

# **R.D. Laing and the Experiential Psychology of Abortion**

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**I**n Western Europe and North America, several million women abort pregnancies each year (Baird, 1985). Given the enormous number of women's lives which are affected by this event, one would expect a mass of research literature to exist on the subject. This is not the case. And much of the scanty material that does exist adopts one constrained perspective, depicting women who choose to abort as 'abnormal', and abortion as a 'problem'.

The most noticeable feature of studies that have been carried out is the variability of women's experience of abortion (Neustatter and Newson 1986, Nicolson 1986). For some women it was seen as an important psychological growth experience. For others it evoked feelings of immense sadness.

Over the past few years women have increasingly realised the need for a perspective which takes into account women's subjective feelings and experience. This paper seeks to present a framework from which the experience of abortion may be approached with sensitivity, rigour, and respect. The perspective we suggest is psychodynamic, but differs in important ways from the classical ap-

proaches, and is based in particular on the work of R. D. Laing.

## *The Psychoanalytic Perspective*

Experiential work on abortion has frequently stemmed from the psychoanalytic framework. For example G. Devereux, in his book *A Study of Abortion in Primitive Societies* (1955), believes all women suffer adverse feelings after an abortion because of a basic tendency in organisms to allow the full and normal development of any psycho-physiological processes. If there is a disruption the reaction will invariably be one of stress and anxiety. However, such reactions may be unconsciously 'masked behind a poise of calm indifference' (p.95). Abortion, according to Devereux, contravenes the laws of nature in that: '... left to herself, the non-neurotic, normal human female wishes to stay pregnant until the child is ready to be born.' (p.94)

The parallels and interconnections between the unfolding of biological and psychological processes is relevant here, of course. But Devereux's use of the terms 'non-neurotic' and 'normal' reveals a theme which characterises the existing

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research literature, in that judgements of pathology are made in general concerning the reactions to abortion of individual women.

Devereux argues that anthropological evidence illustrates that even the most realistically motivated abortions are in fact motivated by 'unconscious, aggressive, self-punitive, and in a word neurotic motives'. (p.105) He cites the following as examples of such unconscious neurotic wishes: unresolved sibling rivalry conflicts, counter oedipal attitudes, attempts to castrate the father, and neurotic flights from maturity. He also claims that abortion must be examined in terms of its deep unconscious meanings, namely that, as demonstrated by psychoanalysis, the baby is equated with the penis.

### *The Laingian Perspective*

Laing is critical of psychoanalysts for their use of 'interpretations' to make sense of certain behavioral phenomena, by making out that the person means something totally different from what s/he seems to mean. He believes that to do so can only deepen the gap in our understanding. Laing advocates consideration of experiential phenomenology, the pure, 'presuppositionless' description of conscious phenomena as we experience them, not as they 'must' be (Laing 1969).

However, Laing does not discard the concept of the unconscious. And in seeking to apply Laingian insights to abortion, we need first to have an understanding of his use of the unconscious (Laing 1970, 1976, 1983, 1985; Collier 1977; Cooper 1974).

In *Self and Others* (1984), Laing defines the unconscious as simply 'what we do

not communicate to others' or to ourselves. Laing is saying that we can never directly experience another's experience. We depend on communication as clues to understand another's thoughts, feelings, imaginings, and so on. In what way do we not communicate to ourselves or others?

Laing provides the following as an example. While we are talking to someone we may convey something to them of which we are not ourselves aware. While having a conversation we may be imagining, remembering or thinking something. These are three separate modes of experience. The other person is not aware of all of our modes of experience. Similarly, the part of us that is communicating with the other may not be aware of all that we are experiencing. When we are not conscious of all that we are experiencing at that particular moment, we are not communicating well with ourselves or others. However, an unconscious experience can become conscious if the context is changed. For example, if we turn to talk to a different person something about this person may make us aware of things of which we were unaware with the previous person.

There are obviously important differences between the psychoanalytic and Laingian uses of unconscious. The Freudian unconscious cannot be made conscious by thorough self-examination, because the unconscious is governed by different rules to the conscious and has a different content. The Freudian unconscious is normally inaccessible to self-examination because of the barriers represented by defence mechanisms. In contrast, the Laingian concept of uncon-

scious obeys the same laws as conscious experience and can be made apparent by self-examination. Most importantly, a person's unconscious can be understood from their direct experience.

In applying the Laingian perspective to abortion, and the attempt to understand a woman's experience of breaking the bond with her foetus, we need to understand the nature of her experience of that relationship. We also need to look at the interpersonal and intrapersonal factors which make the mother's relationship with her expected child untenable.

### *The Mother-Foetal Bond in terms of the Laingian Concept of 'Self-identity'*

In *Self and Others* Laing suggests that many people need a confirming complementary other. If one lacks a secure self-identity one 'may experience a strong and desperate need to pivot one's life around a complementary other' (p.930). And an unexpected pregnancy may provide a woman with just the necessary complementary 'other' from which a sense of self-identity can be built.

Many aspects of the mother-child bond and 'maternal instinct' can be rendered intelligible by understanding them in terms of people's need for a consistent self-identity, and by referring to Laing's concept of collusion. Collusion occurs when a person has found another who will confirm their 'false self', who will make real an aspect of themselves that they wish to maintain. (This other may be fantasised or real.)

Many of us need to feel that we are the central figure in someone's life, and that

this person needs, and is fulfilled by, our love. It could be argued that the foetus inside the mother may be the closest she can ever come to such a relationship. What figure is more central to the foetus' life than the mother? The mother is the foetus' life support system; without her, it literally could not exist. If a person needs to feel that they are central to another person's existence, then the foetus fills this need more completely than any other relationship possibly can.

Secondly, the foetus can fill the role as an excellent 'other' in collusion, and as the complementary other from whom one gains a sense of self-identity. For example, a woman may feel that she is insignificant, unlovable, not needed, unwomanly or weak. The child or foetus inside the mother can serve as a colluding partner more successfully than any other available 'others'. A foetus is not an 'illusory other', yet it differs from 'real others' in that it cannot communicate anything to the mother by its own volition. It cannot therefore offer any critical conceptions to the mother, and the mother is free to confer on the foetus those perceptions which are central in maintaining her false self.

Through the colluding presence of the foetus the mother is able to construct and have confirmed those aspects of her identity which she wishes to maintain, for example, the notion that she is important, strong and loveable. Therefore, the foetus has advantages in participating in collusion over both real others and fantasised others. In a sense it is neither, and yet it is both. In this way, the foetus provides the perfect 'identity kit' from which the mother can put together her self-identity.

The as-yet undeveloped child can fulfil needs in a way that no other real or illusory other can.

The concept of self-identity gained in this way helps us to understand the intensity of the bond between mother and foetus, and the loss of self-identity and self-esteem experienced by some women after their abortion. One important source of information concerning women's experience of abortion is the study carried out by Neustatter, and reported in *Mixed Feelings: The Experience of Abortion* (1986) which describes the experiences of 150 women who have had an abortion.

One woman in Neustatter's study had no wish for children, she 'loathed' the idea of becoming a mother, and knew that she had 'made the right choice' in aborting the child. She could not therefore understand her feelings after the abortion. She states, 'straight after the abortion I did not feel much, but then, after a couple of months it hit me, I felt a great sense of loss. I'd lost the baby and I'd lost my sense of self-esteem. It was awful and I became terribly depressed.' (p. 50)

Another woman states quite simply, 'I don't feel bad about the abortion, I feel bad about me; I often feel something is missing, a part of me'. (p.92)

The following woman's experience illustrates how the foetus can be felt as the 'other' from whom one's identity is gained: 'In a curious way I felt a sense of companionship with the foetus, it was horrid because I knew it had to go. All the same I felt I had company with me for the six weeks it was there. So after the operation, instead of just getting on with life again, I felt myself missing the companionship and going back all

the time to remembering the feeling. That made it hard.' (p. 97)

### *Abortion as a Source of Conflict for the Mother's Self-identity*

However, an unexpected pregnancy does not always act as a positive confirming other for the self. It can disconfirm certain aspects of the mother's self-identity, or provide a rich source of conflict and confusion. Laing points out that a person's desire for an identity through the eyes of others is not experienced in a straightforward fashion. Such a need evokes ambivalent feelings; we both wish for it, and resent it.

This ambivalence can be seen in many women's expression of contradictory feelings about their pregnancy. In preparing this paper, we conducted open-ended taped interviews with ten women, aged 16-31, who had in the past made the decision to abort. One of the women we interviewed, aged 22, talked of her aborted pregnancy a year ago, 'I felt elated and proud, a sense of achievement. I had managed to create this thing, something that was a part of me, but at the same time I felt a terrible sense of powerlessness and frustration, like a foreign body had invaded me and was taking away my control'

This confusion can also be understood in terms of 'ontological insecurity'. Laing explains in *The Divided Self* (1969) that in order to merge with an other, we need a firm sense of our own autonomous identity. The ontologically insecure person has no such security, and every relationship is seen as a threat to the identity, as over-

whelming and engulfing. Existing side-by-side with this fear of engulfment is a sense that one is ontologically dependent on others for one's very being – the need for self-definition through others is exaggerated to the extent that without the presence of others the person feels they simply do not exist.

So we can understand the ambivalent feelings experienced by some women over their pregnancy – the baby fills the need for a 'permanent' other, and yet this merging is at the same time dreaded, and perceived as overwhelming. Fear of engulfment may be particularly acute in pregnancy, as the baby does literally take over the woman's body.

In looking at women's emotional reactions to abortion, it is important to note that the pregnancies which are then aborted are nearly always unplanned pregnancies. This means that the identity associated with motherhood is imposed on the woman. One such identity which is forced upon the mother by virtue of her pregnancy is that of 'womanhood' or 'adulthood'. A woman who has the possibility of bearing a child has to acknowledge the consequences of her sexuality, and the fact that she is now responsible for another person's life. For a woman or girl, the new identity of motherhood might contradict sharply her previous self-identity.

A second woman we interviewed (aged 22) had an abortion at the age of seventeen. She expressed her mixed feelings about becoming a mother: 'I had split feelings; I heard two voices inside me all the time. On the one hand I felt I ought to be strong and have the child, and yet the other half of me felt weak and frightened,

that I wasn't capable enough to bring up a child. I felt I was still a child myself. You know I still hate myself for not being strong enough.'

For some women, unplanned pregnancies confer on the mother an awareness of her sexuality and womanhood, contradicting their existing self-concept as a girl, or innocent child. This was summed up by another woman we interviewed (aged 20) who said, 'I felt that I'd lost something even before the abortion, my innocence perhaps, the final stamp of adulthood. I was no longer a child. I could conceive. I was no longer responsible for myself but for another being.'

According to Laing, if a person is unaware of the contradictory nature of the self-concepts imposed upon them, the result can be intense confusion. One possible outcome is that, 'without knowing why, one feels suffocated, oppressed, stifled, hemmed in' (Laing 1984, p.143). This may in some way render intelligible some women's sense of confusion over their sadness. In Neustatter's study several women mentioned that they could not understand their emotional reactions to their abortion. One woman who had apparently no problems with having the abortion only realised what an impact it had on her several years later, 'I used to get depressed for no apparent reason. I don't understand the sadness. Sometimes I just break down in tears and feel incredibly sad and fragile without understanding why' (Neustatter 1986, p.97).

However, for some women recognising their autonomy was seen as a rewarding growth experience, finding a strength they had not believed possible in them-

selves, and feeling that the conflict experienced before the abortion had helped them see clearly what they valued in their lives.

### *The Importance of Interpersonal Behaviour*

A crucial contribution of Laingian existential phenomenology to the study of abortion is his stress on interpersonal behaviour. To comprehend a person's experience, we need to include in our analysis the behaviour of others with whom that person lives out her everyday life. To understand a woman's experience of abortion, we need to look at her relationships with partner, family and close friends. In particular, consideration of how these others act in terms of disconfirming the pregnant woman's experience help us to understand better the trauma experienced by some women after abortion.

Laing has illustrated people's need to have their reality confirmed by others. He has shown that continued denial of one's reality by others can result in a sense of madness. Mainly because it touches too closely on a woman's sexuality and maternal nature, the subject of abortion still remains a taboo area. Neustatter found in her study that many women felt unable to discuss their feelings concerning the abortion, even with those people with whom they were accustomed to sharing intimate emotions. Women said that they felt unable to speak to others, either their boyfriend, family or friends, because of a fear of condemnation.

Much of this condemnation from others may be understood in terms of the interpersonal defences described by Laing.

A person may need to deny another's reality in order to maintain their own. For example, a mother of a pregnant girl or young woman may have a need to maintain the illusion that her daughter is still her needy, dependent little girl, too young to deal with sexual matters. She will disconfirm or deny aspects of her daughter's reality and behaviour which conflicts with her fantasy. The daughter's pregnancy is evidence of her sexual maturity, and so she will therefore need to deny her daughter's pregnancy. One woman stated in the Neustatter study that: 'My mother just isn't the sort of person you can talk to about anything intimate. She's always been very distant about everything to do with sex or emotional feelings and I just know she wouldn't have been able to help me in my troubles, so I didn't say anything and she never guessed.' (p.42) For these reasons, many pregnant women found that they were unable to express their feelings concerning their foetus. They felt trapped within their feelings, and alone, without anyone to share and understand what they were going through.

Mira Dana, who set up a women's post-abortion workshop at the Women's Therapy Centre in London, reports in *Abortion and the Emotions Involved* (1984) that the ability or inability to share one's experience with a confirming other during and after an abortion plays an important part in determining the degree of depression experienced by the woman. In the Neustatter study several women talked of the isolation and loneliness they experienced during and after the abortion, many believing that their reactions were unique and even pathological. Having one's experience of abortion denied by

others can leave the woman with many unresolved emotions for a long time after the abortion. As one woman from the Neustatter study remarks: 'I couldn't tell my mum, I knew she would be that mad and my dad would have kicked me out. So I just kept very quiet and when mum said how poorly I looked I told her I had a dose of flu. So I bottled up all the questions, all the things which worried me and went through it like a zombie, I still feel terrible about it a lot of the time.' (p.43)

### *The Role of 'Double Bind' Situations*

To look at factors which place the woman in a tenable or untenable relationship with her foetus, we need to consider Laing's use of the concept of 'double binds' (Laing 1984). Double binds are types of interpersonal actions and behaviour which result in placing the person to whom they are directed in an untenable position. A double bind situation may be the by-product of a person's self-deception – in order to maintain our self-deception we may need to deceive others. A double bind is often communicated non-verbally, where a person says one thing while their gestures and tone of voice will convey a different message.

Laing states that the person who is placed in the double bind can feel that their actions are stripped of motivation and that the situation is stripped of its meanings (Laing 1984). From looking at the data in the Neustatter study and our own interviews, it appears that women facing abortion are often placed in double-bind situations by those closest to them, either family, partner or close friends. For

example, the 'supportive' statement: 'This is your decision, you must do what you think is best' is too often accompanied by gestural and tonal cues which clearly communicate the non-verbal message: 'I don't have a clue how to cope with this. You handle it. But at the same time I shall resent and blame you if you don't make the decision I want.'

Research into the psychological effects of abortion needs to include analysis of the attitudes of the partner, family and close friends, who must obviously play a significant role in the woman's experience of abortion.

### *Conclusion*

In this paper we have proposed the need for a psychological perspective in which women's experience, ideas and needs are valid in their own right. In meeting this need, existential phenomenology provides an invaluable tool for understanding women's complex and varied experience of abortion.

Much of the so-called 'maternal instinct' and 'mother-foetal' bond can be considered from the perspective of the following Laingian concepts: the need to be central in an other's world, self-identity gained through others, and the process of collusion. From this analysis the foetus can fill the need to be central in another life more completely than any other relationship possibly can. The foetus provides an excellent complementary other, around which the mother can 'pivot' her life, and a perfect collusory partner. Looking at the mother-foetal bond in this way can help us understand how many women experience a loss of identity and loss of self-esteem after the abortion.

An unplanned pregnancy can stir up deep conflicts relating to self-identity. Abortion is a crisis which forces women to explain and confront their reality. One of the issues the woman is confronted with in deciding to abort or not is the recognition of her own autonomy. If this is in conflict with her present self-identity it can cause serious problems, while the recognition by others of her autonomy can be a rewarding growth experience.

In applying a Laingian framework to this area it becomes evident that to understand a woman's experience of abortion we need to look at the nature of her rela-

tionships with partner, family and close friends. Due to the paucity of available data in this area, we have only been able to indicate how these others can, by denying the woman's experience, or positioning her in a double-bind situation, place her in an untenable position. Research in this area has been constrained by over-reliance on a pathological model, and the humanistic psychology of the experience of abortion, as explicated here with reference to the work of R. D. Laing, can add considerably to our understanding of this very powerful and important subject.

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### *Further Reading*

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