

THE IMPACT OF ABORTION ON SOCIAL INTEREST

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We examined the relationship between abortion and the Adlerian personality construct of social interest or *gemeinschaftsgefuehl*. The Social Interest Index was used to measure the social interest of women in the week before their abortion procedure (pretest), 2 weeks following the procedure (posttest), and 3 months after the abortion (follow-up). We hypothesized that social interest scores would be lowest just prior to the abortion, and the results supported this, showing a significant increase in scores at postabortion and follow-up. Furthermore, social interest scores at the 3-month follow-up did not differ significantly from scores obtained by a nonaborting sample of women from the general population. Our findings suggest that the effect of abortion on social interest is temporary and support the situational nature of social interest.

Keywords: abortion, decision making, social interest, women, attitudes.

In recent studies of abortion, researchers have assessed attitudes toward abortion and the decision-making process, in relation to several demographic variables: gender, socioeconomic status, level of education, age, religion, marital status, sexual permissiveness, use of contraception, and liberalism/conservatism (Faria, Barrett, & Goodman, 1985; Freeman, 1977; Mileti & Barnett, 1972; Ross, 1978; Wilcox, 1976). There have also been substantive findings regarding the personality characteristics of those seeking abortions and the relationship between these characteristics and

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The content and formatting of this article were edited and updated in 2016, with efforts made to preserve the original meaning.

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the following demographic variables (David, 1972; Fawcett, 1973; Freeman, 1977): conventionality/unconventionality (Costa, Jessor, & Donovan, 1987); independence and separation from one's maternal figure (Fisher, 1986); avoiders/nonavoiders and approachers/nonapproachers (Cohen & Roth, 1984); and femininity, masculinity, and androgyny (Dixon & Strano, 1984). Others have focused on reasons for aborting, including parenting readiness, financial resources, age, emotional instability, interference with career and/or education, fear of pregnancy (Faria et al., 1985) and health problems, genetic defects of fetus, and being a victim of rape or incest (Hunt, 1984). We located 110 studies focused on the effect of aim-induced abortion on the Adlerian (1956) personality construct of *social interest* or *gemeinschaftsgefuehl*. This concept carries the idea of cooperation, empathy, a feeling of belonging, contribution to the common welfare, understanding others, and use of common reasoning or common sense (Ansbacher & Ansbacher, 1964).

The socially developed concept of *gemeinschaftsgefuehl* has been a difficult one for English-speaking scholars to grasp. Adler (1956; see also Ansbacher & Ansbacher, 1964) understood it to mean "an inborn tendency to see with the eyes of another" (p. 42). Ansbacher and Ansbacher (1964) presented a variety of terms used in translating *gemeinschaftsgefuehl*, such as social feeling, community interest, social sense, and social interest, and they interpret it to describe an innate potential that enables the individual to be responsive to reality. These authors also emphasized that it is not a separate dynamic force; rather, if sufficiently developed, it is one part of the whole of the individual.

Dreikurs (1957) tried to simplify the meaning of *gemeinschaftsgefuehl* as indicating a sense of belonging and of being at one with society. O'Connell (1975), in recognition of difficulties experienced with the German compound noun, offered the alternative term *humanistic identification* to clarify the meaning of Adler's (1956) concept.

Until the late 1960s, when abortion laws were liberalized in California, New York, and Alaska, and the United States Supreme Court passed the decision (January 22, 1973) that restrictive abortion laws were considered unconstitutional, abortion researchers focused primarily on therapeutic abortion for medical or psychiatric reasons (Smith, 1973). These scholars reported conflicting results regarding the effects of abortion on mental health (Simon & Senturia, 1966). While some scholars reported that psychiatric illness almost always results from therapeutic abortion, others pointed to an almost total absence of psychiatric postabortion problems.

Smith (1973) cited several studies published from 1966 to 1972, in which induced abortion was not found to result in any new or lasting psychiatric illness, although some guilt and mild depression were found in a small percentage of participants. Other researchers also supported this

conclusion (Bracken, 1978; Bracken, Hachamovitch, & Grossman, 1974; Burnell & Norfleet, 1987; Ewing & Rouse, 1973; Freeman, 1977; Friedman, Greenspan, & Mittleman, 1974; Gillis, 1975; Olson, 1980; Payne, Kravitz, Notman, & Anderson, 1976). Faria et al. (1985) called for further research delineating general attitudes about abortions from feelings, whereas Stack (1984) addressed the often pathological and unresolved grief following a spontaneous abortion (miscarriage).

In addition, Smith (1973) reported 1-year follow-up data on 80 women who received an induced abortion, and found that that this group appeared to be functioning well by their subjective report, although they had reported feeling desperate at the time they were pregnant. Most (87%) of the women stated that abortion had either a positive effect or no effect at all on their lives. Some researchers have suggested that induced abortion might relieve the emotional distress of an unwanted pregnancy (Ewing & Rouse, 1973; Ford, Castelnuovo-Tedesco & Long, 1971). The recent Supreme Court decision (July 3, 1989) will undoubtedly encourage additional research related to this issue.

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Irrespective of current law and public opinion, artificial termination is an indication that the pregnancy is a problem; yet, according to Adler (1956), a major portion of the love life task is that of having children. Thus, to terminate that pregnancy could be representative of a problem regarding the love life task. The decision to terminate a pregnancy is an especially individual decision requiring a self-centered focus. In relation to the control and termination of a pregnancy, Adler noted that "the question of deciding the number of children had best be left entirely to the women" (p. 434). Individuals with this self-centered approach would be expected to be low in social interest in comparison to the people with a more community-centered focus (Adler, 1956; Ansbacher & Ansbacher, 1964).

In this research, we compared 1) preabortion, postabortion, and 3-month follow-up Social Interest Index scores, and 2) these three measures with the social interest of the general population of women.

Hypothesis 1: Aborting women's social interest will be significantly lower at the time of abortion (pretest) than at posttest and at follow-up. Further, posttest scores will be significantly lower than follow-up scores.

Hypothesis 2: Aborting women's social interest scores will be significantly lower than those of the general population of women at pretest, posttest, and follow-up.

Method

Participants

Participants were 118 women undergoing a standard abortion procedure at an abortion clinic located in a medium-sized city. All were told about

the nature of the study, assured of their anonymity, and asked to complete a consent form if they were willing to volunteer. Through the cooperation of the clinic, a double-blind data collection procedure was developed to help assure confidentiality. Participants in the nonaborting group were women randomly selected from the general population of the university community. Mean age and ethnicity were comparable for the two groups.

Measures

The Social Interest Index (SII; Greever, Tseng, & Freidland, 1973) was used to measure social interest, and we controlled for social desirability using the Marlowe-Crowne Social Desirability Index (Crowne & Marlowe, 1960). Greever et al. (1973) reported a test-retest reliability of .79 for the total SII and of .65-.81 for the subscales of friendship, self-significance, love, and work, and internal consistency of .81 for the total scale and of .35-.64 for the subscales. Greever et al. also correlated the SII with the California Psychological Inventory, reporting significant correlations with 12 of the 18 personality attributes that tap aspects of social interest. Regarding construct validity, they also reported an 85% level of agreement between behavioral evaluation and the SII.

Procedure

The abortion clinic allowed us to collect data at the time of the client's first interview. The abortion procedure was fully explained to each participant and further counseling was provided to clients who requested it. If the client decided to undergo the abortion procedure, the SII and a demographic information sheet were administered (pretest). At this point, we explained the nature of the study and obtained informed consent.

Abortions were performed on one assigned day of the same week in which the initial interview took place. Completed questionnaires were returned at the time of the abortion by those women who volunteered to participate. If the participant consented, a second questionnaire packet (posttest) was mailed to her 2 weeks later, with instructions to respond and return the coded packet (without a name and return address) to the experimenter. These participants were then asked to respond to the scale once again at 3 months following the procedure. Of the 118 women who completed the first scale administration, 64 completed the posttest; of those women, 31 responded to the 3-month follow-up questionnaire.

Results and Discussion

To test Hypothesis 1, we employed a repeated measures analysis of variance and a Tukey's test ($\alpha = .05$) for multiple comparisons. The analysis of variance indicated significant differences among the three

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measures, $F(2, 56) = 10.61, p < .01$. As can be seen in Table 1, the hypothesis was partially supported: pretest social interest scores were significantly lower than either posttest or follow-up scores, but posttest and follow-up scores did not differ significantly. These findings support the view that the abortion procedure results in lower social interest at the time of the abortion. That social interest scores increased following abortion and appeared to remain relatively stable across the posttest and follow-up measures implies that participants experienced reasonably rapid recovery, indicating an important situational variance in social interest.

Table 1. Comparison of the Three Measures Using Tukey's Highly Significant Differences Test of Significance

	<i>N</i>	<i>M</i>	<i>SD</i>	Tukey ($\alpha < .05$)
Pretest	29	124.07 _a	9.20	4.15
Posttest	29	130.97 _b	10.92	
Follow-up	29	130.79 _b	9.56	

Note. Means not sharing common subscripts are significantly different at $p < .05$.

The results of the *t*-test comparisons of participants' social interest scores with women from the same general population (Hypothesis 2) further support the situational properties of social interest, as measured using the SII. There were significant differences between the aborting and nonaborting groups for pretest social interest scores (see Table 2); however, the aborting group's posttest and follow-up scores, while lower, did not differ significantly from the nonaborting group's scores. Thus, the social interest of women undergoing abortion appears to rise following the procedure, and SII scores appear to reach the levels normally found among women in the general population.

Table 2. Results of *t*-Test Comparisons of the Three Measures Between the Aborting and Nonaborting Groups

	<i>N</i>	Aborting			Nonaborting			<i>t</i>	<i>p</i>
		<i>M</i>	<i>SD</i>	<i>N</i>	<i>M</i>	<i>SD</i>			
Pretest	30	124.30	9.12	136	133.86	12.50	4.82	< .01	
Posttest	31	131.03	10.67	136	133.86	12.50	1.31	<i>ns</i>	
Follow-up	30	130.20	9.94	136	133.86	12.50	1.73	<i>ns</i>	

Our findings support those obtained in previous research, indicating that although abortion is rather traumatic at the time of procedure, it has few long-term emotional effects. Certainly, social interest is affected by the abortion experience, as expected given the nature of the construct. Yet, the rise in SII scores following abortion reaffirms that the changes are situational, and supports the belief that emotional trauma associated with abortion as it relates to social interest is, in a temporary phenomenon.

Given that a great many abortions are being performed and that emotional side effects commonly accompany the procedure itself, we recommend further research in this area. That changes in social interest owing to abortion appear temporary certainly does not confirm the view that all the emotional effects of abortion are minimal. Our results have implications for preabortion counseling and other longer-term counseling interventions. Exploration of the effects of abortion on other Adlerian constructs, such as inferiority feelings, would be worthwhile.

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