

Personality Characteristics Of Women Who Had Induced Abortions by Thomas W. Strahan



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Women obtaining abortions are not typical of other women generally. Various studies have demonstrated that they frequently exhibit a variety of psycho-social problems, are more anti-social, have low self-esteem, are more distant or detached, and destroy life in the womb which may be an acting out of self-destructive behavior. They also often undergo personality changes shortly before their abortion.

The most recent work on the personality characteristics of women who have had abortions was done in 1989 in a study of 80 women who previously had abortions at a Baltimore area clinic during 1984-86. The study sample of 80 women was obtained from an original group of 984 women who had abortions at the clinic during 1984-86. Many women in the original group appeared to be ashamed of their abortions, as 60% of the women in the original group had given the wrong phone number to the abortion clinic. The demographic profile of these women is shown in Table I.

Table I
Demographic Profile of Baltimore
Women at Time of Abortion

Age	
14-18	30.0%
19-25	32.5%
≥26	37.5%
Marital Status	
Married	27.5%
Single	72.5%
Divorced, Separated	0%
Education	
≤ High School	61.3%
Some Trade School or College	27.5%
College Graduate	11.2%
Race	
White	84.8%

Black	15.25%
Personal Income	
≤\$10,000/yr	75%
\$11,000-\$15,000	17.5%
≥\$16,000	7.5%
No. of Abortions*	
1	68.8%
2	21.3%
3	6.3%
4 or more	3.8%
Religious Worship	
Important	32.5%
Not Important	67.5%
* At time of Study	

This study used the Millon Clinical Multi-Axial Inventory (MCMI) as a diagnostic tool and compared the results to the sample on which the test had been normed. In this study women who had abortions had significantly higher scores in areas of histrionic (67.5%), narcissistic (32.5%), and anti-social (23.7%) characteristics. They also exhibited high levels of anxiety (47.5%) and paranoia (25%). (See Table II.)

Table II
Percentage of Baltimore Women with Personality Disorders 3-5 Years Post Abortion

MCMI Scale	Percent Above 75 Base Rate
Dysthymia (Depression)	27.5
Histrionic	67.5
Narcissistic	32.5
Antisocial	23.7
Borderline	15.0
Paranoid	25.0
Anxiety	47.5
Drug Abuse	20.0
Psychotic Delusion	11.2

The narcissistic personality disorder is characterized by extreme self-centeredness, is grandiose in fantasy or behavior, and tends to react to criticism with feelings of rage, shame or humiliation. People with this characteristic are personally exploitative and take advantage of others to achieve their own ends.¹

The histrionic personality disorder indicates one who may have a tremendous need for attention or affection, is prone to denial, displays rapidly shifting and shallow emotions, and will likely over-react to situations when they arise. Interpersonal relationships are usually stormy and ungratifying. They frequently attempt to control the opposite sex or enter into dependent relationships. Usually they show little interest in intellectual achievement and careful analytical thinking. They tend to be impressionable and easily influenced by others or

fads.^{1.1} The author of the study, a clinical psychologist, concluded that the clinical picture of personality disorder suggests that the women had been wounded early in life, had difficulty in relationships and had tremendous difficulty with intimacy.²

Women such as those with a histrionic personality, who over-react to situations, lack intimacy or analytical thinking may have an abortion without consideration of some very important factors. In a 1971-72 study at the Yale University School of Medicine it was found that among the women who initially applied for abortion but who later changed their mind and carried to term, were more likely to take moral or religious beliefs into account, found out that their partner desired the baby or subsequently learned that there were favorable social circumstances, compared to women who aborted.³

Nearly one of four of the women in the Baltimore study exhibited anti-social characteristics. A person with an anti-social personality disorder frequently has poor work habits, engages in unlawful acts, is irritable and aggressive, repeatedly fails to honor financial obligations, fails to plan ahead or is impulsive, has no regard for the truth, is reckless regarding his or her own or others' personal safety, and if he or she is a parent, lacks ability to function as a responsible parent.^{1.2}

A study at the University of Colorado from 1968-81 among mostly Anglo-middle class women also found that independence, rebelliousness, and anti-social behavior were important aspects of the personalities of women who have induced abortions. This study found that *young adult college women who have had an abortion are more likely to be involved in heavy alcohol or marijuana use or use of illicit drugs*, attend church less often and have sexual intercourse at an earlier age than women who have not had an abortion. Those who had abortions while in high school were found to place a lower value on affection, were more socially critical, more tolerant of violence, less conventional and were less religious.

The study also found that women with abortion experience had significantly less educational attainment and less occupational prestige compared with women with no abortion experience, although there were no reported differences in income of the two groups. *Women who had abortions placed lower value on achievement but placed a higher value on independence*. They were also more critical of existing social institutions and more liberal in sex role attitudes.⁴

A Canadian study on married women who had recently given birth to a child published in 1984 based upon research at the University of British Columbia found that women with a history of induced abortion were more likely to describe themselves as self-reliant, independent, rebellious, and to enjoy being unattached and not tied to people, places, or things. *Women with abortion history were also found to be much more likely to work outside the home following the birth of a child than women with no abortion history*.⁵

As might be expected, women who obtain abortions may reject the maternal role. One reason for this appears to be role confusion. A Harvard Medical School study of married and single women found that among women who had elective abortions, compared with non-aborting women, there was much more likely to be a history of role re-definition in their family of origin. Role re-definition included the daughter taking over some of the elements of her mother's role as wife or housekeeper, or the daughter's alienation from her mother, or intimacy between the father and daughter which excluded the mother.⁶

Psychiatrist Howard Fisher of the University of Minnesota, based upon clinical interviews and psychological testing on women who had induced abortions, found that self-punishment, ambivalence, denial, and incomplete separation-individuation from their mothers was present. He concluded that the incomplete separation from their mother led to confusion and resentment and a rejection of the female maternal role. The rejection led to low self-esteem which was externally projected in anger. The anger and resentment produced a need for self-

punishment and a need to punish something outside the self as a kind revenge.[7](#)

For some women fetal life is not represented as a baby, but rather as an aspect of the bad self or as a bad internal object that must be expelled.

The low self-esteem and need for self-punishment may directly result in abortion. For some women fetal life is not represented as a baby, but rather as an aspect of the bad self or as a bad internal object that must be expelled. These women have been found to have an early relationship with their mother which is suffused with frustration, rage, and guilt. Loss of a fetus by miscarriage or abortion is thus experienced as a relief rather than a loss, as if the continuing internal bad mother had not given permission for the child to be a mother herself.[8](#)

A study of married women at the Jewish Hospital in St. Louis, published in 1969, compared women who had undergone induced abortion, with women who had a spontaneous abortion (early miscarriage). They concluded that sado-masochistic conflicts and a rejection of the feminine biologic role were important unconscious factors and appeared to be important in the decision to induce abortion, although at the conscious level the loss was relatively unimportant. Unconsciously the loss of the fetus had great meaning as induced abortion provided an excellent opportunity to act out sado-masochistic conflicts. The authors concluded that it was possible for the women to use the fetus both as an object for projected hostility and also to identify with the fetus in a masochistic way.[9](#)

"The ease with which women choose to abort reflects a disturbing sense of self-absorption and an alarming indifference to the moral gravity of their actions and an inability to make commitments"
Glen Gabbard The Menninger Clinic[10](#)

Based on a study at the Medical College of Ohio, women in a post-abortion support group who had repeated abortions were identified as being more likely to have a borderline personality-pathology. The authors of the study reported that a woman with a borderline personality is impulsive and has chronic feelings of emptiness. Wishful feelings that she will be nurtured and protected lead her into sexual liaisons (and possible pregnancy). Her intense desire for gratification precludes a thoughtful selection (of a partner) and she again finds herself abandoned. Without support and with low self-esteem, the woman turns to abortion.[11](#)

Psychiatrists have observed that a borderline personality-pathology exhibits partial dissociation. Partial dissociation occurs as a consequence of a need to bring about an altered state of consciousness in order to shut out or expel a danger-laden piece of psychic reality. Dissociative capacities of the borderline patient rely on chronic persistent denial as the main mechanism of defense. The dissociated self, i.e. the not-me, has to be triggered and take over in order to do that which would evoke fearful guilt and shame in the original hated self.[12](#)

A person with a borderline personality frequently engages in impulsive behavior, particularly in potentially self-damaging activities such as shopping sprees, substance abuse, reckless driving, casual sex, shoplifting, and binge eating. Suicidal threats or behavior are common in more severe forms of the disorder.[13](#)

A Finnish study published in 1981 based upon a sample of women who presented for a second abortion at a Finnish hospital in 1975 also found that those repeating abortion, in contrast to those women who were able to successfully contracept after an abortion, were more likely to have a borderline personality. Women repeating abortion were characterized by poorer relationships with family members in their family of origin, more impulsivity, less emotional balance, less realism, lower self-esteem and stability of life, and less capacity for integrated personal relationships.[13](#)

Women who repeat abortion may appear as childlike or without human warmth or may be very angry at family members.

A British worker who extensively interviewed women with a history of repeated abortion described one woman who had 15 abortions as "chaotic and childlike". Another with 3 abortions and numerous suicide attempts was referred to as "doll-like". Another was angry because of her mother's long history of mental illness. Still another was described as having "very little human warmth". Sometimes the women referred to the fetus as a "monster". It was thought that the unseen fetus may carry projections of the negative, damaged, internalized mother, the helpless, aggressive infantile parts of the self. She concluded that "abortion can be seen as a direct attack on the hated, feared cry-baby part of the self, the mother and on their stifling union, in an attempt to make separation-individuation possible".¹⁴

Commentary

Women obtaining abortions frequently exhibit arrested development, unresolved internal conflicts, lack of nurturance, and conflicted relationships in their family of origin, particularly with their mothers. Self-centeredness and lack of a maternal orientation were prominent characteristics. They also tend to lack empathy, intimacy, and quality relationships. A desire for independence but not necessarily achievement seems to be an important motivation in their behavior.

A histrionic personality disorder was dominant. Women of this type of personality are easily influenced by others or fads. The prevailing social attitude for or against abortion would seem to be most significant to these women. They also tend to be dependent. For these women abortion would not appear to be an independent "choice".

The histrionic personality also tends to overreact to situations. Thus, a discovery by the woman that she is pregnant may not be nearly the desperate crisis she might believe it to be.

In these studies a substantial number of women obtaining abortions have personality disorders. This illustrates the need for in-depth psychological studies that rely upon objective established test-criteria and not solely upon subjective self-reports of the women involved.

Footnotes

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Women Undergo Personality Changes Prior to Abortion

Abortion may appear on the surface to be motivated by highly rational considerations,¹ but it invariably represents a trauma and is activated by conflicts, which after completion of abortion lead to additional conflicts and stresses.² Matter of life and death, destruction and loss, have deep significance, both universal and particular, for the individual at different levels of consciousness, and these significances at their different levels may be in conflict.³

Those who have observed women shortly prior to their induced abortion have noticed pronounced personality changes. For example, a psychiatric counselor has said, "the 24 hour period prior to the woman obtaining an

abortion is a period of intense anxiety and ambivalence".⁴

A Canadian study of married couples found in many cases that the wife exhibited "great stress" and underwent a temporary personality change. The effect of the unwanted pregnancy was sufficiently great to swamp whatever personality similarities the women had previously shared with their husbands.⁵

Researchers at Duke University who studied women upon their arrival at a Raleigh, North Carolina abortion clinic found a generalized stress response syndrome. Four distinct coping styles were identified. Women tended to either be "approachers" or "avoiders" which were marked by anxiety, depression, denial, and intrusion symptoms. The researchers found similar responses between these abortion patients and bereaved populations.⁶

An intense grief response was found in a 1982 study of 80 women at Midtown Hospital, Atlanta, Georgia at a pre-abortion counseling session prior to abortion. A grief scale of 13 items included: sadness, loss of appetite, irritability, sleeping problems, difficulty in concentrating, preoccupation of thoughts, depression, anger, guilt, problems with usual activity, repetitive dreams, exhaustion, and lack of strength. The pre-abortion grief score was higher than the response 6 weeks after the abortion. The authors concluded that the decision to abort may initiate the grief reaction. They also noted a wide variability of grief responses indicating that some women have little difficulty either prior to or subsequent to the abortion, while others suffer tremendous trauma.⁷

In a study of 55 British women who requested abortion for mental health reasons, a hostility questionnaire was administered consisting of 5 scales which measured the urge to act out hostility, criticism of others, projected delusional (paranoid) hostility, self-criticism, and guilt. Prior to their abortion, the mean score on total hostility was about two standard deviations above the normal mean. Hostility scores were similar to those of psychiatric populations. The predominant direction of hostility was toward self-criticism and guilt.⁸

Commentary

These various reports of intense anxiety and ambivalence, great stress and denial, temporary personality change, intense grief, and self-criticism and guilt shortly prior to abortion indicate that many women were about to do something that brought about intense inner conflict. This inner conflict existed even though abortion was legal. It thus appeared to be internally based and not based on external factors. For these women abortion appeared to violate their most basic beliefs and values.

Bereavement and grief prior to abortion represented an anticipated loss indicating that the women very likely knew that abortion was a destruction of human life to which they had already formed some attachment.

These reports also indicate that cognitively based counseling procedures prior to abortion are not likely to be effective. The reason is that the women showed considerable emotional response and conflict in the decision which would not be touched by merely intellectual or rational considerations.

Footnotes

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