

EXCALIBUR INTERVIEW

with Esther Greenglass on abortion

The publication of York psychology professor Esther Greenglass' *After Abortion* coincided with the release of the Badgely Report, a federal government project which focussed on the operation of the abortion laws across the country. Dr. Greenglass' book is the first of its kind in Canada to deal with the psychological consequences of abortion. The study, based on data drawn from extensive interviews, is only one product of Dr. Greenglass' research on abortion. Excalibur's Hugh Westrup spoke to her earlier this week.

By HUGH WESTRUP

EXCALIBUR — What areas of research have you been involved in besides abortion?

GREENGLASS — I've been on the Task Force on the Status of Women here at York. We made a number of recommendations on salary discrepancies, and as a result of my research on male and female faculty at York, I found that women were in fact being underpaid for doing the same work as men — surprise, surprise. We knew that this sort of thing was happening on a general societal level, but nobody had ever shown it was happening in the university.

So, as a result of the research I did, which lasted about three years, the President set up a committee to look into discrepancies of hiring and certain adjustments were made.

EXCALIBUR — How about psychological studies?

GREENGLASS — My research before this dealt mainly with mother-child relationships within the Italian and Canadian family, and I looked at socialization differences between Italian and Canadian mothers: the way they talk to the children, the way they discipline the children; and I later related this to moral development.

EXCALIBUR — What originally interested you in abortion?

GREENGLASS — I got interested in the whole issue of abortion when I was on the Liberal — pardon the expression — Task Force on the Status of Women, appointed by Pierre Elliot Trudeau in 1970. As our mandate we were supposed to travel across the country and find out how the public felt about various laws relating to women. One of the laws that seemed to engender the greatest amount of emotion on both sides — both pro and con — was the abortion legislation. Whether we went to Vancouver or Prince Edward Island, the abortion issue was the most controversial. As a woman and as a psychologist, I really sort of tuned into this. I said, "Wait a minute, there's something worth researching here." The thing that got me directly involved with this project, which incidentally has been going on for five years, is that many people who were either for or against abortion would talk about psychological effects and yet they really didn't have anything to go by. They would quote studies from Scandinavia, or a study that was done in Russia thirty years ago, or say "A friend of mine had a nervous breakdown, therefore abortion is damaging."

EXCALIBUR — None of these studies applied to Canada?

GREENGLASS — I don't think they could, because our norms and mores regarding sexuality are quite different from those in Scandinavia, and very different from those in Russia. I felt that in order to make any statement on psychological effects, you had to do the study in Canada.

EXCALIBUR — Can you characterize the sample of women who participated — are they a representative sample?

GREENGLASS — They were a random sample that we got mainly through using advertisements, posters and speaking to doctors and word of mouth, and they seemed to represent most socio-economic strata. They varied in education from eight years of public school to PhDs and lawyers. They were married, they were single, they

were divorced, they were separated. They varied in religion: catholics, protestants, jews, buddhists, agnostics.

EXCALIBUR — What qualifies a woman for an abortion in Canada?

GREENGLASS — She has to get permission to have an abortion. You just can't walk into a hospital and say, "Give me an abortion." She has to fill out an application with her doctor and apply to a therapeutic abortion committee at a hospital. It usually consists of three doctors who never meet her; they simply see her application. They decide on the basis of her application whether or not she should have an abortion.

EXCALIBUR — What requirements does she have to fulfill?

GREENGLASS — If she has attempted suicide, this will increase her chances. If she has three or four children already, this will increase her chances. If she threatens to have a nervous breakdown if she has the child, that will help too. There's a myth that abortions are rubber-stamped. This in fact is not true. If you look at the number of hospitals in Canada that do abortions, there are very, very few compared to the total number. As a matter of fact, I think in the book I even cite the number of hospitals that do abortions. I think it's less than one third of the total hospitals in the country.

EXCALIBUR — What ways is the current Canadian abortion law a potential danger to the physical health of women?

GREENGLASS — With an abortion, the longer you're pregnant, the greater the possibilities of physical complications from the abortion itself. If it's done within the first three months, it's a very straightforward "b" and "c" section type of thing. Once you get past twelve or thirteen weeks, you have to have a salinary injection, which means they inject a saline solution into the uterus, and you have a delivery. This is known as a traumatic psychological experience but it can cause physical complications.

EXCALIBUR — Did you find any psychological differences in adjustment after these various types of abortions?

GREENGLASS — There were no psychological differences associated with differences in the method of abortion. It was primarily a physical thing. But I found that women who had abortions at 13 weeks of pregnancy or later had the highest hypochondriasis. The finding is that the longer you wait to have an abortion, the greater your hypochondriasis, the over-concern with one's bodily state.

EXCALIBUR — Is there a general reaction among women who have had abortions?

GREENGLASS — One of my main findings, and one that is the most striking is that when you compare women who have had abortions with those who have had a baby the same amount of time ago, the women who had abortions have more feelings of deviance or rebelliousness. In other words, by the way it was defined in the study, it's a feeling of having done something wrong and deserving punishment. It seems stigmatized, having done that. And that is a neurotic trait.

EXCALIBUR — Can you offer any suggestions why they should feel that way?

GREENGLASS — I think there's a couple of reasons. First, the procedure by which you have to get an abortion in this country: you have to convince a committee that you're unstable or you're going to get unstable if you're forced to bear the child. I think even if a woman doesn't believe this, when she begins the process, it's kind of like the self-fulfilling prophecy. If you act a certain way, feigning it is the beginning and eventually it becomes reality. Secondly, it's because of some of the things I mentioned in the book with regard to some of the doctors' and nurses' reactions to the women. If a woman is a treated by her doctor — a very important person in this whole scenario — like some kind of criminal, or if he tells her that she's been a bad girl and



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When women have an abortion in a social climate that still regards it as a deviant thing, they internalize this kind of reaction and punish themselves.

now she's paying the price, she's going to internalize this. She's going to start seeing herself as a bad girl. She's going to have guilt and the physical complaints like insomnia, headaches and hypochondriasis as a result.

EXCALIBUR — So doctors really aren't taking a neutral, medical position?

GREENGLASS — I think it was one third of the doctors and roughly the same number of nurses who took a negative moral stand and who actually made comments that made the women feel terribly guilty.

EXCALIBUR — Did you find that abortion led to any major psychiatric disturbances?

GREENGLASS — I would preface the remarks I made earlier that the psychological symptoms that I found in women who had abortions — as a group when compared to those who didn't — were relatively minor because I used a test that actually employed twenty eight psychologists. The disturbances were few, and to me their etiology was sociological rather than psychological. I wouldn't say it was the woman's problem, I would say it's society's problem. She is reflecting it back on herself by internalizing the way society sees her. I wouldn't even call them psychiatric problems, I would call them sociologically based, and thus internalized by them.

One of the questions I asked was, "Does having an abortion lead to psychiatric illness?" and what effect does having an abortion have on someone who has already shown psychiatric symptoms. What I found was that if you had been psychiatrically disturbed in the past — and this was defined very specifically — you were more likely to show the same symptoms after an abortion than if you had never had any of these psychiatric disturbances before. 7.6 per cent of the women who didn't have

illness before the abortion had illness after, whereas 21 percent of those who had illness before were three times as likely to have illness after. This confirms what has been found in Sweden, that sometimes having an abortion will or might aggravate some of those symptoms. But it was still a relatively small percentage of the group. In some cases I actually found an improvement in the psychiatric state after the abortion.

EXCALIBUR — A major factor in the abortion debate is religious values. Did religious affiliation effect the womens' attitudes?

GREENGLASS — Yes. Women who called themselves agnostic or atheist had the least psychological effects, and jewish and catholic women had the most.

EXCALIBUR — How about socio-economic status?

GREENGLASS — The women of lower socio-economic status tended to have a more difficult time. They also had a harder time getting an abortion. If you're upper-middle class, you have better connections, you're able to get an abortion faster.

EXCALIBUR — There are a number of reasons why a woman will seek an abortion: for medical reasons, for psychological reasons, or whatever. Did you find a difference in adjustment according to the reasons?

GREENGLASS — Yes, I did. First of all, it's not always easy to separate out the psychological reasons for an abortion from the social reasons. In other words, you may be poor and have three children, you have an absent husband, and that would be called social reasons. But that would very often generate psychological or psychiatric reasons. I had difficulty separating out those factors, because, I think, they're integrally related.

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