

## THE EFFECTS OF ABORTION ON PERCEIVED SEX ROLE

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We investigated the effect of abortion on the sex role attitudes of 118 women undergoing the procedure. Perceived femininity, masculinity, and androgyny were measured during the week preceding the abortion, and then at 2 weeks and 3 months following the abortion. Because the decision to abort requires assertiveness not common to the traditional female role and a denial of maternity, we expected that postabortion femininity scores would decrease and masculinity scores would increase, resulting in greater androgyny. While no significant differences in femininity scores were found across the 3 testing times, masculinity and androgyny scores differed significantly from the first to third and second to third testing times.

*Keywords:* abortion, perceived sex role, sex role attitude, femininity, masculinity, androgyny.

Recent studies of abortion have been focused primarily on attitudes toward abortion and the decision-making process, including the psychological sequence of abortion, with little attention paid to the effect of induced abortion on personality characteristics. Thus, we considered the effect of obtaining an induced abortion on women's perceived sex role, as measured using the Bem Sex Role Inventory (BSRI; Bem, 1974).

Until recently, the sex role construct has been seen as unidimensional. Masculinity and femininity were considered to be complementary characteristics until Bem (1974; see also Bem & Lewis, 1975) conceptualized a person's sex role as consisting of both masculine and feminine dimensions. In the BSRI, Bem outlined three potential sex roles that can be exhibited by either sex: *male sex-typed*, comprising persons who see themselves as possessing sex-appropriate characteristics for males

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and rejecting sex-appropriate characteristics for females; *female sex-typed*, comprising persons who see themselves as possessing sex-appropriate characteristics for females and rejecting sex-appropriate characteristics for males; and *androgynous*, comprising persons who see themselves as possessing both male and female characteristics equally. Subsequent researchers have supported this view of the sex roles (Bem & Lewis, 1975; Bem, Martyna, & Watson, 1976; Flaherty & Dusek, 1980; LaFrance & Carmen, 1980).

Androgynous people (as defined by the BSRI) have been shown to be flexible in their sex-typed behavior and able to respond well to situational demands. For example, androgynous individuals show masculine independence under pressure to conform and feminine playfulness when interacting with a kitten, whereas feminine sex-typed individuals conform more than masculine sex-typed and androgynous individuals do (Bem & Lewis, 1975; Bem et al., 1976).

We feel that the process of deciding on and obtaining an induced abortion calls for the flexibility found in androgynous individuals. The woman must make an assertive decision, often resisting pressure to conform to cultural or religious norms, while also exploring and understanding her own feelings in reaching and carrying out this decision.

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

Smith (1973) reviewed several studies from 1966 to 1972, the results of which indicate that induced abortion results in no new or lasting psychiatric illness. However, some guilt and mild depression were found in a small percentage of the participants. Other researchers have supported this conclusion (Bracken, Hachamovitch, & Grossman, 1974; Ewing & Rouse, 1973; Freeman, 1977; Friedman, Greenspan, & Mittleman, 1974; Mester, 1978; Payne, Kravitz, Notman, & Anderson, 1976). Olson (1980) presented similar results in a more recent review of the abortion literature.

In addition, Smith (1973) reported 1-year follow-up data on 80 women who received an induced abortion, and found that this group appeared to be functioning well based on their subjective reports, although they had reported feeling desperate at the time they were pregnant. Most of the women interviewed (87%) stated that the abortion had either a positive effect or no effect at all on their lives. Some authors have suggested that

induced abortion might benefit women owing to relief from the emotional distress of an unwanted pregnancy (Ewing & Rouse, 1973; Ford, Castelnuovo-Tedesco, & Long, 1971).

Although abortion does not seem to have any serious effects on mental health, it is a stressful event occasionally resulting in mild depression and guilt (Friedman et al., 1974; Mester, 1978; Smith, 1973). The decision to abort is also stressful and generally requires a high degree of assertiveness on the part of the woman (Freeman, 1977), which could indicate a cognitively dissonant situation for women seeking abortion.

Freeman (1977) found that women's decision to obtain an abortion was frequently inconsistent with their self-perception. She stated that the necessary assertive decision-making process in seeking an abortion requires "a vigorous intervention in one's own life, to deny passive acceptance of an unwanted pregnancy" (p. 510), which would be in conflict with maintaining a traditional (relatively passive) feminine role. Cognitive dissonance theory supports her hypothesis, wherein individuals acting in a manner incongruent with their perception of their roles adjust their perception accordingly. This shift is consistent with Festinger's (1954) construct of cognitive dissonance (see also Festinger & Carlsmith, 1959). Thus, Freeman hypothesized that women undergoing abortion would perceive themselves as less traditionally feminine than the general population of women. However, she did not observe this expected shift, instead finding that participants identified with traditional norms of femininity. In contrast, Rosen and Martindale (1978) reported that women seeking an abortion tended to see themselves as less traditionally feminine than their counterparts who were not seeking an abortion.

Freeman (1977) suggested that her results may have occurred because of a social desirability response set at the time of an abortion, rather than a strong sex role perception. This problem can be addressed by using the BSRI, which has been shown to measure sex role perception rather than general social desirability (Bem, 1974; Bem & Lewis, 1975). A possible explanation for the seemingly contradictory findings of Freeman (1977) and Rosen and Martindale (1978) may lie in the instrument used. Each of these authors looked at and measured sex role perception as a unidimensional construct; thus, exploring and measuring sex role perceptions in terms of androgyny, as Bem suggests, may help to clarify the issue. The BSRI may also reflect potential changes in perceived traditional femininity and masculinity that occur as a result of the abortion decision-making process itself. On the basis of the unidimensional view, a reduction in femininity led Freeman (1977) to suggest that the abortion decision-making process should necessitate a shift to a more traditionally masculine self-perception. Thus, following through on the abortion decision is at odds with a traditionally feminine self-perception, so the

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person must take steps to achieve equilibrium (Festinger, 1954). In addition, Belenky (1978) found that the abortion decision is an exercise in Kohlberg's (1963) concept of moral reasoning that results in movement to higher levels of moral reasoning. Following through with a moral dilemma, such as whether or not to have an abortion, to its conclusion should raise the person's level of moral reasoning and, as a result, change the person's self-perception. This would suggest a movement away from traditional femininity toward greater masculinity, resulting in more androgynous self-perception in women following abortion. Therefore, we formed the following hypotheses:

**Hypothesis 1:** Among women who obtain an abortion, there will be a significant reduction in femininity scores from the pretest to the posttest and from the posttest to the follow-up measure.

**Hypothesis 2:** Among women who obtain an abortion, there will be a significant increase in masculinity scores from the pretest to the posttest and from the posttest to the follow-up measure.

**Hypothesis 3:** As a result of the hypothesized changes in femininity scores and masculinity scores, women who obtain an abortion will show a significant increase in androgyny scores from the pretest to the posttest and from the posttest to the follow-up measure.

### Method

#### Participants

The participants were 118 women undergoing a standard abortion procedure at an abortion clinic located in a medium-sized U.S. city. All participants were told of the nature of the study, assured of their anonymity, and asked to complete a consent form if they were willing to take part in the study. Through the cooperation of the clinic, the confidentiality of participants' responses was assured.

#### Instruments

The Bem Sex Role Inventory (BSRI; Bem, 1974) was used to measure participants' degree of psychological androgyny. Bem (1974) reported a test-retest reliability of .90 for both the femininity and masculinity subscales, .93 for the androgyny score (derived from the femininity and masculinity subscales), and .89 for the social desirability subscale. Further, Bem compared the scale with several other sex role measures and obtained correlations of .04-.05, which is in the expected range based on the belief that the BSRI is measuring not only the femininity-masculinity continuum but also the degree of androgyny. An increase in the degree of androgyny is indicated by a score approaching 0.

### Procedure

The abortion clinic allowed us to collect data at the time of the client's first interview. Abortions are performed on one assigned day of the same week in which the initial interview takes place. The procedure was fully explained and further counseling was provided to clients who requested it. Clients who had decided to undergo the abortion procedure were given the pretest questionnaire, consisting of the BSRI and a demographic information sheet. At this point, the experimenter explained the nature of the study and obtained the participant's informed consent. Completed questionnaires were returned at the time of the abortion by those women who volunteered to participate in the research. A posttest questionnaire packet was then mailed to her 2 weeks following the procedure, with instructions to return the coded packet (without a name and return address) to the experimenter. These participants were asked to respond to the scale once again 3 months following the procedure. Of the 118 women who completed the first scale administration, 64 completed the posttest, and 33 responded to the 3-month follow-up questionnaire. (Some differences in the numbers of participants in various statistical analyses are due to incomplete data sets.)

### Results and Discussion

The BSRI was scored using the simplified direct difference method suggested by Bem (1974). Although the T-score method has distinct advantages for some comparisons, the present study involved no such comparisons; thus, the simplified method was considered appropriate. Repeated measures analyses of variance (ANOVA) were performed to test for differences between the pretest, posttest, and follow-up for femininity, masculinity, and androgyny BSRI scores.

Analysis of BSRI femininity scores indicated no significant differences among the three time points,  $F(2, 50) = .11, p = .89$ . However, there were significant difference in masculinity,  $F(2, 50) = 3.094, p < .05$ , and androgyny,  $F(2, 50) = 4.347, p < .01$ , scores. Thus, planned comparison *t*-tests were performed to test the hypotheses (see Table 1). As expected, given the nonsignificant ANOVA results for femininity scores, none of the pretest, posttest, or follow-up *t*-test comparisons were significant.

Table 1 shows that the participants' BSRI masculinity scores did, in fact, significantly increase from the posttest to the follow-up time point, and that their BSRI androgyny scores significantly increased from the pretest to the follow-up and from the posttest to the follow-up. These results provide partial support for Hypotheses 2 and 3.

Table 1. *Bem Sex Role Inventory Means and t-Values for Pretest, Posttest, and Follow-Up Comparisons*

<b>BSRI measure</b>	<b>N</b>	<b>M</b>	<b>t</b>	<b>N</b>	<b>p</b>
<i>Femininity</i>					
Pretest	27	5.77	0.00	27	1.00
Posttest	30	5.27			
Pretest	27	5.77	0.89	26	< .19
Follow-up	30	5.20			
Posttest	30	5.27	1.03	29	< .16
Follow-up	30	5.20			
<i>Masculinity</i>					
Pretest	25	4.66	0.59	24	< .28
Posttest	29	4.67			
Pretest	25	4.66	1.63	24	< .06
Follow-up	28	4.75			
Posttest	29	4.67	1.91	27	< .03
Follow-up	28	4.75			
<i>Androgynous</i>					
Pretest	25	0.62	0.83	24	< .22
Posttest	29	0.58			
Pretest	25	0.62	2.51	24	< .01
Follow-up	28	0.48			
Posttest	29	0.58	2.22	27	< .03
Follow-up	28	0.48			

No attempt was made to compare the participants' BSRI responses to a nonaborting group; however, regardless of their degree of androgyny at the time of abortion, we observed a clear trend toward greater masculinity and androgyny following the abortion procedure. These results support Freeman's (1977) view that women undergoing abortion encounter conflict with their sex role perception, causing them to become less traditionally feminine. While we did not find significant changes in femininity, the significant increases in masculinity scores and movement toward androgyny following abortion certainly offer support for Freeman's (1977) and Rosen and Martindale's (1978) hypotheses, which can also be explained by cognitive dissonance theory.

Freeman's (1977) finding of a lack of significant changes in femininity among her participants was supported in the present study. However, the changes we found in masculinity and androgyny clearly provide support for her original hypothesis. The importance of the multidimensional approach to the measurement of sex roles is made obvious by these results.

The abortion decision produces changes in sex role perception that can continue to occur up to 3 months following the procedure. Further research in which the BSRI scores of nonaborting pregnant women are compared with those of women choosing to abort could clarify issues regarding the felt femininity of women undergoing abortion relative to other pregnant women. Certainly, our findings support the use of multidimensional sex

role measures in such research, as well as continued follow-up investigation of the attitudes of women prior to the abortion procedure

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