms of avoiding sanctions from parents, relatives, friends, or the man involved. The abortion decision included a weighing of possible negative consequences against anticipated positive consequences. For many there were no perceived disadvantages to enter into their considerations. Forty-two percent of those who answered the item on advantages and disadvantages (N=59) indicated either directly or indirectly[1] that they saw no disadvantages to having an abortion. Twenty-nine percent of those who answered saw a possible disadvantage in terms of the well being of their own bodies, i.e., the effect the abortion might have on their physical health. With regard to conflict, guilt, sadness, or a feeling of transgressing personal or religious standards, 30% of those who answered the item noted such feelings as a possible disadvantage. It should be pointed out however that of the women who anticipated such feelings, most (78%) counterbalanced the possibility of such feelings with their expectations of positive advantages to their selves from their action. Also, most women who expected such negative feelings mentioned them only after noting other possible disadvantages. While a very few directly mentioned guilt as a very important disadvantage and one specifically thought of murder, this clearly was not characteristic of the group as a whole.

Another indicator of possible conflict faced by women making the abortion decision was obtained from a Conflict index. While a larger proportion of scores (59%) were toward the low conflict end of the index--below the midpoint--than were above, in this case the proportions were not significantly different. Significant differences were found, however, when the two indicators of conflict were considered in conjunction with each other. That is, women who saw disadvantages to abortion indicated significantly more conflict than did women who did not see any disadvantages

to abortion (p=.001). These two groups did not differ significantly from each other, on the other hand, with respect to responses on the Feminism and Competency indices. This would seem to imply that, while one would not tend to feel conflict unless one saw disadvantages as well as advantages, one can feel feminist and competent and still be aware that a course of action chosen may have negative as well as positive consequences.

In interpreting the meaning of the Conflict responses, it is important to examine more directly how it related to Feminism and Competency. When Pearson correlations were done between indices, a fairly strong positive relationship was found between Feminism and Competency (.394, p=.002), and a fairly strong negative relationship was found between Competency and Conflict (.327, p=.01). No relationship was found between Feminism and Conflict, however, either in zero-order correlation (-.037) or in a first-order partial, controlling for Competency (.106). It seems probable that feelings with respect to Competency preceded the situationally based feeling concerning Conflict over the abortion decision; if so, one can infer that a sense of competency tends to reduce feelings of conflict in decision making, and allows one to balance positive and negative consequences in a relatively rational, matter of fact manner. Feminist beliefs, in and of themselves, evidently are not sufficient to bring about such a decision making process, however. They need to be buttressed by the sense of competence which is partially associated with them in order for that result to occur. One cannot tell from these data whether feminist beliefs lead to felt competence or vice versa, only that they are related.

In summary, while guilt or conflict certainly was a part of the picture for a sizable number of these women, it was minimal for a majority of them, and was counterbalanced for most by positive advantages, especially for those who felt themselves to be competent. The women overwhelmingly took an active part in making the abortion decision. The primary motivation for an abortion seemed to be self

actualization, and the decision was made primarily in terms of desires for independence and extra-maternal aspirations rather than on the basis of passivity, dependence, or control by others.

Summary and Conclusions

In summary, the women studied showed little lag in emotional acceptance of changing norms about women's roles. They not only indicated an overt feminist orientation, but predominantly saw themselves as being competent, self-directed, and legitimately sexual persons, with extra-maternal and self-actualizing goals. Such self concepts are, of course, in contradiction to a traditional perspective of what are appropriate qualities for women. They appeared to make the decision to have an abortion primarily on a rational, objective basis, out of concern for their own range of options, and a majority of them did not experience any very great conflict over that decision. The findings by and large substantiated the authors' hypotheses.

How may one understand these findings? The perspective which has been commonly used in looking at accidentally pregnant and aborting women does not seem to apply. An alternative way of looking at such women may be more helpful.

One might expect that non-activism for women who accidentally become pregnant, i.e. doing nothing, would result either in allowing others to make one's decision or in bearing the child. These courses of non-action could be expected to spring from conformity to traditionally feminine qualities of dependence and passivity, from a feeling of inability to cope with external barriers, or from emotional immobilization due to internal conflict.

The women studied, however, obviously had taken an active role in deciding on a course of action which would provide a solution to their problem situation. To be able to actively choose a course of action, and to feel able to surmount whatever external or internal barriers which exist, should be positively related to a feminist orientation, including acceptance of one's own sexual activity,

and manifest concern for one's own rights. It should also be related to a sense of competency/efficacy in coping with problems. In addition, women who have other goals in life than playing a maternal role, and who feel competent and able to strive for such goals, logically would be likely to seek an abortion if an accidental pregnancy appeared to threaten such goals. Several studies, indeed, have shown that women with a competency oriented perception of themselves and a non-traditional female role orientation were likely to desire fewer children than those with traditional role orientations and self concepts (Clarkson, et al., 1970; Lott, 1973; Scanzoni & McMurry, 1972; and Stolka & Barnett, 1969).

If one used a "blaming the victim" perspective for interpreting the findings, one could, as has been done by some experts, such as Ford, Castelnuovo-Tedesco, and Long (1972) or Sherman (1973) see their desires for self-actualization as "narcissistic," their lack of acceptance of the centrality of a maternal role as "immaturity" and "undersocialization or conflict over their feminine identity," their concern for physical health as "fear of bodily mutilation," and so on. As Ryan (1971, p.13) puts it, "Deviation from norms and standards (i.e. traditional ones) comes to be defined as failed or incomplete socialization--failure to learn the rules or the inability to learn how to keep them."

The authors do not feel, however, that such an interpretation of the findings is other than a sexist means of social control through negative labeling, and that it is more realistic to interpret the findings as suggesting a positive emotional identification with the expanded options opening up, as societal norms toward women's roles continue to change.

Footnotes

1. Nineteen percent directly stated that there were no disadvantages, while 24% discussed advantages but did not list any disadvantages and consequently were assumed to see none.

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