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The Adolescent Experience of Pregnancy and Abortion: A Developmental Analysis[1]

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Discernible trends in the largely inconclusive survey-oriented literature on adolescent pregnancy and abortion suggest that demographic idiosyncracies or neurotic predispositions are the significant correlates of illegitimacy. An in-depth study of a homogeneous population of 13 unwed pregnant adolescents suggests a strong developmental determinant. The experience of pregnancy and abortion is heavily determined by the stage-specific conflicts of early, middle, and late adolescence. From an analysis of interview and projective materials, three clinically and statistically significant patterns of the experience and motivation for pregnancy emerge, one for each of the three adolescent substages. It is suggested that similar developmental paradigms could be applied to a wide range of adolescent issues.

INTRODUCTION

In an era of increasing public awareness about female psychology, illegitimate pregnancy and abortion are issues of major concern. Like many other problems of youth—the hippie movement, the proliferation of drug use—the occurrence of pregnancy in adolescence has frequently been exposed to intensely emotional coverage by the mass media.

Far more disconcerting than mass media sensationalism, however, is the fact that the issue of pregnancy and abortion has also been treated intemperately in the scientific literature. Careful reviews of this literature over the past 30

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years (Simon and Senturia, 1966; Whittington, 1970; Wyatt, 1967) suggest that many writers bring both theoretical and personal biases to their studies, leaving us with few writings based on a thorough analysis of objective data. The unusually limited amount of hard evidence in this field may be due to emotions aroused by the topics of adolescent pregnancy and its deliberate termination.

Suffice it to say that the literature on pregnancy and abortion has not been satisfactory. Most of the studies to date have been either broadly armchair or narrowly survey oriented. They have tended to place together heterogeneous groups of girls under the rubric of "illegitimate pregnancies"; few have given careful attention to individual differences. No study to our knowledge has shown sufficient understanding of developmental stages and their enormous significance in adolescence.

This research proceeds from a conception that the meaning of a critical event in adolescence is intimately connected to the developmental stage in which it occurs. On the basis of theoretical writings, we hypothesized that developmental level would provide an effective means of differentiating individual variations in experience.

Proceeding from that assumption, we will reject the contradictory conclusions of previous literature in the field which suggest that illegitimate pregnancy is a consequence of demographic factors, idiosyncratic family constellations, or neurotic conditions. Rather, we will demonstrate that a careful consideration of developmental factors can lead to an understanding of the experience of adolescent pregnancy. We expect that the experience of illegitimacy will be unique for the early, middle, and late adolescent girl, and that it will be the developmental context which accounts for the difference in meaning and message of the pregnancy.

Let us begin by looking at the literature which best describes the characteristics of the three primary stages of female adolescence. The scales we have composed for sorting our sample into their respective developmental categories are derived from the psychoanalytic literature on adolescent development and the complementary literature on female psychology. We will introduce our clinical findings with this theoretical paradigm because of its applicability to a wide range of adolescent issues.

STAGES OF FEMALE ADOLESCENCE

Most writers divide adolescent development into four continuous periods: preadolescence, early adolescence, middle adolescence, and late adolescence. Each stage presents the girl with distinct developmental tasks, leading her from tomboyishness to femininity. While different writers suggest varying chronological ages at which each stage occurs, it appears (as with physical puberty) that the progress of psychological puberty varies greatly. One can encounter an

18-year-old who should by chronology be in late adolescence and struggling with identity issues but who is in fact still tied to the bisexual conflicts of early adolescence. Of course, remnants of earlier conflicts always appear in later stages of development, but some resolution of early adolescent issues is necessary before a girl can move on to the problems of the next stage. As we present the four substages in female adolescent development, we will offer the modal ages for each stage as suggested by psychoanalytic theory; however, it is essential to keep in mind that these vary considerably for different girls.

Preadolescence (ages 10-12) follows closely on the heels of latency, and in many ways these two stages are close relatives. In preadolescence, however, the diligent work orientation and approachability of the latency-age child fade and are replaced by a more frantic kind of activity. The onset of preadolescence is accompanied by an increase in the quantity of drives; at the same time, a rather harsh and vigilant superego emerges to control the strengthened impulses. The same-sex affiliations, so characteristic of latency, tend to reach a peak in preadolescence and assume unprecedented significance. For boys, preadolescence is often referred to as the "gang stage" (Blos, 1958). The boy's task in preadolescence is to begin an attempted resolution of oedipal conflicts. In order to ward off castration anxiety, the boy throws himself into phallic, gang-oriented activity and thereby successfully avoids the opposite sex. The girl, on the other hand, begins to undertake the transition from phallic sexuality to heterosexuality. She defends against the temptation to return to the preoedipal mother by frantically flinging herself into relationships with boys. She also seeks out surrogate mother figures with whom to identify—usually teachers and peers, who are safer than her mother. The mother as a confidante and object of primary identification is cast off because of her liability for dependency and regression. Girlfriends (and most frequently one particular girlfriend) assume the role of confidante. Secrets and curiosities are exchanged with great fervor and mutual loyalty. Unlike the boy, who avoids heterosexual issues by acting out in a phallic, gang-oriented way, the girl tends to confine herself to monogamous relationships. The girls in these liaisons may compare and share sexual secrets and fantasies. Curiosity rather than a fundamental attraction is the binding factor in these relationships. Together the girls play-act at various transitory identifications. One example of this offered by Deutsch (1944) is the frequent play-act of stuffing pillows under one's clothes and pretending pregnancy. Many such shared fantasies relate to the physical growth characteristic of this early period. Tomboyishness, as a residue of latency, may still persist as a defense against emerging femininity. Deutsch says that preadolescence has the liability of fixation at play-acting, better known as the "as if" personality. If successfully resolved, this stage should lead the girl to increasingly accurate reality testing.

Also according to Deutsch, the transition from preadolescence to *early puberty* is quite fluid, and elements of the earlier stage leave a heavy residue in

the later one. Early puberty occurs at ages 12-15 and is marked by an increase in specific sexual impulses, which were present only in a general form in preadolescence. Much bodily growth and the onset of menstruation often occur at this time, and the body image of the young adolescent girl takes on a distinctly bisexual character. While the sloppiness and unkemptness of the tomboy era may persist in early adolescence, there is in addition a beginning experimentation with feminine dress and makeup. Whereas boys in early adolescence are also sloppy, they tend to be more consistently so, and their accompanying stance is more defiant and rebellious than the girls'. Whereas dyadic friendships come to play a role in the life of boys, girls now add group affiliations to their repertoire. However, their group lacks the revolutionary quality of the boys' gang. Girls' groups tend to be three-person or triangular in structure, in response to the resurgence of oedipal issues and their working through.

For both boys and girls, relationships at this stage take on a more sadomasochistic cast, as is exemplified by the young adolescent girl's "crush." Frequently, two girls will share the same crush, and there is a vacillation in object choice between love for one girlfriend and love for the boyfriend; it is a metaphorical wavering between the mother and the father. The sexual impulses which occur are not yet genuinely heterosexual but rather have an experimental flavor and a nonspecific goal. The important difference between the monogamous secret-sharing of preadolescence and the triangular friendships of early puberty is that the latter heralds a beginning attraction rather than curiosity alone. Rivalry and jealousy emerge strongly for girls in early adolescence, and devastation by the betrayal of friendship is common. Homosexual fixations represent a danger of early adolescence if a resolution of the triangular relationships is not effectively achieved. At this stage, the girl continues to live out relationships "by proxy" and in fantasy, primarily in the form of bisexual crushes.

Adolescence proper or *middle adolescence* (ages 15-18) has held the spotlight in the psychoanalytic literature and has been the source of a great deal of overgeneralization in the popular media.

Adolescence proper involves a peaking of libidinal impulses and an accompanying fluidity in the structural organization of psychic functions. The paradigm of this period is the downfall of the parent as an idol and an attempt to sever attachments to both mother and father. In struggling with their dependency wishes, girls may suddenly find their parents' every habit distasteful (how the father shaves, what the mother eats, etc.). The father, who is the object of an exacerbated oedipal struggle, is now particularly the focus for such ambivalence.

Wildly varying affects, from depression to euphoria to dreaminess (Jacobson, 1961), also predominate in this stage. Mood swings go from the

mourning of lost objects (parents) to love-stricken rapture with new objects (peers). Throughout this effort to break with parental ties, there remains much underlying dependence so that new relationships are frequently formed with a component of revenge or spite. Such motivations are aimed directly at the parent and preserve the wish to arouse attention and concern.

The beginning of heterosexual object finding and experimentation also takes place in middle adolescence, and the actual object choice is made on a very narcissistic basis: who will gratify the most needs and who will best feed the ego. Objects are frequently collected and quickly discarded, and broken hearts abound. The narcissistic quality of this stage is highly significant because there is really a great deal of self-absorption in these "relationships" and much of what is experienced as "love" occurs primarily in fantasy. There are, of course, important sex differences here. While the boy moves directly from masturbation fantasy to sexual intercourse, the girl spends a longer time with fantasies of sexuality. In other words, when it comes to sexual experimentation in adolescence the boy tends to be outer-directed and the girl more inwardly directed. Deutsch (1944) calls much of the girl's early experience of sexuality "pseudology," since it has such an unreal cast. Writing love letters to herself, crushes, and fantasy relationships all fall in this category. From her point of view, the girl identifies strongly with her fantasy-laden love objects and is deeply wounded by any rejection. Her reaction has much to do with her having renounced her own ideas and "self" in order to adopt those of the fantasied lover. Deutsch refers to the selfless devotion of the girl as a "Dulcinea complex." Dulcinea types are graced with an extreme passivity which leads them to glamorize and idealize love and sexuality. This danger of remaining *too* passive is a liability for middle adolescent girls.

In addition to the "Dulcinea complex," Greenacre (1950) suggests another "specious" form of femininity in adolescence, "the Medea complex." This syndrome comes from a severe case of penis envy, feelings of rejection and disappointment, and is characterized by hyperaggressiveness. The extremes of both passivity and aggressiveness are pathological detours for middle adolescence. With either of these, there is the danger of regression to an homoerotic object choice based in the first instance on an unwillingness to relinquish dependence on the mother and in the second on the fury of accompanying masculine protest.

As is probably apparent by now, the drive organization of the middle adolescent girl is highly idiosyncratic and is often in a state of disequilibrium. One minute the girl feels misunderstood, unloved, and isolated; the next minute she feels narcissistically absorbed, ecstatic, and popular. The force of narcissism which works to salvage positive feelings and allows for creative sublimation is most helpful in resolving the main issues of this stage: a more mature integration of affectional object relationships.

Of the three main stages of adolescence, *late adolescence* has probably received the least attention in the psychoanalytic literature. This is likely because its dynamics are more psychosocial than they are psychosexual.

Of the psychoanalytic theorists, Blos (1962 *a,b*) is one of the few who has written about late adolescent issues. He suggests that the crucial goals of this stage are consolidation of identity and genital primacy. It is in this period, ages 18-21, that the character of the adolescent takes on a certain fixity and where vocational and family goals crystallize. Whereas in earlier stages of adolescence, the ego has been engaged in a tug of war with id and superego forces, in this later period the ego has a promise of victory. Even when late adolescence progresses optimally and the ego is in control, early conflicts are never completely resolved; rather, they find a niche in the context of the functioning personality. Many if not most of the infantile struggles which reappear in early and middle adolescence continue in latent form life-long. What does consolidate in late adolescence is a more firm ground for reality testing, an overt heterosexual object choice, and continuity in the sense of the self.

Just as there is the liability of an "as if" fixation in preadolescence, the possibility of an homoerotic adjustment in early adolescence, and the danger of hyperpassivity in midadolescence, the late period, too, is fraught with complications. Blos labels a few of these: "protracted adolescence," "incomplete adolescence," and "miscarried adolescence." In the first instance, there is an indefinite putting off of commitments and decisions; in the second case, a passive, withdrawing stance is dominant; and in the third, a neurotic adjustment is consolidated.

At very best, the period of late adolescence allows for the *integration* of a sense of self, but the actual *implementation* of this self (in terms of a mature moral character and the cementing of permanent relationships and pursuits) occurs only in postadolescence. There may even be a lapse in time between late adolescence and adulthood—and therefore a delay in the implementation of commitments. Erikson (1968) refers to this phase as a "psychosocial moratorium," a norm for many people who are in graduate school, because they tend to postpone the time of formal occupational and interpersonal commitments. In this stage, the danger of psychopathology takes the form of "identity diffusion," where a sense of self is not consolidated.

We can see that each of the three stages of adolescence has its own character and stage-specific conflicts; each in a sense describes a unique personality constellation. Perhaps this gives us a clue as to the diverse findings in in the literature on adolescent pregnancy: for many of the available studies, the authors are actually describing one or another of the stages of adolescence and generalizing from that to adolescence as a whole.

What we must now bear in mind is that a symptom in itself does not tell us enough without our being able to fit it into an appropriate context. To know

merely of a symptom in isolation would be about as mystifying as learning about an analysand's dream devoid of any associations. By providing a developmental context in which to study adolescent pregnancy and abortion, we hope to be able to highlight three basic patterns of experience which could yield understanding applicable both for professionals dealing with problem pregnancy and for those practitioners involved in the treatment of a wide variety of adolescent dilemmas.

METHOD

Our basic methodological thrust is intensive and clinical. This means that we studied in depth and over an extended period of time relatively few subjects (Chassan and Bellak, 1966). We will present here only the broad outline of our procedures, tests, and scales,[3] which are to serve as a backdrop for the clinical findings which constitute the body of this paper.

The participants for our study were 13 unmarried girls ranging in age from 15 to 26. Socioeconomically speaking, all our subjects were of middle-class origin. There was no apparent preponderance in religious affiliation, nor were there exceptional vicissitudes of divorce or separation in the families of origin. Three of the girls were high school seniors, one was a working high school graduate, five were college students, and four were college graduates (two working and two graduate students). The subjects were all pregnant at the time of our interviews with them, and the progress of their pregnancies ranged from 7 to 13 weeks.

All of the girls were seeking a therapeutic abortion at a large university hospital. These 13 constituted virtually all of the unwed applicants for nonmedical abortion at the hospital during a 6 month period in 1970. All of our subjects but one (for reasons unclear) were ultimately granted a therapeutic abortion, although at the time of our initial interview the outcome of their request for termination of pregnancy was uncertain.

Procedures

Prior to our research interview, each girl was first seen by the psychiatry member of the hospital's abortion board, and it was he who introduced the subjects to our study. If the patient then agreed to participate, she was seen by us that same afternoon. (All but one of the applicants agreed to be seen for our study.)

[3] Details of the methodology may be obtained by writing to the author at The University of Michigan, Mental Health Clinic, 207 Fletcher St., Ann Arbor, Michigan 48104.

The initial interviews and psychological testing with our patients took about 2-3 hr, with breaks as requested. The *initial interview* was composed of seven major areas of inquiry: (1) the patient's pregnancy, how, why, and with whom it occurred; (2) her current physical and emotional status; (3) her previous experiences with pregnancy, real or fantasied; (4) the patient as a person; (5) her family background; (6) her social and sexual history; (7) her perception of the effect of pregnancy and abortion on her life.

Each subject was asked every question in the interview schedule but was permitted to deviate or elaborate when she wished to. In general, the questions were designed to give information about the patient's life, background, and object relationships for determining her developmental stage (the independent variable) and to yield a picture of her experiences of and motivations for pregnancy and abortion (the dependent variables).

In addition to the lengthy initial interview, which was tape-recorded, we also included an administration of a modified Draw-a-Person test (including drawings of an adult male, an adult female, and a baby), six Thematic Apperception cards, and two Early Memories, all of which related to pregnancy and motherhood.

At the conclusion of this initial session, the patient was instructed to let us know the outcome of the abortion board's decision and to call us before she was admitted to the hospital if she were approved. She was also told that she could call us to discuss anything she might want to in the course of her pregnancy and possible abortion and that we would set up extra meeting times. When a girl neglected to contact us after her approval by the board, we made an effort to reach her. However, difficulties in locating her often clandestine whereabouts, her anxiety over hospitalization, and the hospital's frequent neglect to inform us reduced the size of the followup group from 13 to six.

The followup subjects were seen twice in the hospital, once prior to the abortion and once afterward. Since they were usually hospitalized for only a 3 day period, these two briefer interviews occurred in close succession. The Draw-a-Person productions were repeated for both in-hospital sessions. A final interview was arranged for 6 weeks after the abortion and hospitalization. It was 1-2 hr in duration and included a repetition of all the psychological tests.

The Independent Variable

The determination of the subjects' stages of adolescence was based on a scale which we composed from a content analysis of the relevant literature, which we have just reviewed. The scale consists of five main categories, and 15 items in all. For a girl to be rated in early, middle, or late adolescence, she had to respond in a manner appropriate to two-thirds of the items at one of these stages. In other words, the stage of adolescence for each subject was decided by

a cutoff score, on the assumption that developmental stages such as these are continuous; while a given girl might be located essentially at one stage, she will still show some remnants of an earlier developmental era as well as some inklings of a future one.

The five areas covered in the developmental scale were (1) the person most related to the girl's conflicts, (2) the quality and style of object relationships, (3) her view of herself, (4) her use of defense mechanisms, and (5) her goals and interests. We have learned from the literature on female adolescence that these five factors should discriminate well among early, middle, and late adolescents as follows.

Significant Persons

The *early* adolescent girl is most related to a same-sex friend, since her orientation is bisexual and emphasizes a displaced wish for closeness with the mother. We expect, therefore, that she will have brought her girlfriend to the hospital interview, that she has told only girlfriends about her predicament, that the conception may even have occurred in a girlfriend's apartment, and that female peers are most involved in her future plans.

Parents are most focal for the *middle* adolescent girl, particularly since she experiences an oedipal renaissance at this time in her development. Because of her feelings of rivalry with her mother for her father's love and attention, we expect that the parents' reactions to her pregnancy will be felt as crucial. Therefore, we anticipate that a parent will accompany the middle adolescent to her interview, that she will have told her parents of her pregnancy, and that she has likely conceived under their roof.

Finally, the boyfriend is the primary object of importance for the *late* adolescent girl; we expect that he will accompany her to the hospital, that it is he alone in whom she has confided about her pregnancy, and that the conception would have occurred in his apartment.

Object Relationships

The *early* adolescent shows transitory, unfocused, and "as if" relationships. She tries on different stances and relationships, often masochistically. We anticipate that she will describe her relationships with people in a vague and decathected manner, particularly those with her "boyfriend" and family. We expect also that her experience of sexuality will be depersonalized and anxiety laden.

The *middle* adolescent collects objects narcissistically; at the same time, she experiences rivalrous, rebellious, arrogant, and self-deprecatory feelings in relation to other people.

For the *late* adolescent, object relationships become more realistic, and she attempts to consolidate her identity. Her self-description and the description of her relationships with others should show some degree of realism, maturity, and sense of commitment, much more so than the other two groups.

Self-perception

The self-representation of the *early* adolescent exemplifies her bisexual identity, a sense of fleeting identifications and an as yet unstable self-image. We expect the DAP of the female figure to show some masculine characteristics and probably to be drawn second. We further expect her to have difficulty in answering the question "How do you describe yourself?"

The *middle* adolescent is preoccupied with her increasingly feminine body image, and she is quite absorbed with herself as a special and creative being. She responds to questions in a narcissistic and often grandiose way. We would expect her DAP and self-description to be hyperfeminine, glamorized, and dramatized.

Once again, we expect the *late* adolescent to draw on paper and in words a more realistic and feminine self-percept.

Defensive Style

The *early* adolescent girl is in constant danger of acting out through poor self-control. Her secret fantasy life and passivity lead her to use denial and isolated affect as her primary defenses. We would expect her to deny her pregnancy and wait a longer time than the other two groups before seeking out a doctor.

In *middle* adolescence, intellectual and narcissistic defenses predominate as does a vacillation between asceticism and hedonism. We would expect that this girl will recognize her pregnancy earlier than the early adolescent and later than the late adolescent girls.

The *late* adolescent once again is the most realistic of the three groups, and we would expect her to deal with her problem pregnancy early and to show greater maturity in expressing her identity struggles.

Goals

The *early* adolescent is unfocused and generally unable to think beyond tomorrow. The *middle* adolescent will have some partially formed fantasies for the future. The *late* adolescent has her goals most clearly in mind—marriage and/or life work. She may even have begun to work toward these in reality.

The Dependent Variables

There are eight main dependent variables in our study. The material for

these is entirely contained in our 13 initial interviews and tests. These variables are (1) knowledge of conception and contraception, (2) motivations for pregnancy, (3) experience of pregnancy, (4) experience and anticipation of motherhood, (5) attitudes toward abortion, (6) perception of the fetus, (7) fantasies of change, and (8) sense of the effect of pregnancy on the future.

We hypothesized that girls who are at different stages of adolescent development (early, middle, or late), and therefore with different levels of object relatedness, will have varying motivations for and experiences of pregnancy and abortion on each of these eight variables as follows.

1. With respect to *knowledge of conception and contraception,* the early adolescent has little and distorted information; the level of knowledge as well as a sense of responsibility for the conception increases as we move to middle and late adolescence.

2. *Motivation for pregnancy* in the three groups is age-syntonic: the early adolescent girl is acting out diffuse and/or counterdependent reactions to her mother, as well as testing out new and mysterious bodily functions. The middle adolescent motivation for pregnancy is oedipal in nature, with an effort to establish a sense of parental independence and femininity, by competing with the mother for the father's love and attention. The late adolescent girl wishes for interpersonal commitment and becomes pregnant in an effort to persuade her reluctant suitor to marry her.

3. *Attitudes and experience of pregnancy* vary in the three stages as follows: The early adolescent girl denies most of the physical and emotional realities of her pregnancy and shows symptoms of isolation, depersonalization, and depression. The middle adolescent girl dramatizes her bodily and emotional experience and feels possessive of the fetus as a powerful instrument by which to assert independence from her parents. Her experience of pregnancy is therefore an ambivalent one: a mixture of pride and guilt. The late adolescent girl experiences both more reality and more pleasure in her pregnancy and sees pregnancy under different circumstances as a generally more positive experience than do the other two groups.

4. In *thinking of herself as a mother,* the early adolescent remains too tied to her own mother to conceive of herself in that role. While the middle adolescent cannot really see herself as a mother either, she begins to fantasize about motherhood in an ambivalent way. The late adolescent is closest to genuine maternal feelings and anticipation of a mothering role in reality.

5. With respect to *attitudes toward abortion,* the early adolescent girl is judgmental about the issues and at the same time somewhat uninformed. The middle adolescent has an inconsistent and malleable philosophy about abortion reflecting her ascetic and hedonistic vacillations. The late adolescent shows an integrated philosophy with regard to the issues and is able to relate it to her own current predicament.

6. The three groups perceive and *fantasize about the fetus* in different

ways. The early adolescent sees the baby as unreal. The middle adolescent views the fetus as a powerful tool. The late adolescent girl once again assumes the most realistic appraisal of a babylike fetus.

7. To the question "What would you change in the situation if you could change anything?" we expect a response which tells us something about the *girls' handling of a reality crisis.* The early adolescent wishes to change something irrelevant or highly unfeasible. The middle adolescent with her typical narcissism seeks to change the qualities of an object outside of herself (most likely her parents). The late adolescent seeks a realistic change having to do more with herself.

8. The early adolescent's *sense of the future* is vague, with an accompanying sense of helplessness, *in the face of her pregnancy.* The middle adolescent thinks in terms of rebellion toward her parents and is ambivalent about her projected plans. The late adolescent girl has begun to think seriously about her future and is not significantly daunted in her perspective for having had an illegitimate pregnancy.

QUANTITATIVE RESULTS

The Independent Variable

The scale for determining the stage of adolescence for the 13 subjects yielded a distribution of five early, four middle, and four late adolescents. Rater consistency for the independent variable was 86% agreement. A median of 12 out of 15 stage-consistent items was obtained for the sample. No girl scored less than 10 out of 15 stage-appropriate items, and one tallied as high as 15 out of 15 items. Therefore, our prediction that each subject would have scores clustering around a single stage of adolescence was verified. This can be seen more specifically in Table I.

We also see support for the hypothesis for the independent variable: that age, demographic characteristics, and diagnosed personality style do not correlate with our evaluation of the subjects' stage of adolescence in any way. We therefore may say that we have succeeded in developing a scale for the factor of stage of adolescence which is independent of the three variables most commonly found in the literature on adolescent pregnancy.

The age range for our subjects is, as we have said, from 15 to 26. While typically researchers have divided their samples along strict chronological age lines, we find that chronological age and developmental age are not necessarily related in adolescence. While clearly some of the oldest girls are in the late adolescent group and some of the youngest in the early adolescent group, we cannot assume this to be true without first assessing the object relations and general developmental maturity for each subject. Although girls in their mid-20s

Table I. Distribution of Scores for Determination of the Independent Variable: Stage of Adolescence

Stage	Subject No.	Early responses	Middle responses	Late responses	Ratio of stage-appropriate responses
Early	1	15[a]	0	0	15/15
Early	2	12[a]	3	0	12/15
Early	3	13[a]	2	0	13/15
Early	4	11[a]	3	1	11/15
Early	5	10[a]	2	3	10/15
Middle	6	0	12[a]	3	12/15
Middle	7	2	11[a]	2	11/15
Middle	8	4	10[a]	1	10/15
Middle	9	3	12[a]	0	12/15
Late	10	1	2	12[a]	12/15
Late	11	2	1	12[a]	12/15
Late	12	2	1	12[a]	12/15
Late	13	3	2	10[a]	10/15
				Median ratio	12/15

[a]Stage-appropriate responses.

would not typically be classified as adolescent, once again we find it necessary to evaluate their developmental status and not chronological age. Much of the literature on adolescence (Blos, 1962*a*,*b*; Wittenberg, 1955) suggests that "protracted adolescence" or delayed adolescence has increased in frequency along with the increase in advanced education and the postponement of family responsibilities.

The demographic characteristic of religious affiliation and conviction as well as the organization and stability of the family unit appears to vary randomly across our three groups. Indeed, the array of demographic factors is rather unspectacular and most probably is compatible with base rates for the general population. We have already noted that all of our subjects are middle class and that pregnancy in lower-class groups is a very different phenomenon, something which we do not presume to study here. Suffice it to say that there does not appear to be any consistent factor in the demographic data which is associated with pregnancy in our sample.

Finally, we have a reasonably distributed assortment of personality styles in our three groups of adolescents. No girls were diagnosed as suicidal or psychotic, and only one was seen as more than moderately disturbed. (As we

shall see later, most of the rater variance can be accounted for by her scores.) We see that diagnosis does not account for or differentiate among our three groups of adolescents.

We conclude, therefore, that stage of adolescence in our sample is independent of the subjects' age, demography, and personality style.

The Dependent Variables

All of our eight major hypotheses are confirmed. This means that the experience of pregnancy, the experience of abortion, attitudes toward mothering, knowledge of conception and contraception, perception of the fetus, reality sense in crisis, anticipation of the future, and motivations for pregnancy all come in three forms: one for the early adolescent, one for the middle adolescent, and one for the late adolescent. The specific variation in these variables for each stage will be given in detail following a presentation of the statistical findings.

The relationship between the independent variable and each of the eight dependent variables is shown in a 3 by 3 matrix (Table II). The degree of correlation between the two variables has been tested by applying Kappa. Kappa is a nonparametric chance-corrected index of agreement which can be weighted for the importance of disagreements. The importance of disagreements in the matrix may be weighted by the square of their distance from the absolute-agreement diagonal. Thus the cells of the middle-agreement diagonal are weighted 0, the next diagonal 1, the next 4, the next 9, and so on. With these weights, Kappa becomes equivalent to Pearson's r, the commonly used parametric correlational statistic, and it can be tested for its level of significance.

From Table III, we can see that all of our eight correlations were statistically significant beyond the $p < 0.01$ level as tested by Kappa.

From Tables II and III, it is apparent that the vast majority of our sample respond in a stage-appropriate manner. The early and middle adolescent groups are particularly consistent. Most of the variance in the late adolescent group can be accounted for by subject 13, who was far more disturbed than any other girl in the sample and who, we now feel, had many more regressive elements in her responses than one would typically expect of a late adolescent. This same subject (13) and one other (5) also account for the greatest portion of the rater variance. Were we to throw out these two subjects, the percent of rater agreement for the eight dependent variables would jump from 86 to 94.

While we are quite convinced that the variability in scores and ratings for subject 13 is due to her schizoid character, we are less sure as to the reason for rater variability with regard to subject 5. The likeliest explanation is that this subject was locked into an early adolescent passivity and secretiveness which had the effect of making her responses somewhat briefer than the others and therefore, perhaps, a bit more difficult to rate. In general, the greater rater

Table II. Raw Data Matrices for Each of the Eight Major Dependent Variables: Stage of Adolescence (Independent Variable) Plotted Against Developmental Level of Responses

Stage of adolescence	Developmental level of response		
	Early	Middle	Late
	Variable 1: Knowledge of conception and contraception		
Early	5	0	0
Middle	0	4	0
Late	0	1	3
	Variable 2: Motivation for pregnancy		
Early	5	0	0
Middle	0	4	0
Late	0	1	3
	Variable 3: Experience of pregnancy		
Early	5	0	0
Middle	0	4	0
Late	0	4	0
	Variable 4: Sense of self as a mother		
Early	5	0	0
Middle	0	4	0
Late	1	0	3
	Variable 5: Attitudes toward abortion		
Early	4	1	0
Middle	0	4	0
Late	0	1	3
	Variable 6: Perception of the fetus		
Early	5	0	0
Middle	0	4	0
Late	0	0	4
	Variable 7: Coping with reality crisis		
Early	5	0	0
Middle	0	4	0
Late	1	0	3
	Variable 8: Sense of future in relation of the pregnancy		
Early	4	0	1
Middle	0	4	0
Late	1	0	3

Table III. Kappa Scores for Each of the Eight Major Variables and Their Corresponding Significance Levels

Variable No.	Kappa	Variance	z score	Significance level
1	0.9396	0.0796	11.79	$p < 0.01$
2	0.9396	0.0796	11.79	$p < 0.01$
3	0.6700	0.0493	6.05	$p < 0.01$
4	0.7740	0.0695	11.41	$p < 0.01$
5	0.0024	0.1339	6.739	$p < 0.01$
6	0.5348	0.0589	9.078	$p < 0.01$
7	0.7740	0.0695	11.41	$p < 0.01$
8	0.5502	0.0283	19.44	$p < 0.01$

variability for the late adolescents on the dependent variables is likely due to the remnants of the two previous stages which they have passed through.

CLINICAL FINDINGS

Having presented a statistical summary of our results for the major dependent variables, let us now turn to a more detailed clinical review of the hypotheses and our findings. We begin with a section on each stage of adolescence, giving a description of the experience of pregnancy and abortion for each. We will proceed stage by stage and variable by variable[4] offering clinical examples from the interview and projective materials so as to give a fuller flavor of the developmental differences among the three groups.

Following this, we will deal again in a more clinical way with the remaining dependent variables which were not covered in the statistical design: the in-hospital experience and followup data on six subjects.

The Early Adolescent

In obstetrical circles, it is a common belief that teenage girls get pregnant because they lack information about pregnancy. Our findings would suggest that this is true to a great extent for the early adolescent girl. We qualify this statement because her lack of knowledge is tempered with a great deal of denial and embellished by distortions.

When we queried each early adolescent girl about her *knowledge of conception and contraception,* we typically got answers such as

[4]Each variable is italicized as it appears in the text.

> I don't know very much information about contraception. It happened, first it wasn't planned or anything. It was the first time I ever had complete intercourse. I just never figured that it was going to happen like on a day to day basis. I just didn't. (subject 2)

or

> Well I can't really say I know a lot because I didn't plan on going out with just any guy or anything. There has to be some kind of love there before I would do it. Like I haven't taken birth control pills or anything. I just feel uninformed. (subject 1)

or

> I know more about birth control than anything else. [Interviewer: What forms of birth control have you heard about?] None. I don't know any. (subject 5)

One can see from these three responses an emphasis on their lack of planning and a denial of responsibility for the conception which ensued. One girl went as far as to say that she was not sure what intercourse was or even if she had had it. She had, she said, attended a party, had a drink, "blacked out," and does not remember anything more (subject 3).

Those early adolescents who show *some* knowledge about pregnancy frequently deny and/or distort it. An early adolescent textbook on obstetrics as obtained from our sample would contain the following "facts": (1) The pap smear is a pregnancy test where a negative result indicates the absence of conception. (2) If the man uses a condom several times, it should remain effective so long as he rinses it out. (3) A girl cannot get pregnant if she is not married.

The early adolescent's emphasis on denying the conception also extends to the question of who is responsible. She tends to dissociate herself from any motive or blame in the situation and projects her guilt, which is well concealed from herself. Usually a little-known boy is the villain. As one girl describes him: "I don't talk about it at all. I hate him. I am how he made me" (subject 1). Others place blame upon their mothers for a distant or nonexistent sex education. Still others feel that the church prohibition of birth control is the reason they did not seek out contraceptive protection.

Note that the early adolescent's disavowal of any and all responsibility for her pregnancy is not the same as the externalization which, as we shall see, characterizes the middle adolescent group. Our early group shows a much more primitive flight from reality and from a sense that they have any control in the situation.

In this early stage of fluid impulses and easy acting out, an example of the strength of denial may be seen in the girl who said she was never more horrified than when she was in the fifth grade and some

> smelly girl who swore a lot put it so bluntly to me and said, "Hey do you know that a guy sticks his thing into a girl and he pees and she gets pregnant?" (subject 2)

What the girl focuses on in this memory was that someone verbalized an attempt at stating sexual facts. Due to the shaky femininity of the early adolescent, open communication about sexual matters is extremely threatening.

In noting the fluid impulses of the early adolescent girl and her propensity for acting out, we are naturally led to an examination of her *motivations for pregnancy.* Deutsch (1944) and others have cautioned that the early adolescent has an ego structure which has been loosened up for the eventual task of maturation. However, this leaves her vulnerable to fleeting identifications and in great danger of acting out.

The motivation for this acting out is specifically an increasing need to break away from strong ties with the preoedipal mother. Powerful wishes for closeness with the mother are defended against by equally strong counterdependent acting out. Early adolescent girls in our sample accuse their mothers of wishing to be too close to them, thereby projecting their own concerns. A typical complaint which we heard from this group went:

> Why can't I have a private phone? I have just an extension phone. She [mother] does that so she can listen in. I need privacy and I've got to be out on my own more doing things with my girlfriends instead of having her behind me. (subject 2)

One can see from this, too, that the early adolescent wishes to substitute a safer figure, like a girlfriend, in the mother's place. The underlying fantasy is that she will be able to merge with her mother by becoming one herself.

Our early adolescent subjects offered a plethora of examples of the theoretical formulations above. We begin with our observation for the independent variable: that these girls told girlfriends only of their pregnancy, conceived in a girlfriend's apartment, and brought the friend to their abortion interviews. We also noted that the male partner is quite irrelevant for the early adolescent girl. Usually he is little known to her and is a fleeting shadow of a character in all ways. It is rather the mother herself and the mother in the form of girlfriends who figure in the early adolescent experience of pregnancy and abortion. For example, whether to tell or not to tell the mother about the pregnancy becomes a major issue, and the girl projects her own distress and fear onto the mother. As one girl said,

> It would probably really hurt my mother. I just don't think my mother could take this. She might have a nervous breakdown. (subject 1)

Another said, "Well my mother would probably go off the deep end" (subject 5). Still another,

> My mother, she is the nervous type and she can't take much at all . . . and it doesn't take much at all to get her all upset and everything. And I know I think it would just break her heart to tell her. But I'm going to have to. (subject 3)

For many pregnant early adolescents like this one, breaking the mother's heart is the only way to attempt to break away from close and frequently symbiotic wishes.

Several of these girls (three out of the five) also had older siblings who had had a shotgun marriage. Our subjects noticed the attention their sisters got from the mother and tried to replicate the situation and gain the limelight for themselves.

A secondary motivation which we find in this group concerns the emergence of a newly feminine body in a still emotionally bisexual girl. Our early adolescents are full of reports of embarrassment about physical changes, and at the same time they display much curiosity as well as a wish to prove their feminine capabilities and to see if their bodies work. As one subject said,

> I used to have this fear that I could never have children. I think just about a year ago or something, my sister had her baby. I remember I kept telling my mother that, you know, that wouldn't that be terrible if I couldn't have children. Oh, she said, don't be silly. There's nothing wrong with you and all this stuff. (subject 2)

Another early adolescent in our group became pregnant after she said her "boyfriend"

> made a very nasty insult to my femininity. He said he thought I was a boy. Oh, I had been chewing gum. He said I chew gum like a boy, in fact I think you are a boy most of the time and not a girl at all. (subject 4)

The early adolescent is indeed on very shaky ground with her newly emerging femininity, and any assault on its slow and tender arrival becomes a challenge to prove she is really a girl. Threatened closeness from a seductive mother, whether real or fantasied, or an insult to her female self has a way of leading to pregnancy.

Since the early adolescent girl has little conscious awareness that she meant to get pregnant, she naturally has much difficulty in handling her *experience of pregnancy.* Once again, denial, fear, depression, and isolation come into play, and the pregnancy is experienced as unpleasant if it is acknowledged at all. Most often, the physical and emotional changes accompanying the pregnancy are denied, and the girl is only aware of a sense of sadness and a feeling that she cannot cope very well by herself. Of all the groups, the early adolescent one is the most likely to toy with a suicidal *gesture.* One girl said, for example,

> I really don't know if I have accepted the fact. I mean it's just kind of an abstract thing. Really, there hasn't been, you know, any changes physically for me anyway. And so I guess maybe like if I was forced to look at myself everyday and realize then maybe I would feel it. But otherwise it just seems really upset mentally, it has been really hard. But I can't deal with it, you know, the fact that I am pregnant. . . . . I am just going like to pieces. (subject 5)

Early adolescent memories concerning pregnancy tend to be depressive in

nature. They frequently indicate an identification with a relative or neighbor who also had an unhappy experience with pregnancy. Pregnancy is not felt or remembered as a positive experience. One typical memory reported in this group went:

> When I was about six or seven my mother had a miscarriage and she was really sick and she was in bed for a long time and I really can't remember thinking about the pregnancy. All I can remember is her being real sick. (subject 2)

The pregnancy experience is so alien to the early adolescent that she attempts to deny its reality in many ways. One of these is her tendency to blot out any awareness of her pregnancy before it is positively confirmed by a test. Thus a prerecognition of pregnancy, as we have called it, tends to be much less frequent than it is in our other two groups. When the early adolescent girl misses her period, she waits longer to get in touch with a doctor, and frequently (even after he confirms pregnancy) she attributes her symptoms to something else. Early adolescents most frequently cancelled their initial doctor's appointments because of fear, denial, and a pervasive conviction that "it couldn't happen to me." Because of this, it is really the early adolescents who need the most help and counselling, but (as we shall see shortly) they are the least likely to report for followup appointments.

As one girl said,

> Well I had a doctor's appointment [for the results of the pregnancy test] but I didn't go in. I guess I was scared because I knew you know. I just had a friend over at the house that spent the night and he [the doctor] called me over the phone and told me that I was pregnant. Well I guess I can't say that I wasn't expecting it but I wouldn't let myself believe that I was. I kept hoping that it was something else. (subject 3)

This repeated tendency to deny also is evident in the TAT stories. On card 2, the early adolescents are least likely (of the three groups) to notice the pregnant woman in the foreground. Instead, they simply see her as mad or upset:

> The lady looks just like she is not getting any attention or something. She looks worried. Maybe she is scared she won't get any attention or something. She probably doesn't get any attention. (subject 1)

It is clear that when acknowledgment of a pregnancy is so threatening, the *anticipation of motherhood* cannot be perceived as a joyous event in any way. In fact, the early adolescent remains too psychologically tied to her own mother, too concerned with attention for herself, to be able to even begin to think of herself in a mothering role. Once again, she denies the possibility of her own motherhood and cannot even in fantasy think of herself as caring for a baby. Her object relationships are by far too limited and weak. The only theme which emerges when she tries to think of herself as a mother is that she would be envious of her baby for her own mother's attention. This theme is quite prevalent in the projective material.

When we asked these subjects for their earliest memories of themselves as a mother, they responded as follows:

> I don't think I ever really did. (subject 5)

> At this point I don't want any part of this pregnancy or the baby, no part at all. At the moment it is the last thing in the world I want, the very last. . . . I can't really picture myself as a mother. (subject 1)

A third girl, when asked about herself as a mother, went on to describe fantasies about going to a convent, how she thought she would make a good nun instead.

TAT stories also reflect a basic rejection of motherhood. The two Pryor Object Relations cards which depict scenes of nursing mothers elicited the following typical response from one early adolescent girl:

> Well she looks like a little older woman. She doesn't look young. Not at all. And she is not, I don't know, she is feeding the baby and she is not really concentrating on it. She is just kind of, like she is wondering about something. [E: What?] I don't know maybe she is wondering about doing her housework. She doesn't look happy and she doesn't look young and she looks like she is not really paying that much attention to feeding the baby. (subject 2)

This story captures the feeling the early adolescent has about motherhood. It is not something to which she can afford to pay much attention with all of the diffuse and demanding new impulses she is trying to handle herself. She is far more concerned with the attention she would or would not be getting from her own mother as a result of her pregnancy.

The *attitude toward abortion* is as marked by denial as is the experience of pregnancy. The moral sense of the early adolescent is less advanced than that of the more mature groups, since she has not yet accrued all the benefits of formal thought (Kohlberg, 1966). For example, she believes that *she* should certainly be granted a therapeutic abortion because she wants one and because it is the only relatively easy way out of her lonely and depressing predicament. However, she has not formulated any consistent philosophy about the issues involved in abortion in general. She is inconsistent when it comes to thinking about other girls' requests for abortion, one might even say harsh and judgmental. Her napping guilt awakens with her conviction that abortion is bad for other people, that there ought to be very strict laws. Frequently, the early adolescent refers to church dogma to support her superego-ridden thoughts. (One girl, for example, supported the pope in his opposition to abortion but thought he ought to have to be pregnant sometime, just to make sure he was right.) Despite all of this firm and moralistic opinion, the early adolescent has comparatively little knowledge of what is actually involved in abortion procedures, much as we found her to be ignorant of the facts of conception and contraception.

Let us look at two typical sets of remarks from our early adolescent group on abortion:

> If there's a reason for the abortion yes, but a lot of girls look at abortion just to get out of it. I want out of it because I have a reason for getting out because I have got 7 months until graduation—unless there are sound reasons and I feel I have a sound reason. Some girls could conceivably have the kid to give it up for adoption. They just don't want to. Girls like that you know they just can't be bothered or whatever. (subject 4)

> Well I mean there are so many things you have to go through to get an abortion. I have been trying to get an appointment with doctors and everything and it seems to really be nerve-wracking every day, and you really don't know nothing. It's kind of like, I don't know, I think they should be able to, it should be easier. I don't know. I just don't think you should have to go through so much. I mean like I don't think anybody should just be able to get an abortion certainly. I mean I feel like I do have the reasons to. Well I mean just some girls, you know, just go out and have relationships all the time. Of course I don't think they should be able to. And there should be a good reason for it I know. But I don't know, I have everything to lose out of this. And I can't see where I have anything to gain from it. (subject 3)

One can see from these two excerpts a kind of egocentric morality about abortion: The early adolescent can clearly understand her need for the procedure, but she remains somewhat unable to generalize about the larger issues. She is quite oblivious to her inconsistent philosophy and the guilt it reflects. She basically wants out of an unpleasant situation.

Another thing which is apparent from an analysis of the early adolescent view on abortion is the concentration on self-concern, with far less *perception of the fetus* than is shown in the more mature girls. We shall see that middle and late adolescent girls think a great deal about the fetus, and about the moral, emotional, and philosophical issues involved. The early adolescent, however, is quite oblivious to these more complex issues in her pregnancy.

It comes as no surprise, then, to learn that the early adolescent's propensity to denial extends also to her dealings with the fetus. She perceives her potential baby as a kind of nonobject, an "it." The most graphic presentation of this finding can be seen in her "Draw-a-Baby" productions. In *each* early adolescent production, we find almost no realism or babylikeness. Often the girl was extremely hesitant to participate in this particular phase of the DAP, and when she finally did she invariably drew a stick figure or a dead-looking figure. Three of the five early adolescent drawings of a baby are shown in Fig. 1; the remaining two are so similar that they do not warrant reproduction. For future comparison, the unappealing and unbabylike quality of these drawings should be kept in mind.

With all of the pain and confusion experienced by our early adolescent girls, one wonders *what they would choose to change in their situation* if they could change anything at all. They are so eager for an easy way out that one might at first suspect they would make good use of such an Alladin's Lamp fantasy.

Interestingly, however, the early adolescent group is just as unable to

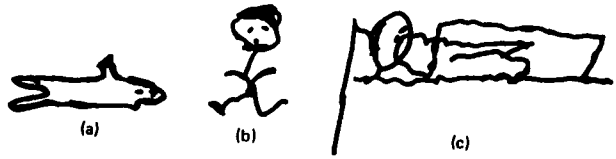

Fig. 1. Early adolescent Draw-a-Baby productions. (a) subject 3; (b) subject 1; (c) subject 2.

imagine a relevant escape hatch as it is to cope with the real situation of an unwanted pregnancy. Often these girls have difficulty in answering this question at all. When they do, we find that what they wish for would not significantly change their predicament. Three of the five girls said that they would change the father of the baby, which clearly would not ameliorate their plight. One wished openly for more closeness with her mother, and the fifth ignored her immediate situation completely and answered as follows:

> I would work for the . . . starving situation in Biafra. And I mean even now I guess there are problems a lot of people have that they wish they could do something about. But I wish I could change the war. (subject 2)

Apparently, it is difficult for the early adolescent to resolve her problem in fantasy as well as in reality. We found that she invoked the same frantic approach when asked about her *plans and attitudes for the future in light of her pregnancy*. She was basically unable to conceive of viable alternatives, given the possibility that she might not be granted a therapeutic abortion, and she panicked at the thought that she might not be approved. Her response to the suggestion that she *might* have to think of another solution to her problem was a sense of helplessness, aloneness, and fear, accompanied by *fantasies* of self-destruction. An early adolescent girl when therapeutic abortion may not be granted presents the one situation (outside of more disturbed individuals not represented in our sample) where a suicidal gesture may occur. Confronted with a situation where she will not automatically be helped and taken care of (as her mother would do for her), these girls talk in desperate language. As one said,

> I just feel like if I had an easier way out I would take it because I am so fed up with this. I don't know what an easy way out is. People get rid of themselves but it is just it gets to where, you know, I don't even care. (subject 5)

Another said,

> I would probably try to miscarry first of all. It's just that I have got it built up inside of me that I don't want to go through with it. Even if it means doing something stupid to myself, you know, if that's what it takes. If nobody would help me I don't know what would happen. (subject 4)

And another,

> I just want to get rid of this kid. I mean it sounds harsh but I just don't want any part of it. (subject 4)

Assuming that she is granted an abortion, it is difficult for the early adolescent girl to think about her life afterward, in terms of either the effect the abortion might have or what else she will be doing in general. It may be that she has thought little about her future in any case, but the pregnancy appears to exacerbate her noncommittal attitude. The "boyfriend" usually plays no role at all in her future thoughts just as he played little role in the present or past.

There is some expressed fear that things may not be the same, that her hopes for future marriage and childbearing may be tarnished by her current pregnancy, but these concerns are seen only between the lines. As for all of the early adolescent experience of pregnancy and abortion, denial reigns supreme.

The Middle Adolescent

Unlike those in the early group, the middle adolescent girl appears to have sufficient *understanding of conception and contraception* to avoid becoming pregnant. However, she eschews all opportunities to protect herself and invariably blames someone else for her plight. Authority figures are the usual target, more specifically a father figure: her doctor, her boyfriend, or even her father himself. Three examples of such externalization follow:

> As far as knowing what I was doing I knew perfectly what I was doing. About the contraceptives, the father of the child had mentioned it to me and I was going to have something done about it but by the time that I did it was too late anyway . . . and he didn't do anything. . . . I just figured that it [pills] cheapens the whole thing, in a way. I mean like you are going into it with the attitude well I can't get hurt so why not. (subject 9)

> The doctor gave me pills and it was the middle of the month and I talked to the nurse and she suggested to get the side-effects over so I should start right then . . . and in 3 days I got scared. I called the doctor and he said stop immediately. So I stopped and I got my period. And I figured because I got my period that I was safe. Except that it wasn't my ovulation cycle. But I didn't think about that then. . . . I am angry that he [the doctor] ever gave them to me because he didn't talk to me about them. . . . Is there anything I can do to him? (subject 8)

> The doctor told me that if I ever needed anything, if I wanted birth control pills, I could come to him. He told my dad and asked him if he was giving me pills and he told him to go to hell. He said that's just between you and me. (subject 7)

We note in these excerpts several significant characteristics of the middle adolescent girl bearing on the way she became pregnant. We see that she is in some peripheral way aware that she knew enough not to get pregnant. This insight seems to be isolated, for she consciously externalizes her guilt, imputing it to a father figure, in a sense making him responsible for her pregnancy. As we shall see shortly, this observation relates directly to the fantasy that it is really her father's baby.

We also note in these quotations a romanticizing of sexuality, as typified by the girl who refused to take pills because it would "cheapen the whole thing." This notion is ubiquitous among the middle adolescent group and is an offshoot of their generally narcissistic dramatization of "love" relationships.

Although there is a range of *motivations for pregnancy* which the middle adolescent girls exhibit, these have in common a central oedipal dynamic: rivalry and competition with "the other woman" (the mother) for success with the father. Therefore, one common paradigm in our middle adolescent sample is involvement in a triangular relationship which replicates the oedipal one. Often the girl chooses a married man who appears to everyone but her to be using her. Our subject then blames "the other woman" for all of her "boyfriend's" failings. For example,

> Well he was forced into his marriage at gunpoint. . . . I knew that he was married. They said that M [his wife] had never given him the divorce. (subject 8)

or

> If she found out he was dating anybody she would make trouble . . . if she thought he was happy she would make trouble just to be spiteful. I never really looked at him as a married man. I still don't and she was a lousy housekeeper. I still hear it now constantly how horrible she was. (subject 9)

One senses an illusion in these two descriptions of the middle adolescent's triangle—the blameless suitor in thrall to an impossible wife—and one may suggest that it parallels the girl's wish to intrude upon her mother's relationship with her father.

At times, the oedipal wish is expressed not through a father-substitute figure (as with the two subjects quoted above) but rather by direct manipulation and provocation of the girl's actual father. She hopes unconsciously that she will win her father's attention and sympathy by acting out via pregnancy. When this occurs, her suitor is fairly irrelevant and important only insofar as he abets narcissistic and oedipal goals. One of the girls who sought a response from her father, as well as an exclusive relationship with him, said,

> Dad always told me just if I could go out and not do anything I was ashamed to tell them then I wasn't doing anything wrong. Sometimes I would go out and pick pumpkins on devil's night. Dad kind of pumped me about what I had done and because I came home and my shoes were kind of dirty and my slacks were none too clean from carrying pumpkins. We had been sitting on the ground. And I answered his questions but I didn't volunteer any information. And that is a pretty easy way to get around him. He is pretty well wrapped around my little finger. (subject 7)

For our fourth middle adolescent, pregnancy was used as a weapon against the resented mother. Conception occurred immediately after the mother phoned at her boyfriend's apartment in order to object to the relationship.

In general, the middle adolescent gets pregnant primarily in an attempt to realize her oedipal wishes; by having her father's baby in fantasy, she wrests him

from her mother. There is another important motivation which we found in the middle adolescents. They wish to prove independence through a pregnancy because they are too ambivalent and in fact still too dependent on their parents to break away in a less rebellious fashion. This quest for autonomy takes the form of possessive feelings toward the baby-to-be. Now, reasons the middle adolescent, she has something of her very own, and so she is on her own. If father belongs to mother, at least the baby will be hers. As one girl said,

> Well, you know, everything was more like my parents, and I didn't really have anything that I could say now that's mine that I could love and take care of it and I think it would be nice to have something, you know, a baby. (subject 6)

It is clear from all of these examples that pregnancy is used and viewed as a powerful tool by the middle adolescent girl and that in one way or another its message is directed at her parents. This paradigm takes yet one other form. There were two cases in which the girl perceived her parents' marriage as weak (whether or not it actually was we do not know). She then had the fantasy that her pregnancy would bring her parents back together again. For example,

> It came as an afterthought that possibly it would help bring them together just through the need of each other. But I think if anything after looking back I think it would probably drive them apart because they would have blamed themselves. (subject 9)

This girl neatly exemplifies a basic ambivalence felt by the middle adolescent in relation to her oedipal wishes. While part of her very much wants to win out over the mother, another part knows of her ultimate defeat. And it is this inevitability which serves as the developmental impetus for her to enter late adolescence and find a man of her own.

The middle adolescent *experience of pregnancy* centers around a competitive fantasy that she can do whatever her mother can. In displaced form, this often means that these girls experience a great deal of envy toward pregnant women. Most often, the middle adolescent girl's earliest memory of pregnancy focuses on her mother or a close relative and involves a kind of invidious comparison with herself:

> My cousin got pregnant who has been married 8 years and is extremely happy and has been trying to get pregnant for all 8 years. . . . I guess they [subject's parents] found out she was pregnant the same day I found out I was. . . . My mother told me she [the cousin] was happy and I wanted to be happy in the same way. (subject 9)

Middle adolescents are supremely conscious of their pregnant state and tend to exaggerate all and any physical and emotional consequences. This is, as may be recalled, in sharp contrast to the early adolescent, who denies all such changes. The middle group experiences more physical illness than do the other groups. A typical description in response to our questions went:

> I haven't taken my temperature in about 3 weeks but it was like 99 for the longest time and I cough and the nausea and everything else. I have been out of school quite a bit because of that. . . . I just feel rotten. (subject 8)

If a note of pride is apparent in the above excerpt, it is because the middle adolescent experience of pregnancy vacillates between a sense of deep guilt and a lurking pleasure. Such ambivalence was often apparent when we asked these girls about any prerecognition of their pregnancies. One example:

> When I missed my period I was scared. . . . I wasn't upset about it. I just thought there was not anything wrong with it. . . . I felt happy. (subject 6)

Another said:

> Everybody thinks I seem a lot happier than I usually am. (subject 7)

Still another middle adolescent reported a recent repeated dream in which she had a baby that someone else was trying to take away from her.

When the middle adolescent girl finds she is pregnant out of wedlock, she is not as terrified by her circumstances as is the early adolescent. This is because she has proved something which she unconsciously set out to: she wishes to show that she is capable of doing what she felt only her mother was allowed to do.

The *sense of motherhood* for the middle adolescent is unreliable. One minute she is shuddering at the thought of caring for an infant, and the next moment she romanticizes a scene of maternal bliss. It should be pointed out that neither the boyfriend nor the baby is central in these fantasies. It is much more a case of what the girl feels she now has. For example,

> Just having a little house. Just having a baby to take care of regularly. (subject 6)

Motherhood is idealized by the middle adolescent partly because it is something which she perceives as forbidden and therefore exciting. She experiences a rather strong reluctance to give up the baby because it is *hers.* (These girls invariably rule out adoption.) On the other hand, she is equally reluctant to think of taking any real responsibility for a baby, and so abortion becomes her only feasible alternative.

It follows from the middle adolescent's ambivalence about motherhood that she would also be ambivalent in her *attitudes and feelings toward abortion.* This is the case not only because part of her wishes to be a mother but also because she is caught in the typical middle adolescent vacillation between moral asceticism and libertinism. Consequently, her feelings about abortion are always strong although not always consistent.

The middle adolescent asceticism and guilt about abortion lead her to set up strict criteria for those seeking the procedure. For example,

> It should depend on the financial situation of the family, if she was married or not, her age, her mental stability and physical fitness. (subject 6)

These criteria serve as an externalization of guilt for the middle adolescent girl. The part of herself which thinks she ought to have the baby wishes to be forced to do so by law. All of this differs from the early adolescent's attitude toward abortion, which is a simple wish to be rid of the pregnancy entirely and a view only as wide as her own needs. More middle adolescents than early favor abortion reform but not as many as in the late group, where such a view is unanimous.

Another interesting thing about the middle adolescent's experience of abortion is her conviction that she has been forced by someone else to go through with it. She sees herself being pushed by her boyfriend or parents and says that if it were up to her she would probably have the baby. Clearly this is a convenient expression of the ambivalence within herself. Examples of this follow:

> He [the boyfriend] mentioned an abortion and said it would be no life for me being as young as I am, keeping the baby. (subject 9)

> My mother told me that if I did have the baby she wouldn't have anything to do with it. She wouldn't come over and see me or anything. She's forcing me to have an abortion. He [father] is probably hurt about it and I think he understands how these things happen and he'd prefer an abortion. (subject 7)

> He [boyfriend] wanted me to have an abortion and I told him he was crazy. I'd never want to give my baby away. (subject 6)

We believe that the reason for this consistent externalization of responsibility in middle adolescents is due to the greater degree of guilt that they experience compared with the early adolescent girls. The middle group is also somewhat more aware and more frightened of what might be involved in the actual abortion procedure. Stereotypes of backroom butchers sometimes dominate their fantasies about abortion. They anticipate far more than the early adolescents that they will experience a sense of guilt and loss following the termination of pregnancy.

All of this suggests that the middle adolescent girl has more of a *sense of the fetus* as a potentially real object than does the early adolescent. Nonetheless, the middle group's perception of the fetus is still a distorted one. In contrast to the early adolescent depiction of the fetus as a nonobject, the middle adolescent thinks of it as larger than life, a very powerful being. Her Draw-a-Baby productions are also unbabylike but in a different way: she invariably draws it as an enormous figure, larger or more clearly formed than her drawings of the adult, more like a bombshell than a baby (see Fig. 2). We expect this is the case because of the power of the middle adolescent pregnancy as a threat to her parents. She perceives and draws her fantasy baby as a large and potent figure because that is exactly what it is for her.

Just as the middle adolescent girl sees her sense of power as coming from the fetus and the pregnancy, so too she sees the possibilities for change as lying

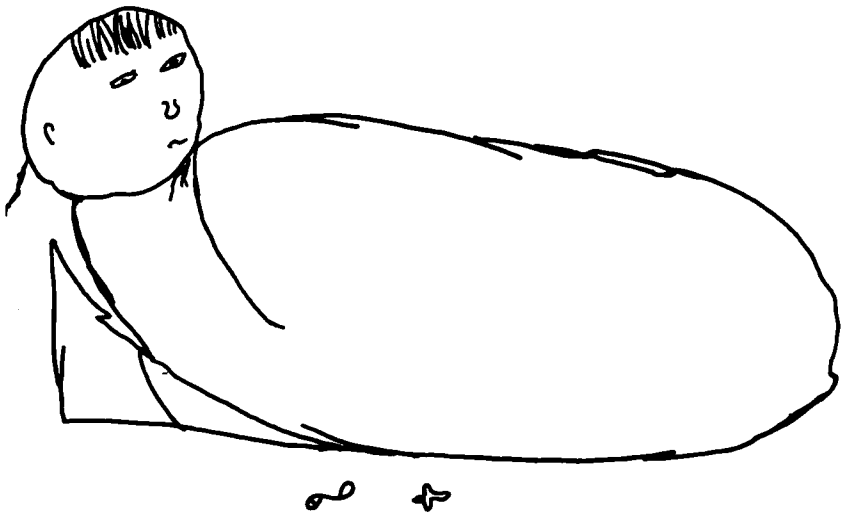

Fig. 2. Middle adolescent Draw-a-Baby production (subject 6).

outside of herself. When she is asked *what she would change in the situation* if she could, she most often chooses to change some other person in her life in specific ways. Although she is on the brink of awareness that she had something to do with her own problems, her defensive externalization takes over once again. Following are examples from each of our four middle adolescent subjects illustrating their tendency to look outside of themselves for solutions:

> I wish A. [boyfriend] wasn't married. Yeah. I am not positive about that. I don't know whether it is the easy way out or not. I am not sure whether I really want to marry him or not. Because my girlfriend had a baby before I knew I was pregnant about a month before. And my reaction was that I felt sorry for her being tied down. (subject 8)

> I would try to make my parents more, I don't know what word to use . . . open–just intelligent and I would also change living at home and being in Detroit. (subject 6)

> I'd give B. [boyfriend] more money and I'd change my parent's outlook on B., and me being pregnant. (subject 9)

> I would change our ages so we were older, a lot older. (subject 7)

We can see from these excerpts that the middle adolescent wishes that pregnancy would give her the independence and maturity that she does not feel she yet has and also that it would solve for her the problem of emotional and physical autonomy from her parents. These responses are clearly more relevant to the situation than are those from our early adolescent group. However, they are nowhere near as realistic or introspective as those which we will describe for the late adolescent sample.

It is no surprise that illegitimate pregnancy does not give the middle adolescent the independence she wishes for. She remains left with the same issue of ambivalence toward her parents. Since her three wishes were not in fact granted (having the father, outdoing the mother, and attaining emotional independence from them), she *anticipates her future* in the same rebellious frame of mind as before. She offers veiled threats of more acting out against the parents, now for having allegedly "forced" her into an abortion.

Unlike the early adolescent, who is unable to think about her postabortion future, the middle adolescent anticipates some guilt over the experience and also shows concern about her future sexuality and desirability. This leads her once again to the fantasy that if she does not get approved for a therapeutic abortion her alternative will be to keep the baby. It is not at all clear that she really would, but this fantasy permits expression of both sides of her ambivalence. As one subject said,

> I think the only alternative I would have is keeping the baby and trying to raise it, because I really don't see how it is possible to do it [give it away] and be fair to the child. (subject 8)

Another girl thought she would have the baby if she were not approved and give it to her parents to raise. Another of the girls hoped she would have a spontaneous miscarriage if she were not approved, thus freeing her of her conflicted decision. And the fourth subject said,

> I wouldn't mind carrying it full term but I wouldn't want to give it up. Well I'd want to raise it myself but I've still got to finish school. (subject 6)

All of the subjects in the middle adolescent group anticipate a future permanent relationship with a man other than their current boyfriend. They express a wish to find someone more suitable in the future, thus admitting some knowledge of their narcissistic use of their current boyfriends. They still cherish the happily-ever-after fantasy, but it is now tinged with some anxiety. As one girl said,

> Even if I had the baby and kept it I don't think it would really affect my life a lot. But people would look down on me and that would make everything harder. Now if I have the abortion and I'll probably feel real bad about it but once I get married and have a child I think everything's going to be all right. I think I'll have to try harder to prove that I wasn't bad and that I am able of doing just as good work as anybody. (subject 6)

Contained in this last quotation is the middle adolescent expression of rebellion against conventions, her diffuse but clearly present sense of guilt, and her optimistic anticipation of late adolescence and adulthood.

The Late Adolescent

Late adolescents seem to know about *conception and contraception* more extensively and more accurately than either of the other groups. Furthermore,

they are aware that their pregnancies were their responsibility, a conscious or unconscious "slip-up" on their part. Usually the late adolescent girl has had experience with intercourse and contraception. Very likely she had been on the pill but forgot to take it, or stopped because of alleged side-effects. One typical response from this group went:

> Well I have been on birth control pills for the last 2 years and then I missed a few and that's how I got pregnant–I did not take them with me when I went out to his place. If I had forgotten in the past I would remember it in time. (subject 11)

Another late adolescent said,

> I know about contraception and all that business. I was a few years ago on the pill and the reason I was was to regulate my periods. But then I began to read about the tests on the pill and not being conclusive and since then I have always been sort of interested in reading about the pill and even this morning I saw something in the paper about an investigation still being needed to find out whether the pill may cause cancer or clotting. . . . And so, well, at the time it was decided that, well, you know, that at that time I wasn't really having any sex life and it seemed like an awful risk to be on the pill. So when I got involved with the next person we were supposedly going to get married so I came to the hospital and got fitted for a diaphragm and I have been using it ever since. There was *one* time about 8 days after my last period had started which is theoretically still safe, and I was kind of gambling but it was one of those situations where as he often does A. just sort of picked me up and sort of bodily carried me into the bedroom. I mean this was the only time that I wasn't using something, it was after a vacation where we hadn't seen each other in a while. So I took a chance. (subject 12)

We can see from these two quotations that the late adolescent girl admits to carelessness and does not directly blame anyone but herself for her pregnancy.

An interesting remnant of middle adolescent externalization does, however, occur in four out of our five late adolescents, who believe their parents offered inadequate sex education and claim that they had to learn the facts of life primarily via their own experiences:

> I didn't learn anything from my mother. I may hold that against her somehow. It was all experimentation. My mother just gave me a sanitary napkin and belt and just said like, well, you're going to be a woman soon, or something to that effect. No, well, I guess she did give me a booklet to read. It answered a few questions. (subject 10)

This shadowy memory of the mother's not providing early sex education is offered by this subject and then retracted somewhat. Essentially the late adolescent experiences a struggle between such vestiges of externalization and more mature introspection. This is a reversal of the conscious and unconscious experience of the middle adolescent, who on the surface blames her parents for her pregnancy and whose guilt is beneath the level of her awareness. For the late adolescent, the conscious response is guilt and a sense of responsibility for her situation. Unconsciously, she tends to blame her parents for their failure to educate her sufficiently.

Just as the late adolescent girl is aware of her part in slipping up on contraception, she is also conscious of the possibility that her conception was motivated. There is total unanimity in our finding for *motivations for pregnancy* in the late adolescent group. These girls invariably wish to get their boyfriends to propose marriage. Whether or not the girl would in fact accept is a moot question. But what she seeks from the father of her baby is a commitment from him which was not forthcoming prior to her pregnancy.

Referring back to subject 12, whom we quoted a few paragraphs ago, we see that the late adolescent pregnancy almost always occurs at a time when the girl is feeling unsure of her boyfriend, either because they have been separated for awhile (as with subject 12) or because she is wishing for her boyfriend to become a more expressive and responsive partner. A modal example of the circumstances surrounding a late adolescent conception went as follows:

> He was really preoccupied with something then, lots of things on his mind then. Since that time I've talked to him about it and he couldn't actually pinpoint one certain thing but there's a lot of little things. We just couldn't talk. . . . I think that's really important to talk some. Finally I told him [about the pregnancy] and since then he's just been really nice, coming to see me every day, even if it's just to say hello and how are you feeling today. He's let me make all the decisions of what I wanted to do. All along he's never said that he would marry me. Not even now and I've accepted this. Not that I wouldn't like to marry him. . . . Ah, it was wishful thinking that he would marry me. . . . I really shouldn't be disappointed. But, you know, you always have these little hopes. (subject 10)

Another late adolescent speaking about her relationship with her boyfriend said,

> Since my pregnancy he has become a lot more attentive. I think we have gotten a lot closer since this happened. (subject 11)

And a third late adolescent in our group, reflecting on her possible motivations for pregnancy, said,

> There were all sorts of subconscious things operating there. Maybe I always sort of wondered, or maybe I really did want to have a baby. Maybe I really did want to see if he would marry me. I really did want to see if he loved me. . . . Well, the relationship had been dragging for a while and it was the kind of thing where he would say one minute, "You know sometimes I think it would be great to be happily married to you," and the next minute he would say he hasn't met enough girls and he thinks he should be out meeting a lot more and he doesn't know if he is going to be ready to get married for a long time. And, you know, just sort of constantly going from one end of the spectrum to the other. So I have my answer now, I think. (subject 12)

It is apparent from these three selections that the late adolescent motivation for pregnancy is to obtain increased affection and commitment from the boyfriend. At least in the short run and perhaps in the long run, too, they appear to succeed in this venture. Each of the girls suggests that her pregnancy brought her closer to her boyfriend. Indeed, one girl in our sample wound up marrying him shortly after her abortion. This finding is in sharp contrast with

the earlier two groups, where the boyfriend is largely irrelevant and where the pregnancy generally signals an end to the relationship.

As we noted earlier, we made one incorrect prediction in our original hypotheses concerning the late adolescent's *experience of pregnancy.* We had expected that she would come fairly close to some sense of comfort with her pregnancy, albeit illegitimate. This was an overoptimistic and unrealistic view. As we can see from Table II, the late adolescents are not very different from the middle group for this variable according to our original criteria. They are clearly more ambivalent than we had predicted under the circumstance of being unmarried. Although we cannot present our findings in statistical form for this variable now, we do have some clinical evidence that the late adolescent group differs from the middle group. They view pregnancy as a joyous event *under the right circumstance.* But being unmarried and pregnant, they are filled with understandable anxieties and guilt. This set of feelings was well summarized by subject 10:

> I think that if I was married and my husband really loved me it would make a big difference. You know, just thinking of having a baby by somebody that I love would make it seem much easier. But when I am not loved and the baby unwanted and I don't see a way of being able to keep it, it doesn't make it fun.

Late adolescent girls tend to appraise more realistically the physical and emotional concomitants of pregnancy than do the other two groups. Despite this general realism, however, the late adolescents appear to experience more nausea and morning sickness than the early and middle groups. We suspect that this may be due to the fact that the late adolescent is more conscious of this particular symptom of pregnancy and therefore is sensitive to its presence. It also may occur because of her greater ambivalence about abortion, as with subject 12, who noticed that she felt most nauseated when she was with her boyfriend. In this instance, we believe her symptom was an expression of disappointment at not getting the commitment to marriage she had hoped for.

In some sense, it is the late adolescents which have the hardest time terminating their pregnancies, because they are the closest to genuinely wanting them. Many of these girls reported dreams of having a baby and fantasies about pregnancy. As one girl said (subject 13), "Like I have infinite respect for the whole thing now–I really see how beautiful the whole thing is." Early memories in this group also tend to express positive affect about pregnancy as an experience. As subject 10 said, "My mother's pregnancy is the only one that I can remember. It was a happy time."

It is striking how meaningful the late adolescent experience of pregnancy is and how much the girl has thought about becoming pregnant. Unlike the early and middle adolescents, who in one way or another maintain that they never thought much about it, the late adolescent has tremendous prerecognition. This

is true not only in the early recognition of her physical symptoms but also because she has often had a "false-alarm pregnancy" prior to the real one. An example of this follows:

> Two years ago I was teaching school and was going with someone that I had known for at least 2 years and thought that one time I was pregnant. I was convinced that I was. It turned out that I wasn't. I think he would have married me, which might have been, you know, a disaster in the long run. I wanted to get married. I would have married him. (subject 13)

When the late adolescent girls find themselves pregnant, they are rarely surprised. In some way, they audit the unconscious planning of the conception. For example,

> Well at first I guess I was so, well, kind of expecting it but I was also thinking no, no, I'm not pregnant. I was thinking there must be some good chance that I am not judging from the way I feel. So when I found out I wasn't too shocked or maybe I was so shocked that I didn't react. But anyway, I seemed very calm. And I think, well, to back up while I was home for Christmas, I was spending a little bit of that time with my boyfriend's parents and I told them that I was beginning to worry a little bit that I was pregnant and at that time he mentioned marriage as a possibility. So that made me feel sort of okay. (subject 12)

Just as the late adolescent girl is close to readiness for a heterosexual commitment, so she is anticipating her readiness for *motherhood.* We notice for the first time in adolescence the beginnings of what Deutsch (1944) has called "the motherly ego"–a genuine wish to love and care for a child. Our late adolescent girls are less ambivalent in seeing themselves as mothers than the other two groups because they are more free of infantile and oedipal conflicts. Nonetheless, the fact that they are still in the midst of an identity crisis makes them unable to carry their pregnancy to term and actually become mothers.

The imminent motherliness of our late adolescents is apparent in many forms: in the Draw-a-Person test, where several of them spontaneously drew a mother-child scene, and of course also in what they said. For example,

> Well, I've always loved kids, always. I liked to babysit, I've taken care of lots of kids, and oh my sixth grade teacher I babysat for her children, three of them since they were born, and I just never really thought about the mother having the child; I just thought about the baby. Well like when I'd babysit for tiny babies, I just oh wish this was mine. (subject 10)

Another subject responded as follows when asked for her earliest memory of herself as a mother:

> I think I have thought about that for years. I always have dreams about being a mother. And when I am pregnant I think that it became the strongest. (subject 11)

And still another said,

> I told my boyfriend many times before that when we were making love I

> thought it would be great, you know, to have children by him because I liked him so much. It was sort of a very exciting thought to me. So I admitted to him and I think it is true. Unconsciously, you know, I want to have children and consciously I am very ready to if he really loved me. I certainly would want to marry him, because I want very much to be happily married and to have children. (subject 12)

For the late adolescent girl who wants so much to have children in the near future, *the anticipation of an abortion* is especially painful. As one of the girls said, "It is not a pleasant thought, the idea of cutting off a possible life." Guilt and ambivalence are much more at the surface for the late adolescent than for the other two groups. Furthermore, the late adolescent girls assume responsibility themselves for the decision to have an abortion.

These girls also have struggled much more with the moral and philosophical dilemmas involved in abortion and have emerged with a set of beliefs which they can generalize beyond themselves. They express a great deal of concern about being able to obtain a safe abortion. They do not seem to be particularly fearful of the therapeutic abortion procedure but rather worry about the illegal alternatives should they not be approved. Said one girl,

> Well of course I could go to England and have one but I would rather be right here in Ann Arbor where I live. I have been coming to this hospital for years and emotionally I feel much better if I could just have it here rather than going to some strange place. (subject 12)

Our late adolescent group is quite convinced that abortion laws should be revised to allow anyone to obtain a legal and safe termination of pregnancy upon request. They often emphasize that this should be possible without the embarrassing interviews they have had to endure in order to be considered by the abortion board. Many emphasize that when they were younger their views about abortion were quite different, and they thought it to be an ugly, unforgivable act. In recent months, however, they find that they have changed their minds, particularly in the light of their own experiences with illegitimate pregnancy. A typical view went as follows:

> I think it should be legal everywhere because, you know, a person really gets raked over the coals here and he has to fight for it and beg for it. I think that sometimes an abortion is necessary and I think that if the mother really requests it I don't think that, you know, I don't think that she should be required to have to get so personal about it. If she comes to a doctor and just says this is what happened. My boyfriend doesn't love me and doesn't want to marry me. I can't raise the baby myself. I can't afford it and I don't have the energy. You know, it isn't fair to the baby. I don't want to have it and give it away. Why can't I have an abortion? (subject 12)

It is interesting to note that it is the late adolescent girls who most often commented on and appreciated the time we spent with them. A number of them felt that sessions which encourage the expression of feelings should be a regular part of the therapeutic abortion program—not a mandatory, judgmental interview but rather an optional, open-ended, and supportive one. Paradoxically,

it is this group which probably needs the counselling sessions least, because of the fact that they have worked on many of the relevant issues for themselves already. The late adolescents had formulated a reasonably realistic view of their experience of pregnancy and abortion by the time we spoke with them.

This realism extends also to their *view of the fetus,* and it is this view which makes the abortion all the more upsetting for them. The late adolescents perceive the fetus neither as a nonobject (as did the early adolescent group) nor as an overly powerful figure (as did the middle group); rather, they tend to see it more accurately. Late adolescent Draw-a-Baby productions are most often babylike, appealing, and include an expression of maternal affect. This was with one exception in our sample, where the girl drew a rather primitive-looking figure, which we attribute mostly to thefact that she was quite disturbed (subject 13).

One of the late adolescents spoke as she spontaneously drew a mother-child scene as follows:

> When I look at any child now I think he was once . . . like what is inside of me now. (subject 12)

In Fig. 3 are shown two examples of late adolescent Draw-a-Baby productions:

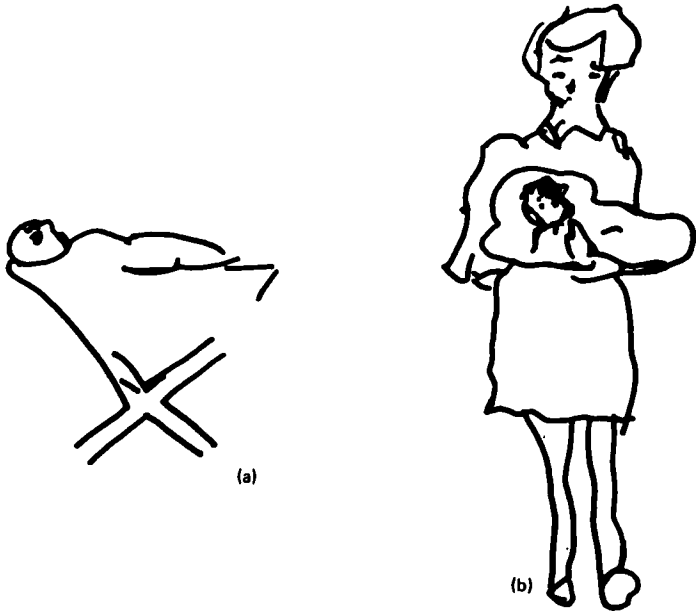

Fig. 3. Late adolescent Draw-a-Baby productions. (a) subject 11; (b) subject 10.

note the cuddled, babylike scenes, the sense in each that the baby is taken care of and not simply lying unsupported as was true in the early and middle adolescent drawings.

The late adolescent group parts with the fetus only with great difficulty. However, neither do they want to bear the child and give it away. Like the middle adolescents, they feel the psychological scars of that alternative would be too great. When late adolescents are asked *what they would change in their situation* if they could change anything, they invariably wish for marriage and a family. They also speak of changing society and its attitudes so as to create a more liberal climate for unwed mothers and girls who seek termination of their pregancies. One typical response went:

> I would like to change my boyfriend so he would marry me. I would like to change society so they would be more accepting of unwed mothers. (subject 12)

Another:

> I would say that I'd have my boyfriend marry me but I decided against that because I wouldn't want to start a marriage like that. I would change the abortion laws and the society's opinion of abortion. I would also have abortion be accepted by people and by society. Along with this I would have contraception information and sex education. (subject 10)

From these responses, we see that the late adolescent girls' wishes are along lines different from those of the earlier-stage subjects. The early and middle adolescent fantasies for change, as may be recalled, are less realistic and also less relevant to the situation at hand. The late adolescent hopes to improve both her love relationship and societal attitudes in ways which are entirely compatible with the problems she faces.

Late adolescent girls have also put quite a bit of thought into the effects they expect the pregnancy to have on their futures. They are left with the sense that they will have learned from this pregnancy and will try their hardest to avoid a repetition. As one girl said,

> I don't think it would take me too long to get over it. I would be more cautious in the future. If this [the therapeutic abortion] doesn't go through, if I have to seek out other means, if the doctors make me feel guilty that I have done something wrong or stupid or if they make it hard on me, I think it might have a far-reaching effect. (subject 12)

Most of the late group were sure that if they did not get approved for the therapeutic abortion they would go to a country where it was legal (it was not legal in New York at the time of our interviews), or they would resort even to an illegal procedure. This firm decision to terminate the pregnancy is in sharp contrast with the helplessness of the early adolescent and the continued middle adolescent threat to have the baby and keep it.

The late adolescents anticipate that they will have fewer scars from an abortion than from carrying a baby to term. As one girl said,

> If I go through with a therapeutic abortion I really don't think it will have much effect. Because, you know, my first thought is that when we get married we can have more children. It is not going to be the only one. Right now it doesn't seem as real to me as being 8 months pregnant. So I think this would be a lot easier. (subject 11)

Such a sanguine view of abortion was, however, not unanimous in our late adolescent group. Several of the girls felt concerned about their future sexuality and wondered about the effects of their pregnancy and abortion as follows:

> Now I don't really enjoy looking at men whereas ordinarily I like walking in the street and looking at attractive men. I mean here I am pregnant, you know, and it makes me wonder how if a nice guy would like to get involved with me if he knew what happened. Maybe that's irrational. Maybe people will understand and be more liberal than I think they are. (subject 12)

In-Hospital Experiences—Pre- and Postabortion

Six subjects contacted us prior to their hospitalization. This sample consisted of one early adolescent (subject 4), two middle adolescents (subjects 6 and 7), and three late adolescents (subjects 10, 11, and 12). One other middle adolescent was the only girl not approved for therapeutic abortion (subject 8), and while she called in to tell us of her rejection, she was too angry to come in and talk.

We feel that the apparent increment in availability for followup with the middle and late adolescent girls is significant. It reflects, once again, the decrease in the defensive use of denial as the developmental scale in adolescence is ascended. It reflects also an increase in accessibility to affect and fantasy.

In a sense, the one early adolescent girl who returned for followup stood alone and did not have much in common with the five middle and late adolescent girls. She had returned only under enormous pressure from us, and when she came she continued as best she could to invoke denial at every turn. She remained emotionally aloof from the situation prior to and following her abortion, although she did express some relief at getting out of a difficult situation. The only time she displayed any significant affect was when she described how a girl she had befriended across the hall had been much too nosy. It was almost as if the early adolescent believed what she had told her teachers and others: that she had had a case of bronchitis and that was why she was not in school. She had little access to any of the feelings she may have had about her pregnancy and abortion.

The middle adolescent girls tended to be quite optimistic, almost euphoric prior to the abortion. One of them was firmly convinced she would be able to attend her brother's graduation in Chicago the next day (subject 7). Both middle adolescents maintained that their parents were responsible for their abortion experiences and remained ambivalent and angry in their feelings toward them. As subject 6 said,

> I'm worried about how I'll feel after if I'll seek revenge from my parents. I feel like they forced me. If I'm sorry after I'll take it out on them, leave home or quit school.

The two middle adolescent girls did indeed have a more depressed and guilty affect than either of them had anticipated before. While they experienced some understandable relief (as did all six girls) when it was over, they seemed to feel more of a sense of loss than they had expected to.

Once again, the late adolescents appeared to retain the greatest realism in the face of crisis. From the time of their admission to the hospital and probably before that they were aware of their guilt and ambivalence about terminating their pregnancies. They felt a deep sense of loss and were particularly sensitive to the environmental stimuli of crying infants in the hospital nursery and roommates who were often maternity patients.

To some extent, such sensitivity to the hospital environment was characteristic also for the two middle adolescent girls. A dubious arrangement of pairing maternity patients with abortion patients contributed to a strong environmental stimulus which we had not anticipated at the time we formulated our expectations. Naturally, under such provocative circumstances our subjects reacted with accentuated guilt and envy to freshly delivered and frequently jubilant postpartum patients. As one late adolescent girl said, "It is rough when women are talking about how great babies are."

Several of the girls in our sample leafed through pamphlets on natural childbirth and had accompanying fantasies of what their own babies might have been like. One late adolescent explained to me as she was drawing a baby that she was giving it black hair because that surely would have been the color of her baby's hair had it been born. In general, the Draw-a-Baby productions done in the hospital setting were different from those done during the initial interview and even those from the 6 week postabortion followup. The in-hospital drawings tended to look a bit deformed or distorted (e.g., facial features missing). Those late adolescents who had previously volunteered maternal-looking drawings did not do so in the hospital. All of this suggests a proliferation of depressive fantasy concerning the newly aborted fetus.

In addition to rooming with triumphant maternity patients, our subjects were also exposed to the sounds of the newborn nursery on their floor. *All* of the middle and late adolescent girls were affected by this stimulus. One middle adolescent said,

> I did something I shouldn't have done. I walked down to see the new babies. One thing made me feel glad. He [the doctor] said I wasn't very far along. (subject 6)

A late adolescent said,

> I don't like being around babies now in this maternity ward because I like them so much. (subject 10)

Still another middle adolescent said that she was having great difficulty sleeping because she heard the babies crying all night.

One of the late adolescent girls (subject 12) was somehow placed in the same room with a woman who had just undergone a spontaneous abortion. The woman was very depressed about the loss of her child, having wished for a baby for some time. The rooming arrangement elevated our subject's guilt level immensely. She felt terrible that a woman wanting a baby so desperately and being unsuccessful should know that she was voluntarily terminating her pregnancy. Clearly, such a situation was not conducive to the comfort of either the therapeutic abortion patient or the woman with the miscarriage. For the purposes of our study, this inadvertent circumstance highlighted many of the feelings these girls would have been experiencing anyway. Such blatantly guilt-inducing room assignments brought affect to the surface very readily.

For most of the girls, the *anticipation* of the physical procedure of abortion was much more difficult than the reality. Said one middle adolescent girl, "The worst part is the morning before." Many were scared before the procedure and reverted to frightening fantasies of backroom butchers. Others were too scared or embarrassed to seek factual information beforehand as to exactly what was going to happen to them. The middle adolescent girls particularly seemed to panic right before the abortion procedure and had vivid fantasies of backing out and having the baby instead.

For all but one girl (who had the more difficult saline induction abortion),[5] the reality of a dilation and curettage was easy, painless, and physically much simpler than they had anticipated. All were put to sleep with sodium pentathol and awoke quite groggy but very reassured that it had all been so simple. Emotionally, however, the middle adolescents appeared to be more depressed and cried more than they had expected to, while the late adolescent girls, knowing in advance that they would feel let down, seemed to experience a less severe reaction.

As we expected, all of the girls (with the possible exception of the early adolescent) were extremely sensitive to nuances of attention and/or inattention from the hospital staff: doctors, nurses, aides, and other patients and visitors. It may have been true for the early adolescent as well, but her denial remained so effective that we had no way of telling. A rather poignant example of this sensitivity was described by one of the late adolescent girls (subject 12) as follows:

> Well a lot could have just been my sensitivity to the situation. I could see how

[5]This procedure involves waiting until the pregnancy is much further along (about 17 weeks) and involves an exchange of amniotic fluid for a saline solution which causes labor to begin.

> some people who have just had a baby are against the idea of somebody being in the hospital having an abortion, well, their attitude might be just sort of more clinical and much less sympathetic. . . . I had to ask three different people for a pillow. . . . And I had to ask one or two nurses several times, you know, would you please fix my light so I can read. And it just sort of seemed like they really didn't seem that interested in helping me, that just were thinking of what . . . when I have time and I'll see and they they would disappear.

Some of the girls indeed appeared to be testing the staff's attitudes. As with subject 12, they would ask for a pillow *after* a maternity patient had done so and note the time it took the nurse to bring one to *them.* Such testing, which occurred fairly frequently, illustrates our subjects' sensitivity to what people were thinking of them.

The nursing staff at this particular hospital is in general very efficient and helpful. It is therefore unclear whether the slights these girls perceived were real or fantasied. Perhaps they were picking up very subtle cues of disapproval which some members of the staff themselves were unaware of.[6]

On the other hand, a sympathetic nurse or an understanding aide was immediately labeled as an ally and meant a lot to our subjects. But a look askance, an overly curious roommate, or a disapproving doctor[7] led the girls to feelings of anger, embarrassment, and guilt.

One girl formulated a whole list of perceived discriminations against abortion patients: the abortion board decision procedures, the assumption that a girl must be crazy or suicidal to be aborted, the fact that abortion patients only had to pay the hospital in advance as if they would flee payment responsibilities, the rooming of abortion patients with maternity patients, etc.

Girls who asked their boyfriends to visit felt self-conscious. Those who did not felt lonely. In the case of the middle adolescent group, the parents ostensibly forbade the boyfriends to visit, thus infuriating the girls. These girls were ambivalent also about their parents' visiting them and about the fact that in many cases they needed to have parental approval before the abortion could be performed. A sense of loneliness was felt particularly by those girls who, largely because of embarrassment, eschewed visitors. For these girls especially, our two brief sessions seemed to be a source of comfort.

It is true that the nursing staff, being large and varied, probably contained some few members who had negative feelings about abortion because of religion or whatever. Overall, our girls probably received a kind of partial reinforcement of their worst fears of being ostracized and looked down upon. But those staff

[6] A meeting we later had with the nursing staff suggests that some of them did indeed have strong feelings one way or another about abortion.

[7] Six different doctors were involved.

members who were genuinely sympathetic and helpful may have been less well remembered, because of the ubiquitous sense of guilt and loss that our subjects were feeling in the course of their hospital stay.

Six-Week Postabortion Followups

As we have noted, most of the literature on abortion deals with sequelae. About half of the findings suggest that abortion, whether therapeutic or illegal, leaves the patient with copious emotional scars; the other half suggests quite the opposite.

From the followup of our same six subjects 6 weeks postabortion, we conclude that the consequences of therapeutic abortion are unspectacular. This may of course be a more positive state than had the girls carried to term, but further research would be necessary to determine this.

It appears from our data that whatever the subject's developmental conflicts were prior to her abortion, she experiences more of the same afterward, generally no worse and no better. As before, there are some interesting differences among the three groups which appear to be more a function of maturational variations than abortion sequelae *per se*. It is therefore useful to look more specifically at our six subjects 6 weeks following their hospitalization, keeping in mind that most of the comparative findings here were also present in the preabortion data.

For the *early adolescent* subjects in general, the most striking finding is that they avoid returning to confront the reality of their pregnancy and abortion. For the one early adolescent girl who did return, we find from her interview, TAT stories, and DAP productions that she continued to be repelled by the idea of pregnancy and motherhood. Her defenses of dissociation and denial persisted (although perhaps not as much as for her four developmental companions who did not show at all).

We had to call this girl several times, however, to effect her return; finally, her doctor called her and this was her response:

> When he called I stood there mentally choking thinking oh God go away, bad, naughty, naughty.

When this subject was asked about the effect she thought the abortion might have on her life, she said, "Well I can't say it really affected me."

Her drawings continued to be asexual; the female was depicted without breasts. Her initial TAT fantasy of Virgin Mary births persisted in the followup data. She remained totally alienated from her former boyfriend, and said of him, "I can't stand him you know. I couldn't stand him the moment I found out I was pregnant."

One positive response of this early adolescent girl was some sense that she

didn't need to push herself toward heterosexuality before she felt ready to. As she put it:

> Well I decided I'm in no particular hurry. I think I realized you'll be married an awful long time—like my girlfriend the one that's waiting for me now—she was married at 15 and had five children right off the bat and she missed out on an awful lot.

An interesting observation about the early adolescent girl is that she remained just as moralistic about abortion as before and tended to disapprove of it as a solution to problem pregnancy for anyone but herself. She said,

> I never did approve of it. I feel it is just like taking a human life. I didn't want to do it but in this situation I didn't have much choice. . . . I would say that any other girl consider that last after everything else has been exhausted.

Judging from this one early adolescent girl—and it is difficult to generalize to those who did not return—it would appear that her inconsistent feelings about abortion remained. While she was relieved to be out of the situation, she would like to deny that there ever was a pregnancy or an abortion. Such denial, untouched by therapeutic intervention, might bode ill for the development of a healthy feminine self-concept.

The *middle adolescent* responded to her abortion experience with sore disappointment that her parents did not change and that she did not, in fact, achieve independence from them. This puts her in some danger of staging a repeat performance, to try once again to accomplish her oedipal goals by acting out. It is most likely the middle adolescent who is in the greatest danger of facing an unwanted pregnancy repeatedly. The early adolescent is too terrified to resume sexual relationships, and the late adolescent is quickly maturing.

One of the two middle adolescents followed up dropped out of school after her abortion, and the other refused her doctor's offer of birth control pills.

TAT and DAP material from the middle adolescents continued to romanticize love relationships, but fantasies about motherhood were somewhat less idealized in the projective data. Drawings of a baby were still powerful-looking but a little less human in appearance. If anything, attitudes toward motherhood became more ambivalent for the middle adolescents, while attitudes toward abortion became somewhat more favorable. All of this is tempered with the middle adolescent narcissistic fantasy that her experience was unique. As one girl said, "This is very rare what happened to me, I suppose" (subject 6).

A very striking thing which occurred with the two middle adolescent girls was a *conscious* (unlike the early adolescent's unconscious) effort to put the whole experience out of their minds. One said,

> A week later well it just felt like I was never really pregnant. Maybe I just pushed it out of my mind. (subject 6)

The other middle adolescent said,

> I got carried away a little bit. I was out with this other guy—and we went to a Michigan basketball game and we went over to one of the guys' houses for a party and he had several bottles of Boone Farm wine and we were drinking and I told this girl that I had had an abortion and she starts to say to this guy, "Get her good, abortions are good for you." From what they told me I went hysterical and I started crying and they couldn't get me to stop. (subject 7)

This anecdote demonstrates not only the cruelty of adolescents at this stage of development but also what our subject's verbalization of her experience did to her internally. She had wanted not to think much about it all, at a conscious level.

Both of the middle adolescent girls initially retreated from sexual relationships and entertained fantasies of playing the field. Both, however, quickly returned to their old boyfriends, although with much ambivalence. This seemed to be due to a short-lived drop in self-esteem and a sense of guilt over the abortion. As one of these girls said, "I feel like nobody cares about me I'm just in the way and everything" (subject 6). As we said before, the middle adolescent girls experienced somewhat more of a depressive reaction than either the early adolescent (whose denial was more successful) or the late adolescents (who expected to feel sad). Guilt for the middle adolescents also took the form of a fantasy of having the baby after all—a kind of undoing and an attempt to work through the reality of the abortion. One girl said she decided she had done the right thing after all because if she had had the baby and then given it away, she said, "I couldn't bear the thought of maybe they're beating it maybe they're starving it to death, maybe it's dead" (subject 7). This fantasy expresses not only her guilt over the abortion but, we suspect, also a transference paradigm of her anger toward her parents for not responding differently to her following the pregnancy.

All, however, does not bode ill for the middle adolescent. In all of her working through of depressive feelings, and sense of loss, she knows that she is still a middle adolescent with much ahead of her. She knows that there are things she needs to do before she seriously considers becoming a mother. This is reflected in one of the followup stories given for the scene of a nursing mother. Said subject 6, 'This is a mother feeding her baby. She looks like she'd rather be someplace else. Out dancing or something."

For the *late adolescent,* identity issues remain dominant. Her views of pregnancy, motherhood, marriage, and abortion remain constant and generally positive. Guilt feelings are almost always on the surface, as are a plethora of reactions to the experience of pregnancy and abortion. Our independent rater describing his reactions to the followup material for the late adolescent group wrote as follows:

> I am impressed by the consistency of the interview material, TAT responses, and drawings from the first to the final interview. They seem to be very much the same girl as before only more so—interested in marriage with her boyfriend

> and in having children but with a more assured assessment of reality and what she wants from life. If anything, the abortion seems to have helped her mature.

One late adolescent described how she and her boyfriend now see each other more frequently and feel closer to each other. She said,

> He doesn't think of me as a little girl anymore. He thinks of me as a grown-up woman. And he even said, "If I get married I will marry you some day." Like there is more depth to him than I ever perceived before. And I think he thinks the same about me. (subject 10)

Another girl said that her boyfriend now sees more of her, and

> he has said that he loves me, which is more than he said before. So it seems like there is still something there to work with and I do have some very strong feelings for him still. (subject 12)

The late adolescent girls also continued to have thoughts about the fetus. TAT stories continued to reflect feelings of love for a baby and described warm maternal scenes. While these girls experienced a sense of loss, they had expected to. One of the girls even noted that she felt particularly depressed on the day she got her first postabortion menstrual period. Another said,

> I think that the whole experience with the operation did something to my self-esteem.

Note here the difference between the early adolescent, who denies any postabortion effects, the middle adolescent, who experiences sadness unexpectedly, and the late adolescent, who clearly labels her affect.

The three late adolescent subjects were even more convinced of the need for abortion reform following their own terminated pregnancies. Their social awareness was heightened further by their personal experience with abortion. As one girl said,

> Now I listen to everything that is said on the radio about abortions. I read in the newspaper. Because now I know a little bit about it and I think they should make the laws more lenient. I don't think it is the horrible thing I had pictured before. (subject 10)

Another said,

> I think any young girl who isn't married should be able to have one if she wants it. I don't think it is helping them out to have it done illegally or to have a baby they don't want. (subject 12)

The late adolescent group also had strong opinions about the need for contraceptives and sex education for all girls. They also by and large were in favor of counselling interventions when therapeutic abortion is to occur. Whereas the early adolescent girl clearly wanted no part of our study, and the middle adolescents thought we were just "great" to talk with them, the late

adolescent responded, we believe, most realistically. They put up with us because they felt it was helpful; at the same time, they found having to talk somewhat difficult. As one girl said,

> I did feel that I was kind of part of a study and that I was . . . sort of drained enough without having to talk even more. . . . But just the same I think it a good idea what you are doing . . . and I am assuming that some good will come of it, that is the important thing. (subject 12)

In summary, from our six subjects 6 weeks after their experience with pregnancy and therapeutic abortion, we find no striking deleterious effects and no consistently striking gains. The girls who appear to mature the most from the experience are already closest to maturity. The saddest thing we found in it all is that some of the most needy girls, the early adolescents, were compelled to escape from facing their pregnancy and abortion.

CONCLUDING THOUGHTS

We need to increase our sensitivity to the feelings of illegitimately pregnant girls regardless of the solution they choose for their predicament. We believe that the sentiment expressed by one late adolescent subject in our study captures the subjective experience of an unwanted pregnancy in our society. It also gives a flavor of the importance of public opinion for the pregnant adolescent. This subject spoke specifically in relation to her experience of hospitalization for therapeutic abortion:

> Maybe I shouldn't expect sympathy but my hospital experience I think was kind of cold and not terribly nice. My experience with the psychiatrists have been very positive. But I do think, you know, the aspect of sort of almost having to beg for the abortion and sort of trying to convince the psychiatrist that I was emotionally unfit enough not to be a mother kind of had a damaging effect on me. And that a team of men who have nothing to do with my life, who know me not as a person but just as a name, get together and decide what is going to be done with my future and body, it just doesn't seem quite just to me. And sort of a group of men that I will never see. And men period deciding what to do, you know, with a woman and it is sort of her problem and a very big problem. I guess it seems that you have to present a strong enough case and almost sort of put on an act, which I will admit that I did, in trying to just convince them that I was sort of neurotic and depressed and contemplating suicide. And the man doesn't love me, I just had to convince them that my boyfriend didn't want to marry me, and I practically convinced myself that he didn't. Well I mean probably to the point where I ended up being extremely antagonistic toward him. I guess the nurses, some of the nurses anyway, knew why I was there and did talk to me the night before my operation. Well I guess I sort of noticed, and I don't think that I was being overly sensitive, but the other women were there for, you know, well they were married for one thing. One was going to have a Caesarian and another lost a baby after 6 months, and another one got an infection after she had a D and C. The nurses were very sympathetic of course to those three women in the room. And it did seem as though I had to keep asking and asking for

somebody to fix my lights. You know, they all had visitors too, so I just felt extremely miserable. Because I hadn't told anybody because my reason for being there was not a reason that most people would be sympathetic with. (subject 12)

Evidently what we tend to sacrifice even under the best conditions for therapeutic abortion is the girl's sense of self-respect. We leave her vulnerable and sensitive to covert forms of discrimination. Our society makes a subtle equation between illegitimacy and delinquency rather than understanding that the experience of pregnancy in adolescence may well be the reflection of an exacerbated developmental crisis.

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