

UNDERSTANDING ABORTION AND MENTAL HEALTH USING EXISTING FRAMEWORKS IN PSYCHOLOGY: SEEKING NEW DIRECTIONS IN RESEARCH AND CLINICAL PRACTICE

PI: JESSICA CHAVEZ

Recent political debates about abortion rights have focused on the question of whether abortion is harmful to women, and some have made the claim that abortion leads to psychological trauma. Findings from the most rigorous research available contradict these claims, but more research is needed that contextualizes this debate in terms of clinical practice, policy, and the lived experiences of women who have had an abortion. Recent limitations on the funding available for abortion services for low-income women, as well as the legacy of psychology's role in the eugenics movement and in shaping stratified reproduction, have made these concerns particularly important for low-income women. Additionally, although much debate and scrutiny has focused on the question of whether abortion leads to psychological trauma, existing research has not investigated what, if any, impact these questions have had on psychologists' clinical practice with women who are considering or have had an abortion.

This project looks at the different ways people talk about and make sense of abortion and mental/psychological health and well-being. The approach focuses on patients' and clinicians' ideas about abortion, not as residing in the individual, but as shaped by the language and culture in which we live. Thus, special attention was paid to the ways that participants both took up or endorsed commonly held cultural ideas about abortion, but also challenged existing narratives. Interviews with individuals who have experienced abortion and with psychotherapists working with this population were analyzed using a discursive methodological approach, and special attention was paid to the ways that participants constructed their views of reality vis-à-vis abortion.

Findings from the first phase of this study report on the experiences of low-income women living in select states across the US, each with different levels of access to public insurance funds for abortion services. Findings indicate that many participants made sense of their unplanned or unwanted pregnancy and abortion in a way that framed these events as failures of personal responsibility. They thus positioned themselves as financially responsible for the costs of their abortion. Most participants who took up this position, however, also challenged it. They advocated for systemic changes that would provide help or care for low-income women seeking an abortion and they noted the negative impact such a position had on their emotional well-being. Participants in the first phase of the study also drew from ideas about time—particularly ideas about what reproductive trajectories are acceptable for women at various intersections of identity and with limited access to financial resources. Participants drew from temporalities that made the accumulation of resources and attainment of educational status preconditions for parenting. They also noted constraints on temporality, however, and subverted these temporalities by drawing attention to structural inequality, racism, and unemployment.

For phase two of this study, I interviewed 15 psychologists in clinical practice as psychotherapists. Data analysis is still in progress for this phase; however, preliminary findings include an emphasis on: a) the negative impact of policies limiting financial and practical access to abortion, b) the role of self-reflection in ethical psychotherapy practice with those who have experienced abortion, and c) concern about training programs in religiously affiliated institutions that actively oppose access to abortion, and d) new directions for research on abortion and mental health that goes beyond the question of whether abortion causes harm, but also attends to the sensitive political context.

