Remember 1967? We do...

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Background
Unless you’ve been living on a desert island, it won’t have escaped your notice that 2007 marks the 40th anniversary of the Abortion Act 1967. I’ve chosen to cover the issue by canvassing the views of consumers. But there’s a twist, Rather than simply asking for current views, I’ve chosen as my respondents women – and men – who remember the passing of the original Act and who have, in their personal and professional lives, tracked the developments in society that have accompanied and followed the legislation. The result has been, for me at any rate, a fascinating and moving snapshot of yesterday and today. (In this article I have concentrated on the actual words of my respondents and, wherever possible, let their voices speak rather than mine.)

Then
My first set of questions probed what my respondents recalled of 1967. The picture that emerges comes as no surprise for it has been well-documented, but it entirely reinforces the sometimes-forgotten horror of attitudes at that time, not only to abortion in particular but also to sex in general. Forty years ago, we lived in a world where sex simply wasn’t talked about, where no one unmarried was supposed to even think about ‘it’, where no information was available and no emotional support was given. “The attitude in my private school was ‘our girls will not be having sex before marriage’”. Yet surely hormones were just as rampant in those days – little wonder that so many were ‘caught not taught’.

And caught they were, not as often as nowadays, but with a much more horrific backlash; the mores of 40 years ago were brutal. “A classmate of my sister became pregnant at age 15 … my mother told my sister she must have nothing more to do with her friend.” “We had a home for unmarried mothers just down the road from our house … to avoid bringing shame and disgrace to their families.” “The treatment I received during and after my 1966 pregnancy I would not wish on anyone.”

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The alternative to such shame and alienation? For the favoured few there was the luxury of “Harley Street and a ‘minor gynaecological procedure’ …

Of those who did notice, a minority were against it, either through generalised antipathy: “[I] regarded pregnancy and adoption to be a more humane approach” or a strong ethical code: “I was religious and felt [that if one did get pregnant] one would be ‘given the strength’ to see it through”. Such attitudes seem to have been inherited from family or culture; more than one respondent hints that she (or he) herself had not thought things through at that age: “I followed the party line because it never occurred to me that the church might not be right … it took another five years before I felt able to sign a pro-abortion petition”. “It was easy for me as a 17-year-old … to take a negative line”.

The majority of respondents, however, describe themselves as being completely in favour of the Act: “infinitely preferable”, “relief” and “I supported [it] and … so did most of the people [I know]”. They had thought it through for themselves, talked it through with friends, debated it at school. In the atmosphere of blossoming sexual freedom that characterised the 1960s they wanted the right to make love, and the right to choose what happened if there was an unwanted result of the lovemaking. There was also approval of the Act from general medical professionals who, as mentioned earlier, had seen at first hand the results of botched abortions. The tag line, “a woman’s right to choose”, was mentioned by respondents several times.

Now
So – fast forward on 40 years and we are in 2007. My then 17-year-old respondents are coming up to retirement and those who were 37 years old are nearing their eighties. How have they seen things change over the past decades?

The most obvious change is that “back street abortions have stopped”. Those respondents who worked in the medical field are particularly outspoken: “we do not see the [horrific] problems on the wards”, “more women are alive today who might have been dead or seriously injured” and
“I have cared for [pregnant] women over the years and do not wish to revert to pre-1967”.

The general impact of more easily available terminations is also cause for concern. It’s not only that women are less likely to be “put into mental hospitals” and their illegitimate offspring treated “cruelly”. And, as many respondents acknowledge, we can now avoid the heartbreak of a deformed baby or a birth resulting from rape or abuse. But, also, attitudes have shifted “condemnation has gone”, “the whole climate is healthier … not only in terms of abortion, but also contraception, pregnancy, sex and intimate relationships in general”.

In addition, the Act has given women more freedom, more control, and more possibility of fulfilling their potential. Says one ex-headmaster: “I kept a record [of girls in my school who had abortions] … [after the Act] girls were able to finish their education”. Says a counsellor: “Women now don’t have to choose, don’t need to compromise: marriage and career are both possible”. Yes, other social changes, such as the Pill and its concomitant women’s liberation, have contributed, but nevertheless my respondents believe the Abortion Act played a crucial and positive part.

The backlash

That said, here’s the surprise. In amongst the generalised support for the Act, there is a strong streak of misgiving. Almost all my respondents fall short of giving full “backing” to the Act and an unqualified vote of confidence. “A sad but necessary part of life”, “the moral dimension is now sadly lacking” and “we now don’t think about personal morality … just pragmatic solution”.

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Some are against the whole idea that “the life of a fetus begins at conception”. Others see it as the worst dimension of “a society that has become oversexualised”. Others comment on the “fundamental [error] that some people are desperate to conceive while others dispose of unwanted babies”.

The most commonly held misgiving centres round the relationship between contraception and abortion; that termination is often seen as “the contraceptive of choice”, “just one step away from the morning-after pill” and “the last ditch point on the contraception trail”. While and some respondents recognise that not everyone receives effective sex education or has access to effective contraception, most feel that couples simply don’t take enough responsibility; abortion has become “an erosion of what we expect of ourselves as responsible adults”. Some also criticise the medical establishment, who are seen as promoting the view that “unwanted pregnancies are seen as the least desirable option and abortion is the means by which to avoid this”.

The question

Reading over the responses to my survey, I have one huge question. What happened? Of course some of my respondent’s criticisms have been based on lifelong beliefs against the ethicality of abortion. But strikingly, many of the respondents who originally backed the Bill – and still do back it theoretically – have, when it comes to the way the Act has affected society, shifted their opinions. Why?

The pains of life are one influence. Few of us will have suffered as one woman, who reports: “my views … have been coloured … by having had a termination … my own first pregnancy had to be aborted – I was heartbroken and went into severe clinical depression for several years”, nor as the man who discovered late in life that “I was the result of an unwanted pregnancy and myself could have been aborted”. But with age, many people do become more aware of how dangerous and cruel life can be; whatever our views on individual situations, this may leave us longing for a safer world, with more individual responsibility and a less flexible ethical code.

The joys of life are another influence. The cohort I questioned was, in 1967, largely unaware of what it was like to bear a child and raise it; that experience may have shifted their viewpoint. “My goddaughter is a constant source of joy – it’s made me more aware of the happiness a child can bring.” “Since becoming a grandmother and seeing all the stages of my daughter’s pregnancy in her womb, the thought of abortion is abhorrent.”

Plus, I do get a sense that back in 1967, whether my respondents were anti- or pro- the Act, they had no idea it would be used in the way they now consider it is used. They focused on the benefits of abortions being carried out legally and safely, and didn’t consider that this would lead to a rise in the abortion rate. They signed up to the dream of a woman’s right to choose, not realising that choice would not always be used in a way that they themselves would approve of. They imagined a world where sex was accepted, but not a world where abortion was used in the way they now consider it is used.

What now?

What of the future? What do my respondents want now and what do they feel would make a difference? Consistent is a plea that the population at large show more “responsibility” – the word was used again and again, often linked with the phrases “young people … men too”. The religious right is also asked to be more responsible, to abandon its “blocking of sex education and accessible contraception … it makes me very angry”.

What do my respondents want from the sexual health establishment – in other words, you and me? The good news is that the current abortion services themselves are not criticised, though pleas are made for more support post-termination, for the “psychological trauma and future regret”.

There is, however, an overwhelming call for an improvement to sex education and contraceptive resources in order to make abortion an absolute last resort. “More information … more sex education … better contraception … cheaper … more widely available … advice … support for young people … support for women … support for men.” These requests aren’t critical – just pleading – but they shout loudly for a world where sexual health services are properly funded and backed.

And I have to say that, whether in 1967 or 2007, that surely isn’t a plea that any reader of this Journal would argue with?

Author’s note

A total of 22 respondents (6 men, 16 women) ranging in age from 57 to 77 years were sent a short survey with 15 trigger questions to which they wrote extended replies. The views expressed in this article do not necessarily represent the author’s own views.

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