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"It was a relief, I didn't regret it": two women's experiences of abortion in unwanted pregnancies

"Foi um alívio, não me arrependi": a história de duas mulheres sobre abortamentos em gestações não desejadas

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Abstract

The purpose of the article is to describe the affects experienced in the context of terminating unwanted pregnancies. This is a qualitative, descriptive study that used semi-structured interviews as the data collection instrument. Content analysis was conducted within the framework of a life history case study. The affects identified included relief and lack of regret, as well as an intense interplay between relief and guilt. Experiences of shame, helplessness, and fear were also observed. Common experiences emerged across the accounts of life histories: psychological distress, the influence of religion, loneliness in both abortion and motherhood, as well as a life course marked by many limitations and the abandonment of a life goal. A difficult choice, which had the support of other women and which prompted reflection on the lack of desire for motherhood. The findings converge with research conducted in recent years: the existence of relief following the termination of an unwanted pregnancy, and the recognition that impacts on mental health stem from the context of the criminalization of abortion, social and economic vulnerability, and the pressure of moral and religious values – rather than from the act of pregnancy termination itself. In this context, it is important to highlight that women's sexual and reproductive rights must be recognized as human rights, and it is the responsibility of the State to ensure high-quality sexual and reproductive health policies integrated with mental health policies.

Keywords: Abortion; Emotions; Human rights; Mental health; Sexual and reproductive health.

Resumo

O objetivo deste artigo é descrever os afetos vividos na experiência de abortamento de gestações não desejadas. Trata-se de uma pesquisa qualitativa, descritiva, que utilizou entrevistas semiestruturadas como instrumento de coleta de dados. Realizou-se análise de conteúdo no contexto de um estudo de caso de história de vida. Foram identificados os afetos alívio e não arrependimento, bem como uma intensa relação entre alívio e culpa. Verificou-se também a vivência de vergonha, desamparo e medo. Nas histórias de vida, observou-se experiências comuns: sofrimento psíquico, influência da religião, solidão no abortamento e na maternidade, bem como

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um destino de muitas limitações e o abandono de um projeto de vida. Uma escolha difícil, que contou com o apoio de outras mulheres e que provocou a reflexão sobre o não desejo de maternidade. Os achados convergem com pesquisas realizadas nos últimos anos: a existência de alívio após abortamento de uma gestação não desejada e a constatação de que os impactos na saúde mental decorrem do contexto de criminalização do abortamento, da vulnerabilidade social e econômica, e da pressão de valores morais e religiosos – e não do ato de interromper a gestação em si. Nesse contexto, é importante destacar que os direitos sexuais e reprodutivos das mulheres devem ser considerados como direitos humanos, e cabe ao Estado garantir políticas de saúde sexual e reprodutiva de qualidade integradas às políticas de saúde mental.

***Palavras-chave**: Aborto; Emoções; Direitos humanos; Saúde mental; Saúde sexual e reprodutiva.*

The fight for the decriminalization of abortion is a central agenda of the feminist movement in Brazil (Pattaro, 2014). In the context of advances in access to the right to abortion in Latin America, the Brazilian Judiciary was called upon to analyze the formal criminalization that has persisted since 1940, prompted by the *Arguição de Descumprimento de Preceito Fundamental* 442 (ADPF, Claim of Noncompliance with a Fundamental Precept), which is currently pending in the Supreme Federal Court (STF) (Supremo Tribunal Federal, 2017).

However, it is evident that this remains a topic shrouded in taboos and passionate debates, which do not address the issue in a way that respects sexual and reproductive rights, the rule of law, secularism, public health, and mental health. At the same time, the defense of mental health is currently used as an argument by both groups advocating for the decriminalization of abortion and those opposing it (Porto, 2023).

Studies published in Brazil at the turn of the 20th to the 21st century on abortion experiences report relief as an experience lived by women, often as an unexpected outcome: "*Paradoxically*, these reactions were mixed, for some of them, with reports of relief at no longer having to face family/social disbelief resulting from an untimely and unwanted pregnancy" (Pedrosa & Garcia, 2000, p. 57, emphasis added), or as a contradictory affect: "A woman who undergoes an abortion has no room to express herself, expressing this displacement through a variety of feelings, mostly *contradictory*, ranging from regret to relief" (Rebouças & Dutra, 2012, p. 200, emphasis added). At the international level, Coleman's (2011) widely cited study aimed to demonstrate a relationship between past abortions and mental disorders; however, it has received substantial criticism.

In 2020, a robust study was published in the United States on the impacts of abortion on the lives and health of American women, challenging prior expectations about the consequences of abortion. The study revealed that women who undergo abortion for an unwanted pregnancy do not develop psychological disorders; on the contrary, pregnancy termination may act as a protective factor for mental health. Moreover, these women do not regret their decision, neither immediately following the event nor five years later (Foster, 2024). Regarding the most frequently reported emotion, relief stood out, consistent with a study previously conducted in Brazil (Zanello & Porto, 2019).

Thus, the premise for this study is that discussion about abortion should occur within the sphere of public health rather than judicialization, especially due to the consequences for mental health and quality of life of women who cannot choose if or when to assume motherhood. On the other hand, when observing that Psychology, as a science and profession, is still poorly integrated into sexual and reproductive health actions (Gonzaga, 2022), research on the emotions involved in the process becomes particularly relevant.

In this context, the objective of the present study is to describe the affects – primarily relief – experienced during the termination of unwanted pregnancies, with the aim of assessing whether these findings converge with results from national and international literature.

Method

This study refers to the final stage of a larger study, composed of three stages: the first stage involved mapping the national scientific literature on abortion and emotions, with particular focus on the experience of relief. Its results have already been published (Porto & Zanello, 2024). The second stage involved administering a questionnaire via Google Forms, aimed at recording the experiences of Brazilian women who had undergone abortion. The questionnaire was distributed using the "snowball" sampling technique (Vinuto, 2014). A total of 71 questionnaires were collected, and the responses underwent statistical analysis using Statistical Package for the Social Sciences (SPSS)[3]. The results were described in another article (Porto & Zanello, in press). Finally, the third stage – corresponding to the present study – was descriptive and qualitative in nature, and is reported below.

Participants

At the end of the questionnaire (stage 2), participants were asked: "Would you like to talk more about abortion by participating in an interview with the lead researcher?" to identify potential participants for stage 3 of the study. Of the 71 questionnaires submitted, 32 participants indicated their availability. From these, 14 were selected based on the following criteria: (i) the period in which the abortion was performed (between 1970 and 2020), and (ii) that the first abortion had occurred between ages 16 and 25, a stage of life when women transition into adulthood and begin defining their professional paths. According to Taborda et al. (2014), this is an important factor in the decision-making process regarding abortion, particularly when considering the consequences of carrying a pregnancy to term, such as the need to interrupt one's studies. Finally, in selecting participants, equitable representation between White and Black women was considered.

Of the 14 participants who met the inclusion criteria, five responded to the email invitation. Three confirmed a proposed interview date and attended the virtual meeting room (Google Meet). Two of them completed the interview in full. The third participant began the interview, confirmed sociodemographic information, and completed the first section on motherhood but requested to pause and reschedule. She did not attend the second session, and no further contact was made to avoid exerting pressure. The two completed interviews were conducted with a 30-year-old mixed-race woman and a 66-year-old White woman, both with higher education.

Instruments and Procedures

The interview was semi-structured, with the initial objective of confirming information provided in the questionnaire/form, such as sociodemographic data, the type of affective-sexual relationship at the time of the abortion and at present, and the number of abortions. Subsequently, open-ended questions were asked about motherhood, the experience of voluntary abortion, and the affects experienced in the abortion process, considering that these are issues highlighted in recent studies emphasizing the interface between sexual and reproductive health and mental health (Foster, 2024; Zanello & Porto, 2019). Finally, the interview sought to explore the participants' relationship to feminism and gender literacy, in light of studies on the non-desire for motherhood, which point

[3] For the use of the Statistical Package for the Social Sciences (SPSS), we received support from the Research Group on Psychosocial Processes and Evaluation in Psychology (dgp.cnpq.br/dgp/espelhogrupo/7565436512985961), led by Prof. Dr. Marcelo Xavier de Oliveira, who provided access to a computer running the program.

to an association between self-identifying as a feminist and questioning the hegemonic model of motherhood (Leal et al., 2024; Zanello & Porto, 2016). The interviews lasted between 60 and 90 minutes each and were recorded. They were subsequently transcribed for the purpose of content analysis (Franco, 2008), a method that enables deeper exploration of concepts emerging from the textual corpus and the recovery of meanings regarding the content, with the aim of examining the emotions related to the abortion experience within the context of a life-history case study (Sanches Peres & Santos, 2005).

The study was approved by the Research Ethics Committee (approval number 5.791.919).

Results and Discussion

From the transcription of the completed interviews, it was possible to identify two different experiences, but with many themes in common. First, a summarized account of the participants' life histories will be presented, using fictitious names, followed by aspects common to their experiences.

Circe

A 30-year-old mixed-race woman with higher education and postgraduate studies, identified as heterosexual and was married at the time of the interview. She reported being non-religious and living in the southern region of the country. She has no children and has experienced two abortions, one voluntary and the other spontaneous.

She described a life history marked by many economic limitations during childhood and adolescence. Her mother was the provider of the household. Her older sister had four children at a young age. She did not speak of her father in her narrative, and her mother was her main source of support in her development process.

Circe perceives that women are judged whether they have children or not, and whether they carry a pregnancy to term or interrupt it. She understands abortion as part of women's lives, a common experience that is nonetheless silenced, as if it were something alien:

> ... you start to read and discover that you're not an alien, that this happens, [...] That it's much more common than we imagine, but no one talks about it. So today many things have changed, [...] It was only later on that I had access [to this information], but I still find that society is too judgmental, so the issue of shame about being pregnant... . (Circe)

Motherhood was soon perceived as something that hinders the possibility of improving the lives of poor women, as she observed in the lives of her mother and older sister, who were prevented by motherhood from studying and changing their circumstances. Circe also emphasizes that she had no access to information or guidance on sexual and reproductive health during adolescence:

> Like my mother, she didn't give me much information, so I thought that I couldn't – or that it wasn't even possible – to get pregnant at 16. I don't know why I thought that. So I ended up having no knowledge whatsoever about contraceptive methods. Whatever I was told, whatever my boyfriend did with me, that was what I thought was right. I didn't even know about the withdrawal method, and it was during one of those sexual encounters that I ended up getting pregnant. (Circe)

In this context, she did not want to be judged for her decision not to move forward with an unwanted pregnancy – neither by her mother, nor by society, nor by her husband – since, in

her own words: "you [referring to herself] are not a monster, you are not an alien". Rather, as can be understood, she is a woman with desires that are neither respected nor properly supported or cared for.

Terminating the unwanted pregnancy brought her relief and lightness. She stresses that she never regretted it, not even after 15 years. According to her, it was the best decision made at the time:

> ... I felt very relieved, it was like a weight lifted off my shoulders. I could see a future for myself again, because before that I couldn't. My future would have been the same as my family's, like my sister's – not finishing school, having instead [...] Of having a precarious job, earning just enough to get by. And I didn't want that for me. So when it happened, I felt an enormous relief. That's why I would rather never have children than have had one at that time. (Circe)

Guilt alternated with and occurred simultaneously to relief. Although she was sure she had made the right choice and did not regret it, she felt guilty for not living up to what was expected of her – that is, not fulfilling the roles her mother, husband, and society demanded:

> Even though I always felt relieved, my guilt wasn't about what I did, but about what society demanded of me. So they were parallel things. Although they coexisted, [...] At times simultaneously, but it was because I felt guilty since society demanded that of me, you know? (Circe)

With the exception of her boyfriend – who also did not want a child and left the relationship – it was a solitary experience, one she could only partially share with him: "... I was 16 years old, and since I couldn't tell anyone, I suffered alone [...]. I bled for a month, a month with hemorrhage, and I couldn't tell anyone what was happening...".

According to her, her husband "comes from a right-wing evangelical family, the so-called traditional Brazilian family" and she points out that he probably would not have married her if she had already had a child. Even so, he judges her for having had an abortion. He says he wants a child but notes that her studies interfere with this plan. Circe knows she will be the one responsible for childcare and will not be able to continue the educational path she has planned – something she has been aware of since adolescence. Circe considers herself left-wing and a feminist: "... and I am left-wing [...] I keep in touch with the feminist movement, I like to read a lot about it [...] I consider myself to be one [a feminist]". She understands that feminist literature helped her face the situations she experienced, solidifying the notion that a woman has the right to choose whether or not to be a mother, without being seen as a monstrosity for it. She concludes that, because of their different values, the couple already argues about how they would raise a child, even though this child does not yet exist.

Circe used misoprostol (Cytotec) to induce an abortion and emphasizes that, in her case, it worked. However, she recalls the anxiety she felt, fearing it might not be effective, since a friend of hers had used the same medication unsuccessfully and was forced to carry the pregnancy to term.

She also refers to the experience of a second pregnancy during her marriage, one that she wished to carry to term, but which ended in spontaneous abortion. Her account of this experience was different: she wanted to be a mother, she felt like a mother, but she realized that – as in her previous abortion – her desire was not acknowledged. Specifically, her loss was not recognized, she was not considered or treated as a mother, and that the baby was not regarded as her child, since it could be replaced "if God so wished". That was what people told her. Internally, she wondered whether it could be a punishment for the previous abortion she had undergone. Thus, Circe affirms both the relief and certainty that she made the best decision in the first case (voluntary termination of pregnancy), but she emphasizes that it remains a lasting experience, especially in light of living through another type of abortion.

The comparison between the two situations led her to reflect that, for society, whether or not a child is wanted, whether or not a woman desires motherhood, does not matter. What matters is women's submission: either not being allowed to interrupt a pregnancy, or not being allowed to mourn the loss of a fetus who, though unborn, was experienced as her child. In both cases, her desire and subjectivity as a woman were rendered invisible – her lack of desire for motherhood at one moment, and her maternal grief at another – for a child who was not a mere object and therefore not replaceable:

> ... two different moments, with different desires. In the first, there was no desire to continue; in the second, there was [...]. Sometimes I think I could already be a mother, but I never had that feeling that I could already have two children. That feeling of wanting the child came the second time, when I really wanted it, you know? (Circe)

Circe also emphasized that, to be a complete woman, one must not only become a mother but also feel love for the child; just as, to be a mother, one must feel the desire for motherhood – the will to have the child. In her first pregnancy, she did not desire the child and therefore did not feel like a mother, nor did she become a "complete woman" because she did not love it. She had to conceal the termination, so as not to be judged as an unnatural mother. In her second experience, she felt like a mother and a "complete" woman, but was not recognized as such – her maternal grief for a fetus that was never born alive went unvalidated.

Two pregnancies ended at approximately the same gestational stage, but with profoundly different subjective and social meanings.

Nuala

She is a woman who identifies as White, 66 years old, and bisexual, in a stable relationship with another woman. She currently identifies as non-religious, although she was once Catholic and studied in a convent school. Residing in the Midwest region of Brazil, she holds a higher education degree with postgraduate training.

Nuala experienced eight pregnancies, three of which ended in voluntary abortions. She describes her family as "problematic", with her mother shouldering all the burden, while sparing her father and two brothers from any responsibility.

She recounts that during her first abortion, at age 16, she became pregnant by her boyfriend. She says it was her mother who decided on the abortion, justifying it by saying that continuing the pregnancy would "ruin her life". She now understands that, at that time, she did not have the conditions to make such a decision herself. Still, she resented her mother for a while, even though she recognizes that it was, in fact, the best alternative. She lived this experience in silence and solitude, with much pain and fear: "my father was not made aware at the time, and so... for him not to find out, my mother traveled with him, and I was left alone to deal with it [...] it was painful".

She underwent a risky procedure and felt her life was in danger due to the challenges of obtaining an abortion at an advanced stage of pregnancy. She feels guilty both for not preventing the pregnancy and for having lived out her sexuality. She acknowledges that she had no knowledge or information about reproductive health, yet she had a strong desire to live her sexuality freely: "I have always been quite sexual, let's put it that way. I was interested in it, and I think it's legitimate that any human being, any woman, has the right to sex". After the abortion, her relationship with her teenage boyfriend ended.

During her second abortion, Nuala was in a stable relationship but believed that her life circumstances did not allow for carrying a pregnancy to term. At that time, she had her partner's support, and the relationship continued.

She went on with her life and carried other pregnancies to term. After her second child, she separated, and while single, she reconnected with an ex-boyfriend and allowed herself to live out her sexual desire – something she had always regarded as a right. However, she became pregnant again and once more decided that continuing the pregnancy was not possible, leading to her third abortion. Yet, this time her ex-boyfriend did not want the abortion, but she decided she would not continue the pregnancy regardless of his position. At that moment, she made the decision on her own, without the influence of her mother or her partner. She could not go on.

> ... since we were already separated [not married], we went out... and I got pregnant. I said, "we're separated, I'm not going to have this child." But he actually wanted it [...] he wanted it, he didn't agree, but I made the decision, I said, "I don't want this child, I'm not having it." And so I went by myself. A friend accompanied me – my cousin went with me. But by then I was already at the end of my second year of college, and some things happened in my life [...] among them the possibility of starting psychoanalysis, and that was a turning point in my life. (Nuala)

She recognizes that in her last two abortions she had support, knowledge, and experience, and was between 19 and 23 years old. Still, she feels she did not control her sexual desire enough, as was expected of her – by others and by herself. Yet she offers an explanation: she could not take oral contraceptives. "I had to do that calendar method [...] So that was a problem, because of course (laughs) you want sex even more when it's forbidden [...] (laughs)".

Through psychotherapy, she came to see the abortions as a form of self-harm. Once she gave this meaning to her experiences, she carried all her subsequent pregnancies to term. She still thinks she could have avoided going through the abortions, and understands that they do not make her a bad person. At the same time, she affirms her right to sexual and reproductive healthcare policies and her right to choose – though she struggles with feelings of guilt and, despite being sure of her previous actions, at times, still questions whether they make her a bad person.

She stresses that abortion is a difficult, complex experience, one that marks both the body and the psyche. It must be integrated into a woman's life – as something lived, with its pain and suffering – and not denied or erased. She also insists that it is necessary to break the silence, to speak out, to be heard and welcomed, to receive political support for physical and mental healthcare, as well as access to sexual and reproductive education:

> ... we need a different kind of education for women – from the time they're little – in the case this eventually happens. Because the ideal is that we learn to take care of our sexuality, our rights, and that we are respected, so that we don't have to go through experiences like this. (Nuala)

Today she is convinced that having a child in adolescence is a "tragedy": it prevents women from studying and from building their autonomy. Her mother knew this, as did other women in her family who had abortions – though their experiences were kept secret. She now realizes that these women, in their own ways, supported her as best they could.

Nuala reflects and admits she is unsure whether she is a feminist, since although she has gender literacy, she also submitted herself to oppression and excessive responsibilities in the heterosexual relationships she experienced. She makes a comparison and reports that perhaps she acted in these relationships as her mother did, who also experienced oppression and exhaustion from responsibilities:

> ... an unequal relationship in marriage, where I had to take on much more responsibility than the person who was with me. So I did not manage to escape this; I did not escape certain historical determinations [...] determinations that were imposed on women of my age today.... (Nuala)

Continuing her conceptual reflection on what she experienced, she states that Christianity oppresses women and promotes guilt in carrying out an act that should belong solely to women's choice. When she later came into contact with another religious perspective, she was able to reframe the experience of her abortions and lessen the guilt she felt. She describes that in this process, she needed to give names to the fetuses and to everything she went through in order to lighten the burden she carried as she moved forward: "So I gave names to these people who never appeared [...] I gave them a place in my life".

She affirms that she felt relief upon undergoing abortions of unwanted pregnancies. However, she also points out that it was her family who felt relieved: "... I realized when I was very young that it was a relief for the family, and I lived in a problematic family. My brothers had had serious problems [...] my mother carried the family's burdens in a very complicated household". With the abortion carried out, the family would not be tarnished, and she could return to her studies; likewise, she would not have to marry in adolescence and could move on with her life and her projects. She emphasizes that she does not regret it, despite feelings that oscillated – depending on the stage of her life – between guilt and relief.

Two Stories and Many Shared Experiences

Circe and Nuala report that they felt fear, shame, helplessness, and guilt; however, they also experienced relief and a lack of regret (Table 1), converging with the findings of the Turnaway Study (Foster, 2024).

Table 1
Description of affects in the abortion process (2023)

1 of 2

Feelings described	Circe	Nuala
Relief	Reduction of "burden" and greater lightness in life Possibility of a future "...relief..."	Reduction of "burden" and greater lightness in life Possibility of a future Solving a problem Abortion resulted in a possible stability Abortion avoided unwanted relationships It was not possible to carry a pregnancy at that moment "...relief..."
Lack of regret	Certainty about not wanting to move forward with that pregnancy	Responsibility for the choice to abort "No, I do not regret it"
Guilt	"I felt very guilty" For not wanting motherhood For not feeling regret For lying about being regretful	"Guilt accompanied me in proportion to the time I was a devout Christian" Punishment/Chastisement Society says that a woman must feel guilt Guilt for not taking care of oneself Produced guilt on her own / Felt guilty
Shame	Shame about the pregnancy Shame about lack of contraception	Would be a "marked" woman Pregnancy/Abortion brings shame to others Not very ashamed of being pregnant

Table 1
Description of affects in the abortion process (2023)

Feelings described	Circe	Nuala
Helplessness	Loneliness	Loneliness
	Not something you can talk about with just anyone	Not knowing what was happening
	Lack of information about sexual/reproductive health	Lack of information about sexual/reproductive health
	Different from other women	Need for care
	Could not tell anyonew	Silencing
		Need to share the experience
		Repressive education
Fear	Risk of death	Death
	Bleeding / Consequences for health	Health risks
	Pain	Pain

In the Turnaway Study (Foster, 2024), there were six emotions investigated: regret, anger, sadness, and guilt, which were categorized as negative; and relief and happiness, identified as positive emotions. Among these, the emotions of relief and lack of regret in experiences of voluntary abortion stand out.

From the analysis of the life histories, several categories of shared experience were identified: psychological suffering, the influence of religion, solitude in abortion and motherhood, and the role of men in abortion. A destiny of many limitations can be observed, such as the abandonment of life goal and the making of a difficult choice which, nevertheless, counted on the support of other women and provoked reflection on the non-desire for motherhood. This is what will be presented below.

Both interviewees perceived that abortion is a difficult and common experience among women, and that it generally cannot be shared with others, since it remains a social taboo. Support is generally offered by a woman friend:

> "So, I don't talk to my husband about it, it's not something you sit down at a bar and talk about with just anyone, only with my closest friends. After all, not everyone is going to empathize – some will judge me, and that's not what I want. So it ends up feeling like a burden that came twofold, for the second time, and I can't manage to share it. And I don't even fully understand myself". (Circe)

> "... since we were already separated [not married], we went out... and I got pregnant. I said, "we're separated, I'm not going to have this child." But he actually wanted it [...] he wanted it, he didn't agree, but I made the decision, I said, "I don't want this child, I'm not having it." And so I went by myself. A friend accompanied me – my cousin went with me". (Nuala)

Throughout the accounts, intense psychological suffering can be noticed, expressed in various forms and arising in many situations. For example, when it becomes necessary to say one regretted it – even if untrue – because not regretting would threaten one's identity as a woman, that is, what is expected of a woman:

> One time, I recall going to confession and I felt super guilty, because I said I was sorry and I never was, you know? So that was one of the reasons I drifted away from religion – because of that, because I was never sorry for it. (Circe)

Suffering also emerged when a spontaneous abortion was experienced as punishment, forcing a revisiting of the earlier experience of induced abortion, and the possible recovery of an unsettled debt:

> Recently I went through another abortion, it was a spontaneous one. [...] Even though I don't attend any specific religion, I keep reliving what happened [...] Is it life? Is it a spiritual debt? Is it part of it? Of course [...] doctors always say that one in five women lose their baby [...] spontaneously, but like it or not, for the doctor it's all about statistics [...]. Yet within my own personal doubts, as women we end up asking ourselves: what if I had already had a child? What if I never have one? So, it brought back many things for me. That first time I was 16 years old, so it's been almost 15 years since that happened. (Circe)

Nuala and Circe differed in some aspects regarding the impact of abortion experiences on mental health. Circe brought up many elements related to the experience of mourning, perhaps because she had also gone through a spontaneous abortion of a desired pregnancy. Nuala, on the other hand, did not highlight this feeling, but rather emphasized sexuality, the experience of desire that was not controlled – the "price" she had to pay.

This finding also converges with the results of the Turnaway Study (Foster, 2024), which identified that the negative impacts leading to the psychological distress observed are related to experiencing an unwanted pregnancy and to the impossibility of obtaining a voluntary abortion, regardless of the obstacle faced – be it of a legal, social, or cultural nature.

The process of voluntary abortion is characterized as long and difficult due to the influence of religious morality, as Nuala describes: "It took me a long time to... to... get to a place where I could reframe that guilt and realize that all this social construction over women's bodies was coming from Christian religiosity".

Even though Nuala's mother was not religious – a factor that made her decision easier since it was also her mother's decision – the influence of Christianity still caused suffering, with its references to sin and for being a practice that brought about damage. She had to turn to a non-Christian religion in order to reframe the experience:

> Men are still in charge of the world to this day [...] and they always told us what our place was, that's the truth. And that's how it is. But this was an interesting moment when I was able to work through some things – within this religion [...] for the first time they dealt with the issue of abortion in a different way. The machismo was there, but they helped me reframe this experience. (Nuala)

Even though she no longer identifies as Christian, Circe reports the influence of religion in how she was able to cope with her abortion experience:

> ... at the time there were very few people who could understand you, who wouldn't judge you, and then there's also the religious aspect [...] so it's not something you can open up with just about anyone – it has to be someone very close... . (Circe)

This kind of strategy reveals how loneliness is experienced in multiple ways – both during the abortion process and during a continued pregnancy – as Circe explains: "Today I see that I'm married, so there's the pressure from my mother, from my mother-in-law, but in the end it's something no one will help me with. Maternity is very lonely, you know?". And Nuala echoes this feeling: "... I could say that motherhood is quite a solitary condition for women in the society we live in...".

Thus, there is heavy pressure before motherhood takes place, and afterwards, the cost of solitary caregiving – fulfilling the "destiny" of womanhood that must be heterocentered, in other words, as someone who must place the other as the center of her life (Zanello, 2018):

> ... it's up to the woman to meet all the child's needs. And I would get so upset when I talked to people about this – "oh, but children are truly meant to be with the mother, it's the mother who has to take care of them, not the father." Why should I subject myself to something like that? [...] I'm currently

> a master's student [...] I plan to defend my thesis this year, and I'm thinking about a PhD. And every time I bring up the PhD, my husband says, "oh no, we need to have a child". (Circe)

There is a crossroads, where motherhood is resented as an impediment to pursuing their professional dreams. They are forced to give up their goals in life – and even then, they remain alone:

> ... To deprive myself in order to not continue my studies – so today, little by little, I am leaving the question of motherhood aside, because in the end, so much ends up falling solely on the woman. [...] ... I couldn't count on anyone, so I think it's a very lonely experience – it was a very solitary process, and even today, even if I tell people, no one will ever really understand everything I went through [...] So I would say that this process was very lonely. (Circe)

In this context of solitude within the imperative of becoming a mother, these women emphasize that the lack of information on sexual and reproductive health increased their vulnerability. Circe states: "I was very young, I didn't understand what was happening. In fact, my mother was never very open with me, so she wouldn't let me take medication [the pill], and I couldn't talk to her".

On the one hand, there is general misinformation – something that could have been addressed at school through public policy, but which represents a failure of the Brazilian state. On the other hand, there is a lack of exchange of knowledge among women, including across generations. This fosters ignorance of their own bodies and of processes related to female sexuality:

> ... this pregnancy happened in total ignorance [...] that I could even get pregnant. And I was very young, so I didn't have sex with a condom. Nobody really talks about these things [...] I started dating even before I got my first period [...] I began menstruating around 15 or so and started early, already very interested in sex. By then I was certainly very curious about these matters [...] I immersed myself in the experience and ended up getting pregnant without really knowing what was happening. At school, nobody talked about it [...]. (Nuala)

Nuala was left without any support in terms of information or guidance. In Circe's case, this also left her vulnerable in her relationship with her boyfriend, as he was the one who decided the contraceptive method, and she had to rely on him. This lack of information creates vulnerability, reinforced by a morality that forbids talking about sex with girls, deeming it morally inappropriate. However, such an attitude leaves them vulnerable to pregnancy, and consequently, pregnancy comes to be understood as a punishment for enjoying sexual pleasure.

The omission of the Brazilian state, by failing to treat this topic as essential education for girls and young women, places them in a condition of profound vulnerability:

> I only found out that I had a uterus and that everything was in order when I started working and could pay for a consultation myself [...] and see how my body was doing. Until then, all I could do was hope everything was all right.... (Circe)

The lack of access to basic human rights robs women of the possibility of agency and even minimal control over their bodies and their lives, with consequences for their physical and mental health. One can consider this a form of psychological violence perpetrated by the State, which fails to guarantee public policies – whether preventive or post-reproductive – that could provide support to these women. Vulnerability is heightened by the difficulty of accessing abortion, once the decision has been made:

> it was my mother who dragged me [...] I went from doctor to doctor. I went to several doctors at the time – in fact, to several very secret abortion clinics back then – trying to find someone who could solve my problem [...], because it wasn't a simple problem, so it was really quite complicated [...]. So, I was very afraid. And so, the whole process of looking for clinics that would accept me to do it – I

> went to several, people did exams, and I went through several places, where they did pelvic exams, you know? And then at each clinic they would say: "No, we don't do it, it's too far along," "No, we don't do it, it's too far along". (Nuala)

It is worth noting that gestational age was a crucial point in the Turnaway Study (Foster, 2024), as the possibility of undergoing an abortion for an unwanted pregnancy depended directly on how far the pregnancy had progressed. Thus, advanced gestation prevented women from having an abortion. Here we see a vicious circle: the difficulty of accessing legal abortion delays the procedure itself, making it unfeasible by the time a place willing to perform it is found: "...I think I went to five or six clinics before getting to this one [...], where finally the doctor said, "Look, we can do it, but the situation is more serious [...], there are risks, it's a C-section, we can do it, but that's what has to be done" (Nuala). The women most affected are those who are poorest, as they lack the resources to travel longer distances or make multiple trips before gaining access to the service. Going through the entire process in secrecy, or without the support of an extended help network, makes everything even more difficult.

In the cases reported here, both women had the participation of their boyfriends in their first abortions, which occurred during adolescence – a frequent phenomenon, according to the 2021 PNA (Diniz et al., 2023): "...I was 16, going on 17, [...] when I was about to turn 17, he had just turned 18" (Nuala). Their boyfriends' participation was due to the fact that they also did not want the pregnancy to continue, even if not for the same reasons as the women themselves. For the women, continuing the pregnancy would have had major consequences for their lives, jeopardizing their chance to build a future of economic stability – an outcome also observed in the Turnaway Study (Foster, 2024). For the men, it was a situation that needed to be resolved, since they were not willing to take on the responsibility of raising a child.

Even though both women experienced their first pregnancies in adolescence, it was together with other women – mothers or friends – that they had to decide on undergoing an abortion, that is, to find a way to handle a life circumstance. Men, on the other hand, were perceived as lacking the capacity to face the situation, as Nuala noted about her boyfriend: "He didn't have the maturity to support me". Since the pregnancies occurred in their own bodies, the women had no such option of evasion. Similarly, Nuala's father was "spared" by her mother: "She had to get my father out of the way so I could have the procedure [...] there was no way to explain my disappearance" (Nuala). This was not only about sparing her father but also about shielding herself from his possible reaction. As she emphasized: "... my father was not made aware at the time, and so for him not to find out, my mother traveled with him, and I was left alone to deal with it" (Nuala). What emerges here is the process of men being emotionally, behaviorally, and socially disburdened, while women are hyper-responsibilized (Zanello, 2024).

The experience of abortion reframed the affective-romantic relationships they were in, as it revealed the solitary nature of women's suffering and responsibility. Pregnancy was lived as a profound experience of gender inequality, since women alone are judged and held accountable. For them, it became clear that there was a lack of empathy and participation on the part of their partners at the time:

> I told my boyfriend that if it happened again, we weren't going to remove it, because I had suffered so much. Then we ended up breaking up, because I think he was afraid, I don't know, that it might happen again. (Circe)

> ... later on I ended up breaking up with this guy for a number of reasons. (Nuala)

On the other hand, being in a stable relationship influences the decision to continue a pregnancy – a phenomenon also identified by Foster (2024): "You need to be in a relationship that provides for you, you need to have support, you need to have assistance, [...]" (Nuala).

Saying no to a Destiny of Many Limitations

The expectation of a life with many more limitations was reported by both women, which aligns with Foster's study (2024). Renouncing personal projects in order to carry an unwanted pregnancy – especially in adolescence – signals the beginning of an impoverished life. They had already witnessed this in the lives of other women:

> When she [the sister] had her child, her first child, I saw that things in her life started getting worse: studies, work; and because she couldn't study anymore, she had to work wherever she could. Then she had a second child, and I saw that her possibilities kept shrinking [...]. When I saw what was happening, I thought, "No, wait, I don't think that's what I want. I want to have children, but only after I finish [studying]". (Circe)

Even though she liked her boyfriend, that feeling was not strong enough for her to choose the relationship over her own future: "I can't have a child, even if I like him very much" (Circe). This shows that she was not fully surrendered to the "romantic dispositif" (Zanello, 2018). She had a project, and she valued it: the will and the dream to study. Years later, her choice to prioritize her life project proved to be the right one, as was also observed in Foster's findings (2024).

In these women's lives, other relationships were also shaken by the abortion experience. Circe already knew she would be judged and disappoint her mother either way if she found out. Still, abortion would spare her from the consequences her sister had lived through, and in time it would be forgotten: "So it was better that she found out afterwards, after I had already lost it, than for her to find out and I would have to continue with that pregnancy" (Circe). Nuala, in turn, highlighted: "I was underage, so my mother had to take responsibility for me. She said, "... you have to do it, you can't. Your father can't know – this will bring shame for the Family".

Pregnancy experienced at too young an age, or while unmarried, is perceived as a stain on a woman's honor, because it reveals an active sex life – breaking away from the model of sexual renunciation tied to feminine value. In this context, abortion could erase that stain, even if it left a scar. However, when such a choice is at risk of being discovered, it risks not only the woman's honor but her character and her "selfishness" for ignoring her supposed "maternal instinct" and "nature as a woman" (Zanello, 2018; Zanello & Porto, 2016).

In this conjuncture of suffering, which challenges the assumptions of motherhood naturalized in women, the act of sharing and recognizing the experiences of other women appears to have a significant positive impact on the consequences of voluntary abortion: "... and then I found out that many friends had gone through the same thing, so I realized I wasn't some kind of alien, you know? That it was normal" (Circe). For Nuala, the experience opened other opportunities in her relationship with her own daughters:

> ... my relationship with my daughters has been very different. I was able to talk to them and say [...] when you start noticing that interest [in boys], I want to take you to a doctor, I want you to know what's going to happen to you. You'll [...] take medication [contraceptives], you'll be able to have a sex life – which is your right – but you'll have support for that". (Nuala)

Ultimately, reflecting on the model of motherhood and the ability to question it necessarily involves considering the possibility of not desiring motherhood. The stories of these women reveal

a sense of guilt for not having this desire: "When I saw people saying, 'no, but motherhood is part of being a woman,' and I had never experienced this maternal feeling, I felt very guilty" (Circe). However, the absence of this desire does not necessarily have to be an absolute truth, unchangeable over time. It may be a situational non-desire, relative to a particular pregnancy, in a given relationship and moment in life, as in the case of Nuala, who later carried other pregnancies to term: "Somehow, by the time of my third or fourth pregnancy, I already had a kind of family reputation as being the mother of many children". This highlights the complexity of the issue by showing that voluntary abortion cannot be reduced to a simple dichotomy of wanting or not wanting to be a mother, but rather concerns the desire – or lack thereof – to become a mother within a particular relationship, context, and stage of life. There are multiple possible choices not only between different women, but also within the life of a single woman. These choices must not only be accepted and acknowledged but also supported by public policies and the public health system, both in primary care and in reproductive health services.

Conclusion

The findings of this article converge with results from research conducted in recent years: 1) the presence of a feeling of relief when terminating an unwanted pregnancy; 2) the mental health impacts resulting from the criminalization of abortion, social and economic vulnerability, and the pressure of moral and religious values – and not from the act of terminating an unwanted pregnancy itself at a given time.

Both interviewees emphasized, even years later, that the decision to terminate the pregnancy continued to be perceived as the best decision for their lives. Even so, knowing and feeling this was not enough to prevent psychological suffering. Among the reasons for this suffering, silence around the experience stood out, along with the difficulty of sharing it with others, under penalty of moral judgment and having their worth as women called into question.

As a limitation of this study, it should be noted that accessing accounts of clandestine abortions of unwanted pregnancies – especially those mediated by different intersectionalities, as was the initial objective – proved difficult. Even considering that some the stories of abortion had taken place more than 8 years earlier (cases that could no longer be prosecuted) was not enough to motivate participants to provide a more detailed narration. In addition, one must reflect on the possibility of memory errors when a person over the age of 60 recounts episodes lived during adolescence, as was the case for one of the interviewees.

Recognizing women's sexual and reproductive rights as fundamental human rights is essential. The decision to terminate a pregnancy is part of this set of rights: the right to one's own choices and to protagonism over one's own life. It is crucial that the State guarantee high-quality sexual and reproductive health policies – starting at primary care – ensuring the best support based on women's choices and safeguarding access to constitutional rights. Furthermore, mental health policy must be integrated into sexual and reproductive health services as a priority. In the words of one of our interviewees:

> ... Motherhood taught me many things. I have nothing against motherhood, just as I have nothing against abortion [...]. I believe we must have the conditions both to have children and not to have them. It is a choice.... (Nuala)

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