# THE SOCIAL CONSTRUCTION OF DEVIANCE, ACTIVISM, AND IDENTITY IN WOMEN'S ACCOUNTS OF ABORTION

by

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A Dissertation
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DISSERTATION APPROVAL

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The mainstream abortion rights debate in the United States, its opposing factions popularly identified as pro-choice and pro-life, is reliant upon identifiable narratives of abortion's value to women and society and, alternately, its harms. This dissertation traces more than one hundred years of evolution of popular rhetoric surrounding the practice of elective termination of pregnancy in the U.S. and identifies the understandings of abortion and the women who have them which are most prominent in our culture today. This dissertation examines the ways in which women who have had abortions invoke the rhetoric of "sympathetic abortion" in making sense of their own experiences. For the pro-choice movement, young, childless women accomplish sympathetic abortions in light of factors like responsible birth control use and the pursuit of empowering life goals, while factors like existing children, previous abortions, and bad clinic experiences contradict this template. The women interviewed for this research discuss ways in which the circumstances surrounding their abortions and their individual approaches to their procedures align their reproductive choices with the sympathetic template or else point to ways in which their experiences fail this standard. Women occasionally transcend the templates of "good" and "bad" abortions and offer new meanings. This dissertation closes with a discussion of the role of women's stories in social movements and the consequences of discourse which ignores abortion experiences that fall short of the contemporary formula story.

# DEDICATION

This dissertation is dedicated with gratitude to my dear friend, Jenn Schweitzer, and to all of the women who shared their stories with me. It is with a hopeful spirit that I also dedicate this work to my children, Victor and Mica, and to the next generation of feminists and critical thinkers.

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# CHAPTER 1

## ENCOUNTERING THE ABORTION REPERTOIRE

*Whatever is unnamed, undepicted in images, whatever is omitted from biography, censored in collections of letters, whatever is misnamed as something else, made difficult-to-come-by, whatever is buried in the memory by the collapse of meaning under an inadequate or lying language -- this will become, not merely unspoken, but unspeakable.*

-Adrienne Rich
(From *Of Woman Born*, 1976)

A couple of years ago, my good friend told me that she was unexpectedly pregnant and that she and her husband had decided to "keep it." I thought the latter part of her announcement a little odd. *Of course you are going to keep your baby*, I thought, *you're married. You have a college education and a career. You are twenty-eight and planned to become a parent one day anyway*. The question of terminating her pregnancy, an alternative to which she alluded when she said she had chosen to keep it, was inconsistent with my assumptions about abortion as a woman of the same age and status. What I will refer to frequently throughout this dissertation as the *ideal reproductive timeline* – which I had seen propagated by middle-class friends, family members, and media representations – is one which puts perhaps one unwanted pregnancy (and thus one abortion) before the accomplishments of college degrees and marriages, feats with which childbearing is presumed to interfere. Once partnered and earning a decent salary, however, motherhood is the normative goal and one to which I knew my friend aspired.

Around the same time, another close friend discovered that she was pregnant in very different circumstances and in fact had an abortion. Money was tight for Alicia, finishing

herbachelor's degree while working was demanding, and her relationship with her partner of several years was strained. While I could certainly understand Alicia's decision and wanted to support her, abortion in these stressful circumstances also fell outside the prevue of the ideal reproductive timeline which had informed my understandings of abortion and what it accomplishes in women's lives. Alicia was already a mother, and the needs of her existing children bore heavily on her decision-making. As impossible as raising another child felt to Alicia, being thirty and a mother made her feel guilty and undeserving of her abortion.

As I struggled to understand Alicia's complex feelings, I came to understand the messiness of abortion rhetoric's relationship to lived experience, identity, and emotion – topics I explore in this dissertation. Per my interviews with 29 women, I demonstrate that a sense of disconnect between an abortion blueprint (like the ideal reproductive timeline) and abortion experience itself is shared by many women like Alicia. Women who experienced abortion at younger ages and prior to finishing their educations, starting careers, and finding partners, on the other hand, are generally better able to perform the confidence and optimism central to my aforementioned "script."

Alicia is more like typical abortion patients in the United States than not, yet stories like hers are less familiar in mainstream rhetoric which relies on young women with big goals to illustrate the value of abortion to women. Jones et. al. (2010) report that one in three American women will have an abortion before the age of 45, half of them more than once. Furthermore, sixty percent of today's patients are mothers, with thirty percent of this sub-group having more than one child. Examination of patient demographics reveals also that race and class are significant factors concerning abortion in America. Jones et. al. (2010) report that Black women are twice as likely and Hispanic women one and half times as likely as white women to have an

abortion in their lifetimes. What is more, women living at or below the poverty level are five times as likely as middle-class women (defined as having income at 200% the poverty level) to experience an abortion. But the stark inequities of abortion by race and class, like the nuances of motherhood and multiple abortions, are not a part of the mainstream conversation regarding reproductive liberty.

My conversations with Alicia in the months following her abortion were eye-opening for me and coincided with my emerging interest in studying abortion stories. Having grown up pro-choice and having had abortions as a teenager, I have long fancied myself just the type of confidant to help a friend facing an unwanted pregnancy. More than ten years removed from my own experiences, however, I had not yet recognized the implicit permission my culture granted me –however reluctantly – to reject motherhood at that young age, and I found myself woefully unequipped to help a friend whose abortion was compelled by factors not previously a part of my pro-choice repertoire.

I began to realize, too, that complex and negative emotions surrounding an abortion, apart from requisite serious contemplation, are also off-limits in most contemporary abortion rights campaigns. Alicia demonstrated a challenging negotiation of pro-choice sentiments amidst difficult feelings of guilt and sadness. She questioned the understandings she had previously used to frame her support of abortion rights because they did not enable her to see herself as deserving. She wondered if the going rhetoric was too optimistic and if there was room for the pro-choice movement to acknowledge feelings like hers. I recall her saying to me, "I wish the clinic would have offered me some counseling sessions afterwards. I at least think that the staff should prepare women for the possibility that they will feel really bad about their abortions for a long time."

I wondered what impact emotional dialogue and recognition of some women's doubts would have on the pro-choice movement and learned of emergent campaigns, like the "Pro-Voice" movement (so-dubbed by a network of affiliated websites and projects), to bring this sort of discussion to the forefront, which I will talk about throughout this dissertation. What I have observed in regard to abortion rights and women's emotions however, is that a full and honest conversation is not complete without a critical examination of the ways in which the rhetoric of justifiable or "good" abortions (Rapp 2000), a tool of the contemporary mainstream pro-choice movement, empowers a certain demographic of women to feel positively about their abortions while ignoring or shaming others. In this chapter, I outline the theoretical and methodological frameworks upon which I have built these findings. I then discuss the outline of the succeeding chapters and the specific questions I aim to answer through this exploration of abortion rhetoric and women's accounts.

## CULTURAL STORIES, SELF STORIES, AND SOCIAL MOVEMENTS

Through my research on the abortion rights movement in the U.S. and through my conversations with friends like Alicia and the 29 women who so generously shared their stories with me, I have come a long way from the anxious advocate struggling to integrate a friend's difficult decision into a rigid understanding of abortion and the women who have them. As my discussion of abortion activism in Chapter Two will illustrate, movement rhetoric is changing all the time and reflects shifting understandings. I have observed that women who have had abortions try to make sense of their decisions and their experiences accordingly, some finding in rhetoric the ability to see themselves and their decisions positively and others encountering significant barriers.

This is why the work that follows is different from the abortion scholarship that has preceded it. Unlike important studies which have explored women's experiences and feelings regarding their abortions on one hand and those which have examined different eras of abortion rhetoric on the other (which I will explore in Chapter Two), my work in this manuscript examines the relationship between rhetoric surrounding abortion rights and the ways in which women who have terminated pregnancies make sense of their experiences in light of these cultural stories and messages.

Understanding this link is important. The secrecy and tacit stigma which surround the abortion decision in our culture mean that women who terminate pregnancies are vastly more familiar with the public conversations about abortion than they are with the lived experiences of their peers. Many of the women whose stories comprise my data believe that they are one of just a few – or perhaps *the only* – woman they know to have had an abortion. Many talk about experiencing their abortions to the soundtrack of cultural messages, or "voices" in their heads regarding the types of women who have abortions and the ways in which their abortions signal failure – failure in preventing pregnancy, in not being prepared for motherhood, and in choosing "selfish" goals over would-be infants. Others use this rhetoric to situate themselves and their abortion decisions as moral while diminishing the choices of imagined others accessing abortion under different circumstances.

If cultural messages about abortion's morality and women's deservingness are such prominent companions to women having abortions and making meaning of their experiences afterwards, we must understand the rhetoric/self-story link. Within this interactive space lies essential information key to understanding women's emotions, their self- appraisals, and thus their ability and willingness to reproduce prominent discourse and even activism. The shape and

trajectory of the abortion rights movement is reliant upon if and how women choose to talk interpersonally and publicly about their abortion experiences, a decision that is itself constrained for many by the existing rhetorical milieu.

In hypothesizing the existence of a relationship between cultural stories, self-stories, and social movements, I rely upon the tenets of symbolic interaction generally and the social constructionist study of victimology in particular. The former school emphasizes that the social world is essentially comprised of shared meanings rather than objective truths. The study of symbolic interaction is most concerned with understanding the ways in which individuals and groups interact in society to create, sustain, and transform meaning. Victimology applies this perspective to understanding how social movements frame phenomena as social problems and promote specific understandings of a problem's victims in order to garner support for a proposed solution.

A key strategy for resource mobilization in this context is the creation and promotion of formula stories, or flat composites of many complicated lived experiences which illustrate for a broad audience the features of a social problem and specific understandings of its victims and its perpetrators. Importantly, a formula story contains little to none of the moral ambiguity that accompanies lived experience. The "stock characters" portrayed in such narratives are appropriately one-dimensional: victims are typically passive and blameless while perpetrators are unprovoked and vicious. Social movements use these starkly contrasted characters to garner sympathy for victims, promoting formula stories which will rouse emotion and motivate action (Holstein and Miller 1997).

While victimology may seem an odd framework within which to study a topic which feminists especially associate with women's autonomy and liberation, the formulaic abortion

stories promoted by social movement organizations on either side of the abortion rights debate share many similarities to those accompanying causes typically studied by victimologists. Abortion stories become familiar in our culture via media, activism, and political campaigns – just as other narratives have promoted awareness for issues like child abuse and violence against women (e.g. Best 1999; Dunn 2001; Lamb 1999) . The familiar sad tales associated with these latter causes conjure imagery of clear victims and perpetrators and highlight in no uncertain terms the social problem and its harms (Holstein and Miller 1997).

Formula stories also provide a framework in which those in need of public action can identify themselves as worthy beneficiaries. At the same time, lived experience that is inconsistent with the prominent narrative can be problematic for movement advancement, prompting advocates to police personal accounts. Advocacy workers often coach victims to provide accounts which reflect movement-sanctioned understandings and what Irvine, in her study of Codependents Anonymous support groups, calls an institutionally preferred identity (1997). In the case of domestic violence, for instance, court advocates and counselors explicitly correct abused women who describe male partners' violence as part of an interaction, preferring instead accounts of unprovoked violence (Emerson 1997; Loseke 2001).

This editing can also be intuitive for victims. As a cause gains public attention, formulaic understandings become widespread, and those with ambiguous experiences of victimization learn to deemphasize unseemly elements of their biographies while emphasizing those most consistent with the dominant social movement story (e.g. Konradi 2007; Leisenring 2006).

Abortion patients, then, are not traditional victims (and many would object to this understanding), but victimology, with its identification of generic formula stories and stock characters, remains instructive. The abortion patient must win audience compassion much the

way a battered woman does – by means of a victim contest (Holstein and Miller 1997), or by establishing that she deserves sympathy as well as credibility over other claimants. As I will discuss in the coming chapters, pro-life advocates portray counterclaimants as liberal policymakers and abortion providers, while the stakes are much less clear for the pro-choice. A limited range of circumstances make a woman blameless according to the rhetorical template I will later outline, yet the movement is saturated with stories which appeal to the innocent patient standard; more often than they are explicitly blamed, non-qualifiers are simply not discussed.

In this manuscript, I explore the features of a sympathetic abortion formula story, but I also examine the ways in which women who have had abortions interact with this story as they assign meaning to their abortion decision-making and as they attribute particular outcomes to their abortions themselves. As I will demonstrate throughout this manuscript, these tasks are especially complex for abortion patients because, while their stories are potentially valuable to social movements, they must navigate complex layers of abortion stigma and deploy culturally resonant explanations for choosing abortion. Women who tell rhetorically inconsistent stories risk unsympathetic understandings.

The resonant explanations women can offer are, according to Mills (1940), part of a vocabulary of motive – a collection of sensible explanations for action which social actors both consult before they act as well as refer to in reporting on their decisions later. A sensible repertoire, however, is reliant upon social context and shared understandings of sensible motives (Mills 1940). As such, a successful, or sympathetic, abortion story in one setting will reflect different cultural understandings than those successfully employed by women in another.

For women in the U.S., some basic ideas about women, sexuality, and motherhood provide the context within which women make and understand their abortion decisions. Social

campaigns over the past hundred years or so, as I will discuss in the next chapter, have positioned abortion as a contradiction to moral femininity, and, although many Americans do not subscribe to traditional notions of worthy womanhood like chastity and compulsory motherhood, these values have been effective in instituting a powerful brand of stigma unique to abortion patients. I discuss abortion stigma in depth later but first turn my attention to fleshing out social understandings of abortion as contrary to tenets of traditional womanhood.

Schur (1988) argues that femaleness, generally, constitutes a deviant master status and offers as evidence social and economic inequalities, sexual objectification, cultural acceptance of women's victimization, and women's subjection to greater efforts at social control. He adds that standards of conduct deemed appropriate for people in general are synonymous with male norms (see also Broverman et. al. 1970). Women who display traits like independence or assertiveness are persecuted as mannish or bitchy while women who appear to enjoy sex by seeking out partners and initiating sexual activity defy objectification norms by becoming subjects and are hence routinely debased as sluts (Schur 1988).

Therefore, Schur (1988) argues, alignment with specifically feminine gender norms is necessary for minimizing an essentially negative reception. Motherhood is a significant strategy by which women minimize their assumed deviance, according to Schur (1988), but feminine gender norms inform cultural evaluations of women in all other contexts as well - ruling women's performance of emotions, their speech, their appearances, their sexual behavior, their career choices, and their deference to professionals in matters personal and public (Schur 1988). Violation of the narrow standards associated with each of these features intensifies the stigma of the already deviant female status, making abortion, as an apparent rejection of sexual mores and motherhood, all the more offensive (see also Chancer 1990).

Since Schur's writing, motherhood ideals have intensified. Hays (1996) observes that the 1990s heralded a new era of time-consuming and expensive child-rearing techniques (especially for the middle-class), most of which relied upon mothers' implementation. Hays (1996) points to the emergence of new parenting experts, like self-appointed nurturing specialists Drs. Spock and Brazelton, who emphasized the supreme, biologically-based importance of mothers in nurturing children.

Hays concludes that motherhood is perhaps the most complicated and demanding pillar of worthy femaleness in our society and that this valorization amounts to an insurmountable cultural contradiction when coupled with contemporary trends towards women's full-time labor-force participation. Indeed, Lareau (2003) and Stone (2007) observe that middle-class standards of child-raising today require huge amounts of time, money, and other cultural capital, especially in comparison to decades past. Prior to the Victorian birth of "moral motherhood," Hays (1996) observes, children, though economically valuable for the family labor unit, were frequently abused, neglected, and killed and were by no means viewed as the "emotionally priceless" charges in whom mothers are now prescribed to find fulfillment (p. 64).

The type of mothering expected of American mothers today is characterized by a widely prescribed standard of by-the-books nurturing Hays terms "intensive mothering" (1996). Children are viewed as sacred, and nurturing them has become a prescribed spiritual calling for women. In fact, Stone (2007) observes that many of the professional women who arguably benefited most from the Second Wave feminist movement – activism born largely on college campuses in the 1970s to raise awareness and motivate action for women's greater personal autonomy and equal access to education, careers, and other public institutions – are today consumed by the calling to virtuous motherhood, many leaving their hard-won careers to more

successfully accomplish the child-cherishing ideal.

Many considerations are available in explaining the persistence of this modern contradiction whereby nurturing children requires more time than ever before while the feasibility of satisfactorily meeting the material and emotional needs of family, especially on one (male) income diminishes. Conflict theories of gender stratification suggest that the decades succeeding Second Wave women's liberation constitute a transitional period for our society – a time in which patriarchal backlash is pronounced (Collins 1982) and rates of violence against women, now seen as threatening to the old order, skyrocket – at least at the height of the transitional period (Whaley 2001).

Furthermore, Kandiyoti (1982) suggests that many women cling to tradition during such periods, fearful and anxious of the misogynistic threats which accompany liberalization. This perspective sheds light upon the abundance of orientations that contemporary women occupy in regard to abortion and perhaps explains why many of the pro-life movement's most vocal and visible activists are women (my exploration in Chapter Three of a pro-life website and activist organization with an almost entirely female face is a good example of this).

Collins (1982) argues that negative images of women's sexual agency are evident throughout our culture and signify a backlash to women's increased independence. In light of Collins's (1982) and Kandiyoti's (1982) conflict theories of gender, stigmatization of abortion patients is understood by some feminists as an extension of patriarchy and serves as protest against women's entry into once-male domains as well as intense efforts to retain women's disproportionate responsibility for private sphere labor (see also Threedy 1993).

Abortion as a contradiction to motherhood norms and other feminine mores is among the ideas that I and other scholars offer as underlying foundations of abortion stigma, or a spoiled

and discreditable (i.e. the bearer of the stigma can choose to conceal or reveal it) identity (Goffman 1963) which most women actively guard for fear of negative sexual, moral, and social understandings (e.g. Norris et. al 2001; Rapp 2000). Women who do talk about their abortions, Rapp (2000) observes, are careful to align their decisions as moral or as understandable given extraordinary circumstances like young age or sexual assault.

In telling a valuable abortion story, then, a variety of meanings and motives are available to women at various social locations, but most are informed by default understandings of abortion as deviant or potentially deviant. Swidler (1986) argues that diverse actions and diverse rationales for actions do not necessarily reflect radically different values from actor to actor however. Rather, she explains, culture consists of a number of consensus values to which most members of society ascribe but towards which they are differently situated to demonstrate.

During cultural transitions (of which modern society has experienced many, including Industrialism, Victorianism, Post-World War II traditionalism, and the Civil Rights movements of the 1960s and 70s), these values – as well as our overall strategies and orientations for realizing these values – are less clear. Sexual and motherhood values like those discussed above exist alongside new ones regarding issues of women's autonomy and self-efficacy and situate ideas about pregnancy as constantly in flux and largely unsettled. For example, the fact that a pro-life candidate like Sarah Palin can become a serious political contender while upholding conservative pillars of compulsory marriage and motherhood likely speaks to our increasingly shared values of women's rights to public spaces and also flexibility in accomplishing the still requisite motherhood role. At the same time, Palin demonstrates that women's acceptable approaches to managing fertility in light of public sphere constraints are far from consensus; she condemns abortion in all cases as inhumane and has offered her daughter's teenage motherhood

and her own delivery of a child with Down Syndrome as testaments (e.g. *In Touch Weekly*, January 13, 2010). Other women might view abortion in either circumstance as humane given factors like young maternal age and developmental disability.

Different women's strategies towards feminine and reproductive values represent our access to different cultural tools, then – including "symbols, stories, rituals, and worldviews" (Swidler 1986: 273) –and not our differential adherence to and rejection of broad values. My task in this manuscript lies in examining the reproductive rights tool kit with particular attention to the formula stories that lie therein and upon which abortion patients rely in acting and in making meaning in regard to abortion. I discuss the specific aims of my research agenda with regard to uncovering this complex relationship below, after first explaining some of my terminology choices.

## RHETORIC AND PATIENT STORIES

I use the term *rhetoric* broadly to mean the many elements of the public conversation about abortion apparent in the speeches and political ads of politicians, the statements and official stances of religious communities and social organizations, the language of news pundits, the stories of popular media characters, and the messages pertaining to abortion which are reproduced in everyday interactions to such an extent that most of us cannot recall the origin of the abortion messages which resonate most with our personal feelings on the topic or when we first heard the slogans we now most strongly associate with the cause, from "It's a child, not a choice," to "Abortion should be safe, legal, and rare." In particular, I offer the language and content of two internet campaigns, one supporting abortion rights and one opposing them, as concise examples of contemporary abortion rhetoric. Furthermore, I frequently use the term "discourse" to refer to the cultural conversation which arises from these various sources of

understanding. If rhetoric refers to individual streams of abortion ideology, discourse refers to the interplay between many of them.

In discussing women who have abortions, whom I understand throughout this manuscript to be key meaning-makers both independently and in regard to rhetoric, I frequently use the more concise descriptor of "patient." This term is imperfect as it conveys only a medical understanding of women sharing in common abortion experiences. As I will discuss in Chapter Two, a purely medical understanding of women who have abortions is problematic in that it denies the social aspects of abortion, the primary dimension with which I am concerned in this research. Furthermore, women themselves often do not emphasize the medical aspects of their abortion experiences.[1] Instead, abortion is personal, related to sexuality, motherhood, family, romantic relationships, economics, race, religion, emotion, and more. Still, while another label could capture the common quality of abortion for the women whose stories I examine in this manuscript (e.g. aborter or abortion-haver), for many women it may hold the stigmatizing power of a deviant label. In fact, many of the women I encountered in this project avoided using the word "abortion" and even articulated a distaste for the word. With respect for these concerns, I often employ the less-than apt descriptor of "patient."

## RESEARCH QUESTIONS

I pursue my examination of the relationship between rhetoric and women's self-stories with the goal of understanding how placing one's abortion experience within the milieu of valued and sympathetic mainstream narratives influences women's appraisals of themselves and their decisions. I illustrate that the ability to tell a culturally resonant story about abortion, i.e. one in which abortion decisions are approached in a prescribed manner, justified along the lines

[1] Furthermore, while I did not encounter women who had abortions without professional medical intervention – i.e. women who performed their own abortions or sought alternate practitioners - these women would not have been disqualified from my study.

of specific criteria, and seen as enabling specific goals (all of which I detail in this manuscript), corresponds to a woman's ability to view herself and her decisions positively. Alternately, failing to situate one's abortion decisions within mainstream rhetoric of acceptable abortions often corresponds with doubt, confusion, and negative self-appraisals. In some cases, however, women reject the rhetorical framework which devalues their experiences and offer alternate self-stories and new and unconventional ways of viewing abortion altogether.

I discuss the value of critically examining rhetoric and acknowledging the diversity of abortion experiences for individual women as well as for abortion rights advocacy. By highlighting the important role of cultural rhetoric in women's self-stories, I identify the constrained narrative formula of the contemporary pro-choice movement in particular and their relationship to social movement trajectories which devalue the experiences of the vast majority of abortion patients. I outline my approach to these tasks below, beginning with the specific research questions which I believe reveal the important relationship between cultural story and self-story and which I aim to answer throughout this dissertation:

1. What understandings of abortion and women who willfully terminate their pregnancies are most prominent in today's culture?
2. How have these understandings evolved in the decades since abortion's 1973 legalization, and what does changing rhetoric reveal about social expectations concerning women's sexual norms and their roles within public and private spheres of American life?
3. How do popular rhetorical understandings of abortion in American society compare with demographic (i.e. raced and classed) realities of who accesses abortion and the

role that the abortion decision – and thus motherhood – plays in the lives of women occupying various social locations?

4. How do women who have had abortions make sense of their experiences? What role does rhetoric play in women's appraisals of themselves and their decision-making in regard to abortion?
5. What are the emotional, social, and political consequences of a woman's ability to locate her experiences (positively or negatively) within mainstream rhetoric, specifically rights-affirming rhetoric, regarding abortion?
6. How do women understand their experiences when they cannot –or choose not to – locate their experiences within prominent abortion-affirming rhetoric?

Below, I detail my plan for investigating these research questions in each of the chapters that follow.

I begin my exploration of the rhetoric/self-story connection in Chapter Two with an examination of the various social understandings of abortion and its seekers surrounding different eras of the abortion rights debate throughout US history. I begin with abortion's legalization in the U.S. and end with the contemporary status of the pro-life and pro-choice movements, discussing emergent directions for the mainstream pro-choice movement especially, which stands at a comparative state of flux today.

Beginning in Chapter Two and consistent throughout this work, I have chosen to use the movement labels most preferred and used by advocates themselves, though these labels are themselves often controversial. Nonetheless, throughout this manuscript, the terms "pro-life" and "abortion opponents" refer to individuals, groups, and campaigns which generally oppose

women's rights to legal abortion. I use the terms "pro-choice" and "abortion rights advocates" to refer to individuals, groups, and campaigns which generally support those rights.

Following my outline in Chapter Two of the changing rhetorical tactics of activists on either side of the abortion rights debate and the evolving understandings of patients which have accompanied changing rhetoric, I describe in Chapter Three the prevailing formula story (and preferred patients, usefully seen as stock characters in these formula stories) of today's pro-choice and pro-life movements. I do this by examining the stories of authors who have contributed experience narratives of having an abortion to two websites, one supporting abortion rights and the other emphasizing its harms and the need for illegalization. (See appendix A for a complete conversation regarding my research methods.) Through this examination, I identify the themes which make an abortion experience story acceptable to the pro-choice or pro-life movements and useful in garnering sympathy for these opposed causes. Chief among my findings in this chapter is that pro-choice authors are charged to uphold more rigid narratives, including meeting narrow demographic, moral, and emotional criteria, while pro-life authors can discuss a wider range of experiences given current rhetoric of patient as victim and the ultimate repentance and transformation with which authors generally conclude their stories. My findings in this chapter provide a foundation for examining the ways in which abortion patients rely on *good abortion* rhetoric in particular to make sense of their experiences – the ability to frame one's abortion as morally acceptable and representative of the social and feminist goals of the pro-choice movement enabling a generally positive appraisal of self and of specific abortion rights.

In Chapter Four I begin to illustrate the relationship between rhetoric and self-story by exploring my primary data and method of inquiry for this work, my interviews with twenty-nine

women who have had abortions at some time in their lives. My interviews with the women I discuss in Chapters Four and Five follow an especially open-ended format mostly reliant upon one central prompt: "Tell me about your abortion." This approach to interviewing allows me to examine the meanings that women attribute to their abortions more or less organically with little suggestion from me. My analysis of interview data, then, is largely an analysis of cultural meanings resonant with individual women which they offer on their own. I discuss my approach to recruitment, interviewing, and data analysis in depth in Appendix A.

In Chapter Four, I discuss the stories of women who, within this largely participant-directed format, provide positive appraisals of their abortion decisions and experiences and are able to do so by situating their abortions as consistent with mainstream pro-choice understandings of who abortion is for and what it should accomplish. I describe these women as locating themselves "within-narrative" in reference to the predominant propaganda of young, childless women choosing abortion once in their lives in order to pursue education, careers, and stable partnerships. Women accomplish this situating both consciously and unconsciously in a number of ways, chiefly by asserting confidence and justification in their abortion decisions, contrasting their approach to and motives for abortion with unlike patients, and attributing empowering outcomes, like those mentioned immediately above, to their experiences. The women I discuss in Chapter Four are most like the authors of the abortion narratives which comprise the propaganda of the pro-choice website described in Chapter Three.

In Chapter Five, I explore the stories of women who are unable to locate their experiences within the rhetoric of good abortions as well as women who transcend prominent rhetoric and offer unique understandings they find more useful. The "against-narrative" participants I discuss in this chapter are ones who fail to occupy the predominate good abortion

framework at various junctures and struggle to make sense of their experiences, some even struggling to affirm their own and others' rights to legal abortion. These are women who accessed abortion at later ages, who were parents to existing children, who had more than one abortion, or in some other way view themselves as having failed to meet the narrow criteria of sympathetic patients – rhetoric which all of my participants invoke organically to some extent. These are also women who do not find empowerment in their abortion experiences due to poor treatment or medical complications surrounding the termination itself, due to coerced decision-making, or due to circumstances which did not change according to the narrative of empowerment through accomplishing specific goals following their abortions.

In this chapter, I also begin to critique major social barriers, including avoidance of topics like race and religion, which are today inherent to mainstream pro-choice rhetoric and lie in the way of women's abilities to make sense of their experiences and, often, their abilities to overcome shame and negative self-appraisals. I close this chapter with a discussion of women who, rather than emphasizing the ways in which their experiences contradict or go against pro-choice rhetoric, reject this rhetorical framework in important ways. I discuss the aspects of women's stories that transcend rigid social and moral criteria as "beyond-narrative" and explore the unique ways that woman create meaning from values which are not usually part of the rights-affirming conversation.

Having summarized the organization of Chapters Four and Five, which address my major method of inquiry for this writing, I pause to note here that no interview participant was easy to categorize as providing a strictly "within-," "against-" or "beyond-" rhetoric understanding of her experiences. Many women demonstrated confidence and satisfaction in their abortion decisions and offered their stories as affirmations of reproductive rights, but none did so without

nuance. Many others described confusion and guilt before and after their abortions, bad procedures, and inability to find meaning in these experiences but nonetheless attempted to locate certain aspects of their stories within the rhetoric of justified, moral, and/or what they believed were "typical" abortions. And some women, while asserting their place among sympathetic patients or alternately detailing the ways in which they had failed this ideal, also offered critiques which challenged the rhetoric they otherwise upheld.

As such, I sometimes discuss the same woman across the spectrum which organizes Chapters Four and Five. Danielle, for instance, a white middle-class college student from a Midwestern suburb, approximates the sympathetic patient in some important ways. She says she knew early in her pregnancy "what I had to do," and talks about pursuing abortion at age 18 (a year prior to her interview) after considering her young age, her educational goals, and the well-being of a child she said who would be born into an emotionally and physically abusive relationship. Danielle even summarizes her decision in a positive way, identifying features which made her deserving of her friends' support. She says, "They know that my boyfriend's awful, and they knew that I'm young and I have a lot of potential and that there's a lot of things that I want to accomplish before I want to settle down and that there's nothing wrong with that and that I did make a good decision for me." In light of these considerations, she approximates important aspects of the empowerment narrative I will describe in Chapter Three.

But Danielle had her abortion at a busy urban clinic where, although she did not experience much physical pain, the treatment she received was dehumanizing. Like many women utilizing urban clinics, Danielle reports that she was subjected to assembly-line processing: waiting in close quarters with many women, being addressed by code rather than name (Danielle was given a locker in which to store her clothing and was called by the name of

the U.S state written on her key), and receiving cruel treatment from busy staff. Danielle recalls being visibly upset in the waiting room while clinic staff walked by her. She says, "They go through so many [abortions] a day that they just, they don't care who you are or like anything about you. They don't feel sympathy for you."

In addition to a clinic experience which would not serve the pro-choice movement well (after all, organizations like Planned Parenthood both operate problematic urban clinics and drive reproductive rights campaigns), Danielle discusses being unable to separate completely from her abusive partner. While acknowledging that, "he wasn't good for me psychologically. He's still not good for me," Danielle reports that she feels compelled to sporadically return to this partner for support in dealing with the emotional anguish which has followed her procedure.

Depression and emotional suffering, stemming from her abortion, her relationship, and the death of a friend, compelled Danielle to counseling and also violate the empowerment narrative and the emotion rules prescribed to pro-choice women following an abortion. But Danielle transcends the good abortion model in some ways too, mainly in expressing frustration at the lack of real women's voices in the abortion rights conversation. She says, for instance, that she knows she is not the only woman among her classmates who has had an abortion yet is frustrated that she and others like her feel shamed into silence when inexperienced peers dominate moralistic classroom debates about abortion rights. She criticizes the contemporary debate for being idealistic rather than practical. Danielle serves as one example of the complex women I will discuss in this manuscript, some of whom span the entire spectrum of good stories, bad stories, and transcendence or rejection of this model. In these cases, I am explicit that a participant spans more than one rhetorical orientation.

In Chapter Six, I summarize the major consequences of moralizing and marginalizing rhetoric for the self-appraisals of abortion patients and hence for the future of reproductive rights activism which is reliant upon the stories of real women –albeit flattened and ideologized ones – to reproduce activism. I close by discussing the major contributions that my research makes to understanding abortion experience and abortion rhetoric and the impact of the self-story/formula story link on women's emotions, identities, and abilities to reproduce activism. I also discuss the contributions that my research makes to the studies of social movements, narrativity, and identity more broadly before closing with a discussion of possible future research directions which could contribute to a fuller knowledge of women's reproductive experiences in light of cultural stories.

# CHAPTER 2

## THE EVOLUTION OF ABORTION RHETORIC IN THE U.S.

*When I was little, my mom gave me a copy of* Our Bodies, Ourselves, *and there was a really disturbing picture in there of somebody who had died from an illegal abortion. My mom showed me that as her reason why she thought that abortions should be legal: because people are going to do it anyway. She didn't want to see other people like that. That's like a double tragedy right there, you know?*

-Amanda, born 1987

One of my earliest memories as a child is that of fearing that I had lost my mom in a sea of blue jean-clad women at a pro-choice demonstration in the small Midwestern city where I was born and where she worked as a medical assistant at a contraceptive clinic. At my small height, each woman looked like my mother – the same pleasant tones in conversation with the woman next to her, the same stone-wash to her denim, the same whiteness, the same soft body – or the illusion of it under a practical sweatshirt or windbreaker. I clung to several legs, and several smiling faces looked down at me and chuckled kindly, "Sorry sweetie – I'm not your mommy," before I found my mom mere feet away. The meaning of this memory has changed for me through my study of abortion rhetoric. What used to stand as purely a memory of early childhood anxiety now contains a stark observation of the particular type of pro-choice sentiments that I grew up with. They were not radical. They were reasonable sentiments shared by reasonable Midwestern women that no one should die from an illegal abortion. Claims like these were relatively safe to display on banners in downtown Sioux Falls, South Dakota in the

1980s. As I will discuss in this chapter, pro-choice activism has not always had such a sensible face, and its face is changing still.

The reality of unsafe abortions that preceded legalization was at the center of the mainstream conversation of which my mother, born in 1956, was a part. Like Amanda's mother, mine had a copy of the feminist health handbook *Our Bodies, Ourselves,* and I remember seeing in it the famous photo of college student and single mother Rosie Jimenez - naked, bloody, and doubled over - having died from an unsafe procedure. The imagery of coat hangers remained the popular fodder of baby-boomer pro-choice activism when I was coming of age in the late 90s, reminding us that *Never again!* would they abide the desperation and legal conditions that led women like Rosie Jimenez to seek out such butchery[2] – including crude D&Cs frequently performed with coat hangers.

While coat hanger imagery still sometimes accompanies demand for *safe and legal* procedures in today's activism (baby boomers born in the 1940s and 50s are still prominent pro-choice activists), other meanings and other imagery are more present in the mainstream conversation[3]. The contemporary abortion debate in the United States is one informed by decades of evolving rhetoric. The language used by legislators and activists seeking to make abortion an option for women in medical crisis in the 1960s was quite different from the protest slogans used to champion legal abortion on demand in the early 1970s. In turn, the sentiments of pro-choice democrats, who today comprise a reproductive rights movement which has gone mainstream, are far removed from those of their Second Wave feminist predecessors. On the

[2] Though abortion was legal in the U.S. when Jimenez sought one from a Texas doctor in 1979, under 1976's Hyde Act, she was unable to use her Medicaid coverage. She died after having an abortion in Mexico instead (Monagle 1995).

[3] Flannagan (2007) believes that abortion, even if illegalized, will never again be as dangerous as it was during the Pre-Roe period. She attributes the fatalities of this era to medical ignorance and observes that abortion has become a simple, standardized procedure.

other side of the abortion rights debate, the rhetorical tactics of a newly visible and angry anti-abortion movement in the 1980s and early 90s are very different from the strategies of "street counselors" and prayerful activists holding vigils in front of clinics in the 2010s. The evolution of the language which has accompanied activist strategies on both sides of the debate and the consequences that abortion rhetoric has for the self-stories of individual patients are the research interests which drive this work, making a thorough examination of changing messages essential.

In this chapter, I describe the contemporary abortion debate in light of several preceding discursive eras, arguing that the dominant conversation regarding abortion in the U.S. is today characterized by a common moral language and strikingly similar discursive products for both sides – those opposed to abortion embracing a model of patient as victim, and those in favor of abortion rights using tenets of victimology to construct a sympathetic patient, or a woman with a "good reason" to terminate her pregnancy.

This chapter lays a foundation for understanding the discursive history of the modern controversy surrounding abortion and how the prominent ideas and discourses of various eras – from Second Wave pleas for free abortion on demand to Clinton-era sentiments that abortion should be safe, legal, and rare – have led way to present understandings of abortion and of the women who have them. Though I do not in a significant way discuss increased contemporary efforts to limit women's access to contraceptives and abortion through political efforts, the discursive framework I outline is useful in understanding the attitudes which have contributed to these recent challenges to reproductive freedom.

At the same time, this chapter provides the historical substance driving my investigation of various abortion stories in each of the remaining chapters. This is because the values established by the pro-choice and pro-life movements of the past become shared understandings

and drive the stories of individual speakers trying to narrate culturally resonant stories from their lived experiences. Mills (1940) observes that story-telling is a crucial element of social life, its primary function being the alignment of action with expectation, which we accomplish by offering explanations (a vocabulary of motive) for our behavior. As I discussed in Chapter One, the explanations we give are dependent upon shared contexts however, and these contexts are socially, politically, and historically situated. This chapter then serves also as an exploration of many cultural understandings of abortion at different times in U.S. history which may resonate with different speakers depending on age and social location.

Today, the discourse surrounding the legalized abortion debate – including the speeches of politicians, the slogans of activists, the text and imagery on protest signs, billboards, and pamphlets, and the talk of celebrities, television characters, and news pundits – has roots steeped in the rhetoric of eras gone by. In tracing the ideological trajectory to present day, I observe that a moral dialogue has taken center stage with has roots in 1980s pro-choice self-abdication from feminism (Luker 1984) and 1990's responses to legal threats and strategic responses to growing pro-life emphases on religion and fetal life (Tonn 1996). Today these understandings have clouded past activist conceptualizations, and, consequently, the mainstream conversation surrounding abortion is today a conversation about deviance and morality – for both sides.

I approach this exploration of history and evolving discourse by first tracing abortion from pre-illegalization in the twentieth century to the focus of pre-Roe v. Wade feminist activism. I explore, too, deviant understandings of abortion patients which emerged alongside women's greater access to legal abortion following Roe and the roles that religion and notions of morality and personal responsibility have played in shaping cultural understandings of abortion patients. I go on to describe the sympathetic patients upheld by either side of the abortion rights

debate and the opposed features which make some patients and their stories politically useful for the social movements which today invoke them.

A combination of factors make contemporary abortion conversations unique, beginning with the logistic atmosphere in which women access services. Unlike in centuries past, abortion procedures are today firmly confined to licensed medical practitioners and settings and are fairly common (recall from Chapter One that approximately one in three women in the US has a legal, medically induced abortion by age 45; nearly half of these patients use some type of medical insurance to cover the cost (Jones et. al. 2010)).

Today's abortion debate reflects these medical understanding of abortion, the nexus of which Siegel (1992) traces to the Supreme Court's favorable decision in Roe vs. Wade itself, which locates a woman's right to abortion not in the social consequences of childbearing but instead in a woman's right to medical privacy which Roe suggests lessens as a fetus approaches viability. Thus, Siegel (1992) observes, Roe is unique in that it affirms a constitutional right but also allows for its denial and compels citizens to act contrary to their wills and rights (i.e. to bear a child from the third trimester forward) based on medical and biological understandings of female citizens and of gradual fetal personhood.

The emphasis on pregnancy as a biological rather than a social reality is most visible for abortion's opponents who combine medical language and imagery with moral and religious arguments (Siegel 1992). Indeed, bills proposed at state and national levels today seek to limit access to abortion through medical strategies like mandating patients to view fetal ultrasounds prior to their procedures or that clinics meet higher equipment and staffing standards than other out-patient surgical facilities. Similarly, pro-life pamphlets utilize intrauterine photography to illustrate fetal development, cite alleged medical complications such as breast cancer and

infertility risk, and allude to the inevitability of psychological consequences like Post-Traumatic Stress Disorder (e.g. Reardon 2007).

Abortion has not always been the domain of the medical community but, like many physical processes (including pregnancy itself), has become medicalized (Conrad 1992) - shifting from a privately procured service to a regulated medical procedure over time. Prior to its illegalization in all fifty states by 1900, abortion was commonplace and morally benign by most accounts (Luker 1984; Siegel 1992). Slaves practiced indigenous methods of inducing miscarriage in bondage (Roberts 1997), while throughout the country, unhappily pregnant women relied on the abortive methods of Black women, immigrants, and other female folk healers; recognition of white male doctors as preferred medical practitioners was not yet widespread (Luker 1984; Siegel 1992). Early American doctors, in fact, frequently tried to capitalize on women's demands for abortion by marketing mostly ineffective tinctures branded as "mother's helpers" and containing covert "warnings" that they were sure to induce miscarriage (Mohr 1994).

Around the turn of the century, the medical profession saw an opportunity to enhance its domain and authority by combining with popular Eugenicists –or social reformers concerned with the "science of good breeding" – and situating their profession as intregal to maintaining the "racial fitness" of the country (Roberts 1997; Rohlinger 2002; Siegel 1992). Doctors were eventually successful in framing abortion as a medical procedure and one that, without medical supervision, was potentially immoral, thus becoming key reformers for the day's "reproductive politics" – a term Solinger (2007) uses to describe the idea, relevant throughout history, that specific social problems can be addressed by controlling women's fertility. While the "undesirable" fertility of "problem" populations became an integral aspect of Eugenics, as I will

discuss shortly, the turn-of-the-century criminalization of abortion (which was, by far, the most effective means of birth control in the Industrial era) was motivated by its popular use among the emergent white middle class (Siegel 1992) – a group for whom, for the first time in history, having children had become an expense and a project in and of itself (Hays 1996).

At the same time, childbearing among poor Americans, including almost all Black and immigrant families, continued to be an asset to their economic survival, leading to the spread of Eugenicist hysteria over "undesirable breeding" patterns (Roberts 1997; Siegel 1992;). In this way, Roberts (1997) observes, large social movements against abortion, like those taking place in the early 1900s and then again from 1970s through 90s, have been largely silent on abortion among women of color – stereotypes of uncontrolled and pathological childbearing among this population becoming, in fact, key to the eventual acceptance of contraceptive clinics which were initially located in urban areas with the explicit purpose of limiting "problem" populations (Siegel 1992).

Nonetheless, abortion became the domain of an increasingly empowered medical community which was successful in outlawing the practice in all U.S. states by 1900 and gradually abolishing the practice of abortion among folk practitioners over the next sixty years. Throughout these decades, women of means accessed safe but secretive abortions from trained doctors, while a black market of often unsafe, illegal abortions thrived. In rare instances, women could obtain legal abortions, but doctors exercised considerable and inconsistent discretion over their access to procedures, with life-saving measures predominating reasons for their provision (Luker 1984, Solinger 1998).

Abortion reform emerged in the 1960s as a moderate solution to inconsistencies which led to, for instance, women gaining access to abortion for nausea but being denied by the same

doctors when pregnant due to rape or incest (Luker 1984). Luker (1984) describes reform efforts in California, where she observes that professional organizations and members of the clergy lobbied for a compromise which would allow women to terminate pregnancies in a range of circumstances. Bills passed in the California House, like those passed in a number of other states, led to the creation of abortion boards – panels of doctors who could approve an abortion for physical and mental health reasons. Luker attests to the civility with which moderate reform came about in 1960s; abortion as the nexus of single-issue, morally-rooted politics had not yet taken hold.

This would soon change. Luker cites a 2,000% increase in the number of abortions performed in California just four years after the reform measures signed by then-governor Ronald Reagan took effect (1984, p. 94), although pre-reform figures likely do not reflect the abortions that women procured secretly from private doctors (a trend which may continue in reporting today). Following reform, women who wanted abortions, it appeared, could appeal to abortion panels and obtain approval in the majority of cases. The threats to maternal life and health that pregnancy posed to women of preceding decades were a thing of the past, as was the certainty that society would continue to promote and enable women's default occupations as wives and mothers (Luker 1984). Hence, women sought (and were able) to terminate their pregnancies in a greater range of circumstances.

Thus, the successful medicalization of abortion was a near-century long process of usurping abortion's position as a personal undertaking and placing it procedurally and morally into the jurisdiction of the medical community. The marriage of medicine and morality is a significant feature of medicalization according to Conrad (1992) and was crucial for broadening the availability of abortion in state's which adopted abortion panels.

This moderate solution to reform, whereby doctors were situated as moral gatekeepers to procedures, was not satisfactory to everyone however. Feminists instead rallied for safe, medical terminations on demand. In light of structural and economic changes in the United States over more than half a century, feminists disrupted the rhetoric of medical reform with a social discourse of childbearing which emphasized its unique consequences for women in a changing society.

Today, not unlike forty years ago, increased longevity and lower birth rates mean that contemporary women will no longer spend the majority of their lives raising children. Trends beginning in the mid-twentieth century have produced equitable numbers of women and men in higher education and paid labor, while women generally wait longer to begin having children and also bear fewer (Fischer and Hout 2005). In the late 1960s an emergent Second Wave feminist movement, predominately comprised of middle-class, educated, white women began to champion labor force participation as a choice and a source of empowerment, drawing attention to the unequal burden of motherhood and paid work (that poor women and slaves have shouldered since colonization) when faced with the demands of an unintended pregnancy.

These emergent and visible changes in women's public participation meant that many women would not settle for a medical compromise in regard to abortion reform. Activists hence advocated abortion as a woman's right as well as a solution to the contradictions of biologically-based private sphere marginalization alongside gains in public sphere participation. Thus the movement for abortion on demand was born, and with it, distinctive pro-choice rhetoric.

Rohlinger (2002) discusses the various strategies that abortion rights advocates and foes have used to frame the debate and promote certain popular understandings. Rohlinger (2002) discusses frames as ways in which social movements define issues and organize their larger

agendas. From these frames come distinct discursive packages, or arguments which become central to their activist messages (Rohlinger 2002). A central package for the Second Wave was that of women's civil rights. In 1972, when abortion was still illegal for most women, influential feminist magazine *Ms.* unapologetically published a list of high-profile American women admitting to having had abortions. On the rhetorical front, Threedy (1994) points to the preponderance of bold slavery analogies (i.e. fetus as subjugator) in legal strategies and movement language during this time (a thread whose variations, in the form of parasite and amputation metaphors, were prominent into the 1990s). Ferree et. al. (2002), too, cite women's individual rights and self-determination as leading frames for abortion rights discourse which emerged with the legal struggles of the 1970s.

As the abortion rights movement began to impress upon mainstream politics and upon larger cultural conversations, however, it did not completely adopt the radical face of Second Wave feminism but instead mirrored the moderate tones of abortion reformers like those Luker (1984) describes in 1960s California. In the 1970s national political arena, women from both major political parties embraced abortion rights mainly as a health, safety, and privacy issue and not as an issue of personal liberation (i.e. the latter encompassing the choice not to become a mother or to parent more children than one wishes). Moderate advocates, for instance, championed the rights of Sherri Finkbine, a children's television host who became an every-woman symbol for abortion reform. Finkbine traveled to Sweden in 1962 to have an abortion upon learning that her fetus was significantly deformed by the drug Thalidomide (Condit 1990; Tonn 1996) and after the Pheonix hospital that agreed to perform her therapeutic abortion declined amid publicity fears.

In 1973's Roe v. Wade, the Supreme Court ruled in favor of a woman's right to choose abortion, citing individual rights to privacy and state responsibility for protecting women's health – mirroring the health and privacy concerns of moderate voices with its previously discussed limitations of abortion in the second and prohibition (except where the mother's life is endangered) in the third trimester (Siegel 1992). The activism and activists most visible in bringing the case before the Supreme Court (including lead attorney Sarah Weddington) were not the moderates emphasizing privacy and medical definitions, however. This feminist fringe represented a different frame of interpretation, and, in championing a civil rights focus and often wielding signs which called for "Free Abortion on Demand," did not uniformly perceive Roe as a total victory.

Three years following Roe, the Republican and Democratic National Parties addressed abortion directly in their national platforms, each expressing comparable ambivalence and neither taking a firm stance. Years before Evangelicalism took up a visible presence in the Republican party and with imagined beneficiaries like Finkbine, sympathy for abortion rights cut across party lines.

The 1976 Democratic Platform in regard to abortion, in its entirety, states, "We fully recognize the religious and ethical nature of the concerns which many Americans have on the subject of abortion. We feel, however, that it is undesirable to attempt to amend the U.S. Constitution to overturn the Supreme Court decision in this area" (Democratic National Committee, hereafter DNC, 1976). Similarly, the Republican platform states, "The question of abortion is one of the most difficult and controversial of our time. It is undoubtedly a moral and personal issue but it also involves complex questions relating to medical science and criminal justice" (Republican National Committee, hereafter RNC, 1976). The platform goes on to

describe, rather diplomatically, a Republican party divided into three on the issue of Roe: those "who favor complete support for the Supreme Court decision which permits abortion on demand," those "who share sincere convictions that the Supreme Court's decision must be changed by a constitutional amendment prohibiting all abortions," and those who "have yet to take a position" or "have assumed a stance somewhere in between" (RNC 1976). The party does not state a position, however.

The Supreme Court ruling has remained controversial for the mainstream parties. By 1980, Democrats, while recognizing "religious and ethical concerns" affirmed support for the ruling (DNC 1980), and Republicans, while recognizing concern for "equality of rights under the law" and the diverse views of Americans, explicitly supported "the right to life for unborn children" and an amendment overturning Roe v. Wade (RNC 1980). Then, not unlike today, mainstream abortion proponents worked to challenge political efforts at limiting abortion's accessibility on the grounds of Roe's statute that any stipulations to abortion access not pose an undue burden to patients. Opponents alternately work within the important precedence of weighing fetal viability (or the likelihood that a fetus could survive if delivered) against the rights of the mother **(**Roe v. Wade, 410 U.S. 113 (1973)).

The language of life became central to anti-abortion rhetoric (as the pro-life label clearly demonstrates), making abortion wrong at any gestational stage and under any circumstance to most advocates in this camp. Anti-abortion activism grew throughout the 1980s and 90s, and angry protesters hurling charges of murder at clinic patients became the most visible imagery associated with the movement. It was during this time that highly publicized violence against doctors and clinics, associated with a small, radical fringe, peaked (Blanchard and Prewitt 1993; Ferree et. al. 2002; Ginsburg 1998.)

Understandings of abortion as killing were not the only fuel to the pro-life camp following Roe v. Wade. While an emergent mainstream movement to oppose abortion rights was publicly supportive of such definitions (Ferree et. al. 2002) and of aggressive verbal and physical clinic-side demonstrations (Ginsberg 1998; Solinger 1998), they also worried that the pro-choice movement and related advocacy for contraceptives and sex education threatened core values concerning women's sexuality and social roles.

Although feminists and other advocates were triumphant in establishing abortion as a legal right, the Supreme Court's favorable ruling in 1973's Roe v. Wade was in many ways the beginning of the contemporary abortion debate – as well as the beginning of many stereotypic understandings of women who willfully terminate pregnancies – most of them negative and, as Second Wave feminist commentator Susan Faludi (1991) notably suggests, rooted in conservative backlash against the significant gains in women's equality brought about by the Second Wave. Unlike the sympathy and outrage on behalf of the seemingly meek wives and mothers who fell prey to harmful sleeping pills prior to Roe, abortion patients following the Supreme Court decision embodied quite different social definitions.

The perceived threat of abortion to motherhood and other feminine gender norms is discernible in modern conversations about abortion rights and, per Collins (1982) and Kandiyoti (1982), likely stems from the upset which Second Wave feminism posed to U.S. culture mere decades after the establishment of post-World War II traditionalism. White middle-class women's newfound presence in higher education and the labor force in the 1970s was, according to Faludi (1992), threatening enough to a society which Popenoe (1988) observes had rather successfully instituted Victorian notions of a public and private split, whereby many women

became guardians of home and family and isolated from the formal economy. With Roe v. Wade and access to birth control, reproductive freedom posed a threat to the status quo.

However, it is not clear that motherhood norms and other standards of femininity led to the same level of abortion stigma for patients of the 1970s and 80s as patients in today's culture may feel. With Second Wave abortion activism still thriving, Joffe and Cosby (2007) observe that women of previous generations could support one another, champion each other's reproductive rights, and struggle together against forces which sought to again illegalize the procedure. Today, they observe, a fringe reproductive movement is all but absent from American society, as is radical and unapologetic rhetoric (Joffe and Cosby 2007). Instead, pro-choice advocates have a mainstream presence and, with it, a more moderate message.

Luker (1984), in her ethnography of pro- and anti- abortion rights advocates in 1980s California observed the beginnings of an increasingly moralistic rhetoric among choice advocates attempting to engage with an opposition garnering much of its resources and ideology from the Catholic church. The emergence of moral qualifying and weighing of ethical considerations among this group –who, nonetheless, primarily located abortion within the domain of women's rights –was perhaps a harbinger to the major rhetorical shift which Tonn (1996) describes taking place in the 1990s.

Tonn (1996) discusses astounding change in rhetorical tactics of pro-choice advocates following the watershed Supreme Court ruling in 1989's Webster vs. Reproductive Health Services, a decisions which upheld a lower Missouri court's decision to prohibit the use of public funds, facilities, and personnel in non-therapeutic abortion procedures (i.e. those not indicated by maternal health or precipitated by sexual assault). Webster also allows for the allocation of state resources to promote childbirth over abortion and permitted Missouri to define fetal life as

beginning at conception and thus prohibit all abortions after twenty weeks gestation. Tonn (1996) observes that the Supreme Court's ruling in Webster moved pro-life activism from the legal domain to the public and political domains, as politicians now had considerable leverage for introducing abortion-limiting legislation and were indeed successful in passing hundreds of these in a matter of years.

Observing that support for abortion rights had dwindled (along with Second Wave feminism itself[4]), Tonn (1996) observes that major pro-choice figures scrambled to appeal to a broader base, fearing that the limitations allowed in Webster more closely reflected average American's gradualist views of fetal life and notions of sexual and personal responsibility. Tonn likens the new rhetorical tactics of pro-choice leaders (including national representatives for NARAL and Planned Parenthood) to ritual mortification. In this case, advocates began to uphold moral and emotional anguish as the undesirable, but inherent, features of abortion - not the opposition's view of fetal killing. Hereby, advocates began to emphasize that all women struggle to make a moral decision when choosing abortion and that this choice is arduous and wrought with pain and complication. Tonn (1996) observes that mainstream abortion rights advocates, once again, sought to elicit sympathy for the abortion cause by invoking tales of virtuous and put-upon wives and mothers – women who were raped, abandoned, and/or seriously ill.

The mid-1990s saw what a new generation of feminists with a broad array of issues and orientations termed Third Wave, many representatives of which would expand upon the package of abortion as a sad necessity. post-Webster orientation to abortion rights advocacy. Self-described Third Wave forerunner Naomi Wolf, for instance, called for a new pro-choice rhetoric

[4] Taylor (1989) observes that women's rights activism went into abeyance following the victories of the First Wave (mainly women's suffrage) and that networks maintained during low levels of activism flare and fall according to the ebb and flow of structures fueled by current events and activists' investment and emotion.

in an influential essay published in *The New Republic* wherein she asserts the need to "fight to defend abortion rights within a moral framework that admits that the death of a fetus is a real death; that there are degrees of culpability, judgment and responsibility involved in the decision to abort a pregnancy" (1994: 26). Further, she calls for "an abortion-rights movement willing publicly to mourn the evil - necessary evil though it may be - that is abortion" (Wolf 1995: 28). She then explicitly calls for the abdication of the pro-choice movement from what she sees as a Second Wave legacy of coldness and denial, asking choice advocates to engage with the life and death realities of abortion and the "biological facts" of grisly abortion photographs in pro-life propaganda (p. 29). She says in summary, "Grief and respect are the proper tones for all discussions about choosing to endanger or destroy a manifestation of life" (Wolf 1995: 33).

The more explicit conversations concerning abortion rights which were part of Bill Clinton's campaign established the language of rarity and grief for the mainstream pro-choice movement during this time. While Clinton's administration arguably secured abortion rights to a greater extent than was true in the years immediately following Webster, requisite patient anguish and increased scrutiny of the abortion decision by pro-choice advocates were cemented during this time as well. Mirroring Wolf and other new feminist voices, Clinton famously proclaimed in his 1996 speech to the Democratic National Convention that, "Abortion should not only be safe and legal, it should be rare," ushering new language into his party's platform that would remain there in various wording until 2008. The party platform reads, "Our goal is to make abortion less necessary *and more rare*, not more difficult and more dangerous" (DNC 1996, my emphasis). Hillary Rodham Clinton, a larger pro-choice and feminist icon, has exuded this gravity throughout her own political career, describing herself as personally opposed to abortion (i.e. asserting that she would not personally have an abortion) and describing the

abortion decision as sad and even tragic for many women (Berns 2011).

Trends set in motion during the 1990s are evident in pro-choice rhetoric today and appear to be in direct conversation with the moral and religious dialogues which have been and continue to be successful for a thriving pro-life movement, which has also undergone its fair share of evolution. Next I discuss the religious and social ideology which today shape rhetoric for anti-abortion advocates before turning to a fuller conversation of contemporary pro-choice understandings of abortion and the women who have them.

Religion has been part and parcel to the abortion debate since the days of the pre-Roe push for abortion reform. Catholics have long occupied the stance that abortion is an issue of life and death and not acceptable for any reason. In the 1980s and 90s, religious convictions were also a driving force of fringe activism which sought to avenge abortion through clinic bombings and attacks on doctors (Blanchard and Prewitt 1993).

Today's anti-abortion rhetoric is still firmly rooted in religion: clinic protestors organize through religious networks and cite scripture on their signs and in their chants, politicians cite religious convictions in introducing abortion-limiting legislation, and facilities providing free pregnancy tests to the unintentionally pregnant ("crisis pregnancy centers") are supported and operated by churches. As I alluded to earlier in my discussion of Roe as providing the precipice for medical and biological arguments against abortion, even medical and technological advances, beginning with Lennart Nilsson's 1965 Life magazine photo-exposé of intrauterine fetal development, have become currency for the religious debate (Kaplan 1992), as fetal imagery and gestational timelines (e.g. a heartbeat at five weeks gestation, fingers and toes at nine, etc.) are major components of Christian pro-life campaigns.

An anti-abortion stance, generally, is requisite doctrine for many denominations in the

United States, along with a collection of other distinctive orientations towards sexuality and gender. Scholars observe, for instance, that Catholics as well as conservative and sectarian Christian groups tend to oppose not only abortion but premarital sex and the sex and contraceptive education for teenagers they see as encouraging it (e.g. Luker 1984; Keister 2011; Cahn and Carbone 2011).

Many of these conservative groups (contemporary Catholics aside) also boast younger-than-average ages of marriage and childbearing, larger family sizes, lower levels of formal education, and lower numbers of women in the workforce (Keister 2011). For these groups, abortion is not simply incompatible with the personhood they attribute to the human embryo or the religious conviction with which they approach issues of death and killing; it is inconsistent with a religiously prescribed lifestyle and represents sexual immorality, liberal goals, and improper womanhood.

At the same time, evangelical and conservative sectarian Christians lead the trends in rising divorce rates and out-of-wedlock births (Keister 2011). Cahn and Carbone (2011) point out, that while trends like unmarried childbearing in particular strike many as contradictory in reference to a group which champions traditional family values, a strong anti-abortion stance has helped to remove the stigma of single motherhood for religious members as well as for Americans in general, at least where morality is concerned.[5] Contemporary pro-life advocates are thus able to posit acceptance of single mothers as evidence that women have valid alternatives to abortion and that a religious pro-life movement is today visibly equipped to help women facing unwanted pregnancy.

[5] Cahn and Carbone (2011) point out that young, unwed childbearing continues to be inconsistent with the goals that most liberal, middle-class families hold for their daughters, making abortion preferable to single motherhood for these families.

I pause here to note that the observable acceptance of single mothers by conservative Christians and other pro-life groups is a rhetorically powerful tool and bolsters a new and gentler face for the contemporary pro-life movement, consistent with Nancy Berns's (2011) observation that pro-life camps have, in the past decade or so, poised themselves as resources to pregnant women rather than as broad condemners. It is erroneous, however, to equate acceptance of single mothers and the rise in unwed births among poor white women in particular as evidence that diminishing stigma has led to fewer abortions for this demographic, as Cahn and Carbone (2013) speculate. Motherhood and abortion scholars demonstrate (and I discuss at length later) that poor women are overrepresented among abortion patients (Jones et. al. 2010) and are more likely to access abortion after first becoming mothers (Edin and Kefalas 2005), demonstrating that, if anything, moral acceptance of single motherhood gives women permission to take on this role but does not protect them from the social and economic factors that make abortion preferable in an array of circumstances, including while caring for existing children.

In any case, religious voices today represent a monopoly for the pro-life movement and are much less evident among reproductive choice proponents. Luker (1984) for instance, in interviewing activists opposed to and in support of legal abortion in the early 1980s, found that nearly 80 percent of pro-choice activists claimed little or no religious affiliation (p. 197) while nearly all pro-life respondents, most of them Catholic, attended church at least once a week. Instead, pro-choice activists often cited situation ethics as a moral guide (Luker 1984, p. 183). It is perhaps to be expected then that the most explicit religious support of legalized abortion comes from groups with more humanist orientations, such as Unitarians (UUA 2007) and Reform Jews (Reines 1990).

Thus religion is keenly instrumental in pro-life activism for both direct and indirect ideological reasons. Religious pro-life sentiment has been the driving force behind legal measures to limit abortion rights in conservative states (e.g. Tonn 1996) as well as on the campaign trail, where an anti-abortion stance has been fundamental to the popularity of republican candidates like Sarah Palin.

As both sides of the debate are now engaged in a woman-centered dialogue, i.e. concerned with the assumption that abortion is undesirable and difficult for women (Berns 2011), the rhetorical products of both camps share similarities. But while the pro-life situate anti-abortion sentiments within larger religious doctrines, the pro-choice rely upon independent notions of morality, reflecting a mix of understandings from previous eras while positing rigid guidelines for acceptable abortions, as I will now examine.

As I have discussed previously, Tonn (1996) suggests that attempts to align abortion decision making with moral anguish emerged in response to religious and political efforts which limited abortion rights on the basis of the procedure's perceived threat to fetal life and to women's morality. Some Third Wave feminists welcomed an ethical debate and urged reproductive rights advocates to engage in questions of abortion as killing (e.g. Baumgardner 2008; Wolf 1995), securing the ambivalent language of "safe, legal, and rare" within the mainstream movement (Berns 2011).

The consequences for public understandings of abortion patients have been lasting. Norris et. al. (2010), in fact, discuss the role of pro-choice activists in perpetuating the abortion stigma they see as salient throughout our culture. Today, Norris et. al. (2010) observe, few pro-choice activists or campaigns seek to normalize abortion, but instead invoke qualifying and relativist arguments that distance them from women unrepresentative of whom they want to be

seen as fighting for– desirable patients perhaps including the victims of assault, abandonment, and illness which served previous era. Conversely, pro-choice rhetoric leading up to Webster frequently equated abortion with empowerment (Ferree et. al. 2002; Joffe and Cosby 2007) and sometimes even cast the fetus as antagonist (Threedy 1994).

The dominance or moral discourse does not mean that feminist ideologies are absent from today's pro-choice debate. Instead, the conservatism Zald and Ash (1966) assert is characteristic of many social movements following their cooptation by the mainstream– which, for the pro-choice movement, arguably took root in its contemporary form following Webster and especially during the Clinton era – means that the pro-choice movement today often betrays its more radical roots.

Earlier meanings, however, cannot be ignored. For instance, it is evident that women's autonomy in matters of their own bodies and issues of public and private self-efficacy are still the values which drive the debate for reproductive rights campaigns, and in less visible realms, like the abortion clinic itself (e.g. Wolkomir and Powers 2007), are prominent sentiments. This motivation is simply tempered by more contemporary meanings, including the understanding that abortions must qualify for moral acceptance, which I will discuss shortly.

In fact, Swidler's (1986) concept of the cultural toolkit, or a collection of repertoires from the various cultures to which we belong and which inform our thinking and action, is instructive in understanding the persistence of rhetoric such as "My body my choice," and "Keep your rosaries off my ovaries," in a climate where unapologetic protest sign outlooks seem inconsistent with the rules of acceptable and unacceptable abortions. In this case, the former ideas appear to linger divorced from the ideological climate which produced them but are still topical to the empowerment ideology that underlies the belief that abortion should remain legal. Pre-Third

Wave slogans thus persist in a pro-choice culture where Wolf's conceptualization of abortion as necessary evil (necessity located in feminist ideologies and evil within a powerful moral domain) resonates as the sentiment de jour.

As such, a pro-choice toolkit today contains stories and worldviews from all of the eras I have discussed but is significantly flavored by recent eras of abortion as an undesirable experience to be qualified along certain criteria. The toolkit contains meanings which we can trace back at least as far as Luker (1984), who found in the 1980s pro-choice advocates who had begun to embrace a preponderance of distinctions: from sentiments that abortion should not be used as "routine birth control" (p. 179), to a view of multiple abortions as "troubling" and indicative of irresponsibility on the part of women expected to have learned a lesson following an initial termination (p. 180).

Rapp (2000) adds to the tool kit the concept of the ideologically "good" abortion – that which is afforded to women pregnant for the first time, who are in monogamous relationships, who discover they are carrying a malformed fetus, or who become pregnant in spite of good faith efforts at birth control or as the result of non-consensual sex. Bad abortions, on the other hand, are the domain of a powerful stereotype according to Rapp (2000) – a careless woman pursuing abortion in self-interest and without the justification of the above factors (Rapp 2000).

Furthermore, Weitz (2010) argues that pro-choice campaigns like "safe, legal, and rare" suggest that abortion is an unfortunate occurrence to be avoided whenever possible and infer that a limited number of abortions are morally defensible (or, by default, that abortion in *most* circumstances is indefensible). Such rhetoric, say Weitz and Kimport (2011), also positions "repeat patients" as supremely deviant and even lends credence to movements which have been successful in placing legal restrictions on abortion access.

The concept of the ideal patient in today's rhetoric is also not in conversation with the raced and classed realities of abortion in the United States. If an acceptable abortion is a rare one, marginalized women are further primed to fail. As I mentioned in the previous chapter, Jones et. al. (2010) report that women living below the poverty line are five times as likely as middle-class women to have an abortion in their lifetimes, while Black women are twice as likely and Hispanic women one and half times as likely as white women to undergo the procedure, making the general figure of one in three U.S. women becoming abortion patients closer to half for women in these groups.

At the same time, poor women of color in particular have never experienced the same types of abortion stigma *nor* radical support as white women because their experiences of abortion and of womanhood generally have rarely resembled the prized Victorian ideal or the empowered feminist one (Roberts 1997). Roberts points out that, while mainstream politicians and social engineers of various eras have promoted white fertility and taken great offense to white abortion, Black women have been the targets of public campaigns promoting forced sterilizations, mass implantation with risky birth control devices, and legal ultimatums to use birth control and terminate pregnancies or face jail time for drug use while pregnant. Contrary efforts like these to control white and Black fertility in opposite directions, observes Solinger (2005), illustrate the dynamic nature of reproductive politics. Indeed, throughout the 1980s and 90s, a period which saw the most violent outrage against abortion, Roberts (1997) observes that black women's court-coerced birth control and abortion decisions, which peaked at the same time, attracted minimal attention from a culture convinced of the dangers of "crack babies" and "welfare queens."

Rhetorical marginalization of abortion, however, is a reality for patients of color and

white patients alike. Stereotypes of uncontrolled and irresponsible Black childbearing, observed by Collins (2008) in the form of "hood rat" and "welfare queen" hysteria, along with the mainstream patient prescriptions of emotional anguish and moral qualifying are significant departures from the "free abortion on demand" language which framed abortion as a civil rights issue for women in the 1960s and 70s. More recently, Ellison observes an implicit rule of secrecy surrounding abortion (2003), and Major and Gramzow (1999) confirm that women tend to disclose their abortions only to a few friends or family members and, in general, discuss their abortions rarely.

When women do speak about their abortions interpersonally, in media, and in social movement and political forums, their decision to speak and what they choose to say is constrained by the understandings I have explored above. In conforming to the standards of "good" abortions (or abortions sympathetic to either side of the pro-choice cause), these patient accounts also become valuable. Patients confirming pro-life narratives of abortion as harmful are rhetorically valuable to their given cause as well.

Rhetoric then dictates what logistical and demographic considerations make the decision to abort sympathetic for pro-choice and pro-life campaigns. The product of these cultural understandings is an acceptable formula story reflecting the preferred characters and circumstances that either social movement believes will further their cause. The historical and discursive understandings I have examined in this chapter inform the elements of a sympathetic abortion formula story promoted by the opposing sides of the abortion rights movement in order to rouse emotion and motivate action for their respective causes.

In the next chapter, I examine trends in the ways that authors contributing abortion experience narratives to pro-choice and pro-life websites describe their abortions for two very

different purposes.  Through examination of these volunteered narratives, we can better understand the impact of different cultural understandings over time and articulate the most prominent contemporary meanings our culture holds in regard to abortion and those who seek it.

# CHAPTER 3

# THE SYMPATHETIC PATIENT

*I was trying to argue with [my parents] and they were like, "You don't understand. You're throwing your entire life away. You're not having a child right now…You're supposed to create a life for yourself, and we want you to enjoy your life, not be raising a child...."*

*… You should do whatever you want with your body, and you shouldn't let anyone tell you what to do. It's your decision, and of course, no, I have no regret at all.*

-Chelsea Handler, born 1975, on abortion at 16

Admission of having an abortion among high profile women like late night host and comedian Chelsea Handler are rare in recent memory, but certain elements of her disclosure, aired on *The Rosie Show* in 2012, situate her narrative as consistent with mainstream rhetoric. As bold and stand-alone as it was, Handler's affirmative admission of abortion still adheres to certain acceptable logistical boundaries: Handler was young, immature, not financially independent, and had a bright future. If any celebrity were going to disclose an abortion nowadays, it would be this abortion. The rationales for her abortion (which she attributes to her parents) reflect notions of what it means to be a successful adult and later a fit mother. Her emphasis on autonomy in abortion decision-making, while seemingly contradictory to her account of parental insistence, is also consistent with pro-choice ideas.

As the preceding chapter demonstrates, the opposing sides of the mainstream abortion rights debate are today reliant upon identifiable narratives of abortion's respective value and its harms. At the same time, stories about having an abortion are limited in U.S. culture. Their

scarcity likely reflects patients' experiences of stigma and their strategies of controlled sharing (discussed in Chapter Two) as well as care to deliver resonant messages useful for activism. Indeed, public support of a woman's right to abortion *under any circumstance* is today just 25% in the U.S. (Saad 2012) symbolizing a challenge for mainstream abortion rights activists and allowing pro-life camps to focus their efforts on stopping abortion in those circumstances in which Americans tend to find it acceptable, i.e. in instances of rape, incest, and fetal abnormalities and among teenagers and the very poor (Saad 2012). For both camps, invoking a sympathetic story, according to the formulaic victimological template I discussed in Chapter One, is a primary way of eliciting support for their causes.

In this chapter, I examine the personal accounts of authors who contribute their stories of having abortions to the advancement of the pro-choice and pro-life movements and, in doing so, collectively articulate prominent rhetorical understandings of abortion and abortion patients. These authors, in sharing their stories on sites with clear political objectives -either to promote abortion rights or to stop them- contribute to the propaganda of the debate by molding their stories after acceptable movement narratives and thus contributing to the shaping and sharing of stories to come. By studying the abortion stories of contributors on two opposing websites, I describe the narrative formula which emerges as dominant in each forum and how women negotiate the sharing of potentially stigmatizing information within each movement community.

## TELLING A PRO-CHOICE STORY: *I'm Not Sorry*

Few online forums exist in which authors can contribute an abortion story with the purpose of supporting the abortion rights cause. While some apparently neutral sites publish contributions from authors both opposed to and in favor of reproductive rights (rare are accounts by authors who do not mention their position), online experience narratives have primarily been

the domain of pro-life campaigns. Berns (2011) observes that online memorials to imagined children and similar virtual displays of post-abortion grief are evidence of abortion opponents' new women- and healing- centered language and also serve as public testaments to their understanding of abortion as death. Indeed, the founder of *I'm Not Sorry* (imnotsorry.net), a community blog-style website (wherein the content of the website is authored by hundreds of volunteer contributors), cites the lack of positive abortion stories on the internet as her reason for beginning a website devoted to upholding the pro-choice cause through the sharing of affirmative abortion narratives.

My own Google search of abortion stories confirms that *I'm Not Sorry* is unique. It is not surprising, then, that the site is highly trafficked (see Appendix A for complete information and a discussion of methods) and has been referenced in mainstream media (e.g. Fox News) as well as by other pro-choice activists (e.g. Baumgardner 2008). As such, this website is an important and high-impact example of pro-choice rhetoric. At the same time, as a forum for authors to contribute unique and un-engineered experience narratives, *I'm Not Sorry* is a reflection of dominant abortion rhetoric from throughout the culture. Narrative trends therein both reflect a formula story and reify one, further informing the features and boundaries of stories to come.

The explicit formula for sympathetic story-telling on *I'm Not Sorry* is reliant upon clear themes and formatting strategies. Authors on the website often work to situate themselves as sympathetic patients by prefacing their stories with explicit statements of worth and with accounts of becoming unhappily pregnant. Women also work to create understandings of their abortion decisions not just as acceptable but as moral. Finally, women frame their abortion decisions as empowering, often by invoking identifiable pro-choice rhetoric and by discussing

specific outcomes they believe their abortions enabled. Below I examine the themes of blamelessness, morality, and empowerment in depth.

*Blamelessness*

Authors on *I'm Not Sorry* appeal to innocent self-definitions in numerous ways. They embody this theme demographically in that they are often young, first-time patients. They also do so by making explicit claims to worth and by providing explanations for their accidental pregnancies. Authors further demonstrate their blamelessness by detailing pregnancy-related suffering and by describing their integrity in relationships. Each of these strategies allows authors to avoid blame for unintended pregnancy and abortion.

*I'm Not Sorry* stories are provided primarily by women who discuss having a single abortion in their teens and early twenties, usually while attending high school or college and prior to having children. Age often operates as an account (Scott and Lyman 1968) – or a justification - for choosing abortion or for unplanned pregnancy due to inexperience. One author, pregnant at age 16, explains, "I was too young to know what I needed to know…[My family] didn't really talk about sex." This author, like many, prefaces her story by emphasizing her young age and related naivety, both of which are effective means of establishing herself as blameless in an undesirable situation.

Other authors preface their stories with explicit statements of worth separate from the abortion story itself, as the following opening paragraph from one author exemplifies:

> I am a mother…I am a wife...I am a native Texan, 3rd generation both sides... I am a feminist (and I don't blanch or squirm when I say that). I am an environmentalist. I attend the Episcopal Church, and attend every sports event my children are involved with.

This writer emphasizes elements of traditional American womanhood such as patriotism, religiosity, and motherhood. She asserts that her feminism and the abortion she goes on to discuss are not contrary to these characteristics. In this way, she situates herself as a typical woman, deserving of a dignified reception. The following author, too, stakes a similar claim to worth by beginning her story this way:

> The first thing I want to say is that I love children. I have 3 godchildren and have worked as a nanny... I think children are an amazing gift and I want to have between 2-4 of my own someday... I naturally have a maternal instinct towards all children.

This author prefaces her story by establishing that she is naturally maternal, asserting that her abortion does not make her antagonistic to children or to the motherhood role. In offering extensive evidence of the value she places on motherhood, she attempts to thwart any stereotypes of abortion patients or pro-choice women in general as anti-child. Again, she asserts that she is a typical woman, not unlike the following author, whose story begins:

> I am a 28-year-old attorney…My boyfriend and I live with our beloved baby girl, a 6-month old golden retriever. We have been dating for almost two years and are as in love as in love could be.

This author discusses her employment and relationship status perhaps as a way of countering negative stereotypes of abortion patients' socioeconomic status and their sexuality. The broad prefacing of all three of the above authors invoke and challenge various stereotypes of abortion patients and establish worth before describing abortion experiences.

More commonly, however, the prefaces authors employ work to provide an account for becoming pregnant. Failed birth control and age are primary among these accounts, as the earlier quote in reference to abortion at 16 and lack of contraceptive education illustrates. Many authors address the issue of birth control immediately in their stories, as if the question, "How did you let this happen?" were implied. Accordingly, an author who becomes pregnant while not using contraceptives may offer an account, or an apology, for this lapse as well. For instance, an author who says she did not use condoms because she thought she was infertile laments, "Looking back, it was an incredibly stupid and naïve thing to think."

The unspoken expectation that women try to prevent pregnancy mirrors a similar struggle between agency and helplessness which Dunn (2010) observes for female victims of intimate relationship and sexual violence caught between poles of over-independence and "pathetic" victimhood. Dunn (2010) observes that women risk being perceived as non-victims if they appear so independent as to cast doubt on their inability to escape a predator; at the same time, they lose sympathy if their inaction indicates a lack of effort to reasonably prevent victimization. Authors providing accounts for unintended pregnancy, too, demonstrate that a woman must thwart helplessness by attempting contraception or else must apologize for lapses while also being immature and naïve enough to justify these lapses in the first place.

One author offering a contraceptive account for accidental pregnancy begins her story this way:

> I had an abortion a year ago during my last year of college. I conceived while on birth control, after three years of consistent use… [Pro-lifers] seem to think that women who get pregnant [are] lazy or careless. I wasn't. I always took birth control very seriously and usually used two methods at once.

In offering this description of pregnancy while using birth control, this author directly counters what she sees as a negative stereotype of abortion patients and upholds the pro-choice standard of self-responsibility. Another says, "I was 18 and dating a younger boy from my high school. Somehow we had managed to get pregnant…and I was on the pill!" This author describes not just her responsible use of birth control but her shock at its failure, perhaps casting herself as a victim of a faulty method.

A final author makes a similar appeal to good faith in contraceptives, saying, "I was breastfeeding and had believed everyone who told me that you didn't ovulate while breastfeeding." While accounts of mothers choosing abortion are rare on *I'm Not Sorry*, when they are present, they are similarly concerned with explaining away any "error" inherent to unplanned pregnancy. Authors offering accounts for accidental pregnancy convey that they attempted to avoid conception in various ways and are not to blame for their circumstances.

Authors who use contraceptives easily situate themselves as blameless in becoming unhappily pregnant and, as I observe above, approach claims of victimization (e.g. birth control pills failed them, popular wisdom about ovulation and breastfeeding misled them, and so on). But once narratives of failed birth control successfully account for accidental pregnancy, authors must offer reasons for the abortion decision itself.

An author may deflect blame for choosing to terminate her pregnancy by emphasizing her experiences of pregnancy-related emotional and physical suffering. Accounts of debilitating nausea, like the following, are frequent:

> I grew sicker and sicker....I couldn't go to work or get out of bed. I spent many hours crying on the bathroom floor and PLEADING to God to please put me out of this pain. I went to the ER 3 times…because I couldn't deal with the vomiting.

Authors like this one demonstrate the power of suffering as a way of explicitly approximating victim status. Nausea reportedly leads women to lose jobs, to miss school, and to contemplate suicide.

Another way that some authors appeal to victim status is in describing experiences of victimization in the relationships in which they became pregnant, although this is not universal. Common are abusive, controlling, and immature men. Sometimes, bad partners, like bad birth control, serve as accounts for unplanned pregnancy. One author says, "We had sex and he conveniently forgot to put the condom on…. He later confessed that he was trying to get me pregnant the whole time." Another similarly attributes her pregnancy to the actions of a bad boyfriend, saying, "My then-boyfriend was abusive…the pregnancy occurred the one and only time I had unprotected sex with him, on a night when he was drunk and wouldn't let me put in my diaphragm." These authors' accounts of bad partners justify their unintended pregnancies as well as their abortion decision, as many go on to assert that they could not or should not bear children in these troubled relationships.

Bad partners are not the only types of men discussed on *I'm Not Sorry*, however. From abusive partners, to caring equals, to responsible exes, an important finding here is not just that authors sometimes portray men as victimizers, but rather that they almost always paint themselves as blameless. Nearly absent are tales of pregnancy due to infidelity or sex with multiple partners. This benevolence works with other themes to establish authors' abortion decisions as moral, the next component which makes an abortion story sympathetic to the pro-choice cause on the *I'm Not Sorry* website.

*The Moral Decision*

The blameless self-assertions of authors are consistent with contemporary pro-choice understandings of abortion as undesirable and, thus, something one must qualify and defend. Asserting the morality of one's abortion decision further justifies the decision. *I'm Not Sorry* authors often claim that choosing abortion was a heavily considered and ultimately moral action given imagined alternatives for the fetus, consequences to society, or obstructions to the author's goals – even if "selfish." I discuss this strategies of moral positioning in order here.

Authors commonly invoke what they describe as likely consequences for would-be children in situating their abortion decisions as preferable for the fetus. Such claims articulate features of moral parenting consistent with middle-class ideals. One author reflects the type of partnership she thinks is most conducive to childrearing by saying, "I can't imagine bringing a child into an abusive situation and subjecting them to the same type of childhood I had." In situating her current relationship as undesirable, she demonstrates the idea that children should be born within stable partnerships.

Another author describes the material standard of living she thinks is best for children's well-being. She says, "I grew up in poverty, no car, no money, divorced parents, and clothes from the Salvation Army. My childhood was dark and sad. I will not allow my future children to suffer just because I was so careless as to forget my pill." She suggests in this way that poverty is unfair to children and that her imagined child would, in a sense, pay for her birth control "mistake" if she did not have an abortion. A divorced (and thus work-ineligible) immigrant who took harmful medication while pregnant mirrors this rejection of impoverished motherhood and adds an additional layer regarding disability. She says, "It would have been wrong to have a handicapped baby born to a single mother who couldn't even work," reflecting an understanding

of mothers' responsibilities in regard to bearing healthy, able-bodied children – for the child's own sake – especially if this is within a woman's control.

Related to the suggestion that mothers should be able to provide a specific standard of living for their children, authors also convey an understanding of their abortions as responsible to society. One author says, "I knew I did the only thing I could have. I don't believe in children having children," indicating that mature parenthood is part of this moral social standard. Another, providing the cautionary tale of a relative, reflects dominant cultural disdain for single motherhood by saying, "The only other person I knew who had a child without being married was my step-aunt, and she was impoverished, slightly nuts, and derided for her plight. What kind of a future could I give my child?" Another author discusses friends, pregnant at the same time as she, whose boyfriends abandoned them. She says, "My two pregnant peers were applying for welfare and subsidized housing…I thought they had thrown their lives away. Watching them made me even more convinced that I was making the right decision." Both latter authors offer specific examples of what they describe as failures to parent in a prescribed (middle-class) manner in order to situate their own abortion decisions as morally sound.

These authors articulate the feature of the ideal reproductive timeline that I have referenced in the preceding chapters. Here, authors situate middle-class values as central to the timeline ideal. By describing the material standards, perhaps the desire for intelligent, productive children, and disdain for single motherhood and utilization of public assistance, authors describe a timeline that puts careers, decent salaries, and healthy partnerships before motherhood. Next, women's more tenuous claims of abortion as moral to preserve their own (or a partner's) quality of life further articulate the preferred timeline and specific goals women should accomplish before having children.

Authors are rarely bold in their assertions that they were motivated to choose abortion as a means of meeting their own needs (though they frequently recognize personal fulfillment as an outcome after the fact, discussed shortly). One author navigates the preference of self over fetus by suggesting that bearing a child would have damaged all parties involved. She states, "I am forever grateful that I had the choice of abortion available to me, or else there would be three more damaged human beings in the world," referring to herself, her partner – whom she describes as immature and unprepared for parenthood – and her would-be child.

Commonly, authors discuss choosing abortion in light of personal goals as "selfish," one stating, for instance, "Part of it was selfishness. I didn't want to give up my entire life. I had so much going for myself." With her apologetic tone, this author is in good company. Even while many describe knowing immediately that abortion was the right decision for them, they are also ambivalent. Grand goals and personal preference are acceptable motives of autonomous women, it seems, but claiming these rationales requires temperance and a certain reluctance. This ambivalence is consistent with Third Wave emphases on considering the value of fetal life (Berns 2011), while choosing one's own well-being harkens to rationales established by the Second Wave (Luker 1984). In this way, authors demonstrate an uneasy relationship between still-resonant empowerment claims and contemporary moral ambivalence surrounding mainstream advocacy, which, as I have suggested, is commonly bridged by asserting that the accomplishment of educational, career, and partnership goals will enable the author to become a moral parent later on.

Nonetheless, the situation of self-empowerment as an account for abortion can be tricky. Women stake much more explicit claims to their rights and autonomy in summarizing their

abortion stories and the importance of their experiences. I explore these empowerment claims, primarily offered as happy endings to abortion narratives, next.

*Empowerment*

As the stated purpose of the *I'm Not Sorry* website is to represent the experiences of women who do not regret their abortions, it is not surprising that positive summaries are universal. Nearly every author ends her story with an affirmation of her decision/s, the medical procedure itself, and/or of her post-abortion life. I explore authors' specific claims here.

Common are stories which assert that abortion empowered authors towards the achievement of specific milestones – education being chief among them. One author says, "I just graduated from high school, and will be attending a hairdressing course in August. If I had had a child I wouldn't have been able to do any of it." Another, discussing her abortion in college, states, "I am incredibly relieved with my decision, particularly [when] I think about the fact that I would be nine months pregnant during my final exams and breastfeeding on my graduation day." Such remarks are common and again reflect middle-class values, specifically a reproductive timeline that puts completing one's education before having children and assumes that student and parent statuses are contradictory.

Authors also discuss their abortions as enabling career pursuits, such as hairdressing for the woman quoted above. In this way, authors reflect the idea that individuals should establish careers before families and that childbearing stagnates career ascent. Accordingly, one author declares, "[T]oday I have a MBA; today, I'm a professional Jazz singer; today I own my own home and today, I'm in control of my life." Through these statements and through her accompanying description of a career which requires travel, this author asserts that the fulfilled life she leads today would not have been possible had she a child in tow.

Authors also discuss abortion as enabling healthy relationships. One states, "I'm SO happy I had the right to this decision. I broke up with my boyfriend yesterday because he was selfish and unsupportive," indicating that terminating her pregnancy empowered her to leave a bad partner. Others discuss finding happiness with new partners. One reports, "I'm no longer with the guy who got [me] pregnant, but I am with a guy who is the greatest." Still others discuss how their abortions allowed their existing relationships to mature. One author says she went on to marry her boyfriend and that with him she could, "enjoy young married life in a studio apartment in Manhattan and have children when I was ready..." This author claims that having an abortion at an early stage in her relationship with her would-be husband enabled them to their relationship to mature and stabilize before ultimately having children.

This author is among many who report that, following their abortions, they became parents in more ideal circumstances, illustrating the previously discussed theme of moral childrearing – or the acceptable conditions under which one should become a parent. One author, discussing parenthood years after her abortion, reflects an expert-informed, financially stable standard of parenting identified by many scholars as a middle-class staple (e.g. Hays 1996; Lareau 2003). She says, "I spent 2 years preparing for my daughter's arrival…working 2 jobs so we could pay off our debts and build up a savings account, reading up on infant development… so we'd be in the best possible position mentally, emotionally, and financially."

Other authors report that their abortions will empower them to become fit parents in the future. These authors state that they plan to become mothers eventually, usually placing motherhood again on an ideal reproductive timeline that puts discussed objectives before childrearing. Whether reporting that they have accomplished fit motherhood or speculating as to how they will eventually, authors' statements about having children after accomplishing

education, partnership, and good salaries are often explicitly disparaging of mothers who do not follow this timeline (as the earlier welfare-related comments illustrate) and reflect a lack of recognition (or perhaps awareness) of patients whose abortions cannot enable this timeline. The stories of mothers, who, as I have stated, make up 60 percent of abortion patients, and poor women, among whom abortions are five times more common than they are among the middle class (Jones et. al. 2010), are largely absent from on *I'm Not Sorry*, as indicated by an abundance of childless women with explicit middle-class plans for educational and career accomplishment.

As a composite, the stories I have analyzed here create a clear picture of a sympathetic patient for the abortion rights campaign: She is young and childless, responsible about birth control, has had only one abortion, and is empowered by her abortion to pursue goals consistent with both liberal feminism and middle-class values. Furthermore, because she is the culmination of narratives presented as the experiences of real patients, the character who emerges from these texts appears authentic and represents a powerful rhetorical standard for acceptable abortions. In the following analysis, I discuss the very different findings evident in pro-life stories.

## TELLING A PRO-LIFE STORY: *Silent No More*

The Silent No More Awareness campaign is the activist arm of Anglicans For Life and relies on women willing to share stories of abortion regret both online (in text and sometimes in video) and at regional demonstrations. As with *I'm Not Sorry*, authors contributing their stories to this highly trafficked site (see Appendix A for complete information) provide unique stories which both reflect movement-specific understandings of patients sympathetic to the cause and shape the telling of stories to come by demonstrating the boundaries of acceptable narratives.

But while a clear formula is evident in the pro-life stories found on the *Silent No More* (SilentNoMoreAwareness.org) website, the substance within this structure is less uniform.

Authors describe a range of abortion experiences, some confessing to wrong-doing and others deflecting blame with accounts. Most salient to all narratives, however, are descriptions of suffering following abortion. Finally, most women close by describing specific religious interventions which helped them heal from post-abortion suffering. Below I discuss the trends which give way to a pro-life formula story on this site: accounting and confessing, suffering, and redemption.

*Accounting for a Regretted Abortion*

*Silent No More* stories similarly begin with narrative backgrounding, but in these tales, background does not provide an account for becoming pregnant, as few authors discuss contraceptive efforts. Instead, stories usually begin with the author's age and daily life at the time of her pregnancy, information about her male partner, and, in short order, why she had an abortion. Accounting and confessing then represent authors' approaches to discussing the abortion decision itself. Here I discuss author's accounts, or rationales employed to deflect deviant receptions (Sykes and Lyman 1963).

Demographic accounts are not nearly as significant for *Silent No More* authors. Abortions among teenagers and young adults are common in these stories, but so are tales of married women, mothers, and patients accessing abortion multiple times. The vocabularies of motive (Mills 1940) that women invoke for their abortion decisions also range considerably, but many reflect hardship. Like their pro-choice counterparts, these authors provide accounts like being in school and being unmarried but also claim financial and family strain due to existing children. One woman states:

> I excitedly called my new husband [and told him] we were expecting. His response, "You know we can't keep it, right?" He scheduled an appointment

> …and drove me to have the abortion. I was devastated and felt I had no choice, as I already had one child.

In addition to her account of abortion due to material considerations and the needs of her existing daughter, this author incorporates another common theme of choosing abortion due to others' wishes. Others describe their abortions as thoroughly unwanted and even coerced or forced. One author says that her husband pressured her, recalling, "I laid on the gurney. Please don't kill my baby I screamed in my head but I was frozen...Why didn't I run?" This author, like many, discusses doubt and guilt during a procedure she says she agreed to under duress.

Husbands are common sources of pressure and coercion. So too are boyfriends, parents, and other family members. One author explains, "I was coerced by my boyfriend, his mother and aunt, and offered no help by my own mother. They made me feel like I had something inside me that was going to ruin everyone's life, including mine…" Another says, "The abortion was not my choice, but that of my mother and my boyfriend had no problem with it too! I remember begging my mom to allow me to put the child up for adoption!"

Less common are stories of women upon whom doctors forced abortions. In my sampling of one hundred narratives on this website (see Appendix A), I encountered three instances of doctor-forced abortion: two in which doctors proceeded when patients had changed their minds, and the third in which the author says her doctor performed an abortion during a routine exam. She explains:

> I had gone to the doctor [when] my cycle had not resumed after the birth of my son. I did not ask for and did not want an abortion. The doctor said, "You don't need to be pregnant, let's see." He proceeded to perform a painful examination

which resulted in a gush of blood and tissue... He explained that he had performed a "local D and C."

Women in these circumstances make explicit claims to victimization in detailing procedures that were forced upon them physically. Again, these claims are rare but go a long way in portraying patients more broadly as victims of a corrupt medical conspiracy. Most authors charge doctors and clinics with covert and insidious offenses instead.

More common than accounts of force are claims, like the following, that abortion providers are conspirators who influence women to choose abortion by withholding complete information. One woman reports, "I naively believed that … a clinic with Planned and Parenthood in [its] name… would offer sound counsel and provide us with an alternative to abortion. Instead … they helped me plan the death of my child." Another offers a similar tale of exploitation, saying that, in an emotional and vulnerable state, "I went to a local Planned Parenthood for info and advice. [They] took advantage of my distress, and I felt I had no choice…I left with a quickly made appointment for an abortion. I was never told of the consequences I would face." Both of these authors claim that abortion providers and affiliated clinics have a pro-abortion agenda and are ultimately to blame for their abortions.

Along the same lines, authors cite pro-choice rhetoric in general as hegemonic and deceitful. One author says, "I …did not know that it was an actual baby with arms, legs, a face… I was under the impression it was a 'clump of cells.' Also, I rationalized that because abortion was legal, then it must be OK." Another says, "I became a by-product of a firmly established pro-choice culture and used abortion to keep consequences and responsibilities at bay." In casting pro-choice rhetoric as deceitful and predatory, these authors go on to "correct" the erroneous claims to which they once subscribed by inserting new understandings. As one

woman says, she later realized, “I killed my child. I was no better than the woman who drowned her kids in the lake.”

These authors bridge the trends of deflecting blame with accounts (such as “liberal lies”) and accepting blame for wrong-doing. Next I discuss authors who, instead of deflecting blame with accounts of hardship, force, coercion, or misinformation, confess to immoral actions and assign themselves blame for their abortion decisions.

*Confessing to Wrong-Doing*

While many of the authors I discuss above easily accomplish victim status – through coerced and forced abortions or, to a lesser extent, through liberal deceit – admission to wrong-doing, generally, is as common as blaming partners, parents, and liberals and often appears concurrently with these accounts. Women also express remorse at choosing abortion independently and paint themselves as blameworthy in additional ways, such as situating abortion decisions as part of a pattern of bad behavior.

It is common, for instance, for authors to couple admission of abortion with descriptions of illicit lifestyles to create an image of a life generally out of control. One author begins her tale, “Seven months [after graduating high school], I was getting high on pot while in route to my first wedding. We had two little boys whom we loved very much, but not enough to stop our drug abuse.” She goes on to describe having an abortion months later, attributing what she now views as a sin to a larger unsavory package which included sex before marriage, drug use, and substandard parenting. Another says of her life at the time she became pregnant, “I used drugs, drank, and battled bulimia on an almost daily basis,” indicating that abortion was one of many personal failures.

Sexual promiscuity is frequently a part of this out-of-control-lifestyle admission. One author recalls, "My life, at the time, was filled with destructive relationships and no relationship with the Lord." More explicitly, statements like, "[I] started partying and slept with guys…" and "I soon found out I was pregnant and it was not by my husband," are not uncommon. In fact, three stories I encountered in these pro-life website data reference unknown paternity, one saying, "I never [conceived] while married…, so I was shocked to find that I was six weeks pregnant and didn't know who the father was." All authors admitting to wrong-doing surrounding their abortions illustrate that a broad range of behavior is acceptable to disclose in a pro-life forum.

Apart from self-described promiscuity, others express remorse for their actions towards husbands and boyfriends, particularly women who had abortions against their partners' wishes. As with the *I'm Not Sorry* stories, these authors again reflect a broad array of relationships (as well as sexual assault). But in addition to composites of good and bad male partners, these authors are unique in that they sometimes portray themselves as in the wrong – nuance that is nearly absent in the pro-choice stories.

Pro-life authors take confession even further, however, in framing their abortions as killing. Nearly all authors, even those coerced or blaming bad partners for their abortions, in fact, go on to deride themselves for becoming "murderers." One says, "I deserved jail-time for murder, or even worse: eternal hell, which was exactly what I gave myself." Many others talk about killing specific, imagined children. These authors often attribute a sex to children, saying, for instance, "I will never forget the day I killed her before I even knew her." Other authors name these children, as this one who says, "I regret the taking of my child, Ryan John's life through the means of a legal abortion during the month of November, 1983."

These murder claims are interesting for two reasons. First, as I discussed in Chapter Two, the mainstream pro-life movement is today quite divorced from charging patients with murder, yet activist patients apply this definition to themselves readily. Secondly, while claiming these murderous labels, many of these patients also appeal to victim status, making murder a powerful illustration of the broad moral spectrum pro-life patients can embody while still promoting an understanding of abortion patients as victims. Claims of emotional and spiritual suffering following abortion, discussed next, are thus essential for realigning these patients with the victim trope so useful to pro-life rhetoric and is the unifying factor for the authors sharing pro-life stories on this website.

*Abortion Suffering*

Women on *Silent No More* devote significant space to describing their suffering following abortion – not surprisingly, as the site is devoted to abortion regret. For many women, this suffering begins with the procedure itself and continues for years in the form of emotional distress, strained relationships, loss of faith, drug abuse, and medical complications. I explore these components here beginning with the pro-life authors' significantly negative portrayal of abortion providers, staff, and clinics.

With one exception (a woman who describes clinic staff as kind but delusional), authors who discuss their clinic experiences describe painful, often gory and psychologically traumati procedures and cruel or insensitive staff. The following account encompasses many of these themes:

> I remember…the pain and the machine and the noise it made as it vacuumed my child from me into a cup…The doctor dumped the cup out in front of my eyes and attempted to piece together the remains. He asked how pregnant I was and yelled

at me when I said “six weeks”. He had trouble piecing the parts together and said it would be my fault if I developed an infection from tissue left in me....

This author’s tale is not typical, but it does not stand alone. Her doctor is in company with those discussed previously who forced abortions on unwilling patients, and many authors describe their surgical abortion procedures as very painful.

The sights and sounds she describes are commonplace in other stories as well. Gruesome and dramatic descriptions are frequent, in fact. Several pro-life authors mention seeing aborted material in transparent containers post-procedure, and many more talk about hearing the screams of other patients or describe the loud sound of the vacuum aspirator commonly used in procedures. Because of this, some authors claim that the sound of a vacuum cleaner provoked stress responses for them for years afterwards.

Suffering for years is, in fact, standard in these stories. Common are general statements of emotional suffering, like “I was crazy out of my mind for about two years,” and “Self-punishment, guilt, and self-condemnation ate away at me, alienated me from God, inhibited any healthy relationships, [and] destroyed my self-esteem…” Authors attribute this suffering to guilt and remorse for what they come to see as taking the lives of their children.

Many authors go one to describe their struggles with new or worsened substance abuse and other self-destructive behaviors following abortion. One author says, “I turned to alcohol and drugs to try and forget about the abortion and numb the pain. I became very promiscuous, determined to replace what I had lost and fill this void in my heart. At times I was even suicidal.” This author attributes specific harms to her abortion decision, including drug and alcohol use, sexual promiscuity, and depression. Another author says, “I dove into drugs, alcohol, and sex with whomever I met and liked. And as depression set in and I did more drugs

and went from job to job, I actually lived in my car at one time. Got married and that failed. I was a mess." This author adds struggles in her work life, finances, and intimate relationships to the list of abortion's specific harms.

Divorce is exemplary of many authors' reports of strained relationships with partners, with children, and with God following abortion. One woman recalls, "I remember not wanting my husband to look at nor touch me." Another says, "Within a few short months I …isolated myself from family and gave custody of my boys to their father." Both women convey a struggle with fulfilling feminine roles, like marriage and mothering, after abortions they describe as killing specific children.

The theme of spoiled motherhood is pervasive too for authors who go on to have additional children. One author reports that having an abortion inhibited the quality of her parenting, stating, "I had trouble bonding with [my five children]who were born after the abortions." Another discusses a previous abortion as an impediment to her happiness when she became pregnant later in life. She says, "At twenty-six, I find out I am pregnant again… I see my little baby on the screen and instead of happiness, the guilt engulfs me. I start to cry and [the ultrasound technician] thinks they are tears of joy…" She implies that her regret of her previous abortion has made her unable to experience the happiness others may associate with viewing an ultrasound.

Also frequent are reports of drift from God. One woman articulates this alienation explicitly, saying, "How could I have done such a thing? I felt so separated from God." Others fear God's punishment. One woman recalls, "Our son ended up being disabled…I thought God must be punishing me for the abortion." Similarly, another author who discusses suffering a miscarriage after an earlier abortion says, "I was devastated believing that this was my

punishment for the child I killed." Authors' descriptions of divine judgment and abortion as murder and sin demonstrate the importance of Christianity as a foundation for mainstream pro-life activism in the U.S. These authors state that abortion is inconsistent with their Christian faiths and believe that it is condemned by God. Nonetheless, authors usually go on to refute their ideas about divine punishment (discussed later), instead holding fast to their claims of other consequences.

Claims of diagnosable physical and mental harm are frequent on *Silent No More*. Some authors, for example, are firm in their charges that their abortions caused medical complications, including infertility, cancer, and later hysterectomies. Primary, however, is the controversial malady "Post-Abortion Syndrome" offered by pro-life advocates as an abortion-specific parallel to Post-Traumatic Stress Disorder. One author reports, "I began to suffer from many symptoms of post abortion trauma. I was overcome with guilt, shame, [and] feelings of regret…" Although this author does not use the diagnostic label of "Post-Abortion Syndrome," her reference to symptoms and trauma indicate her view of her suffering as an identifiable malady. Another author advises women considering abortion, "[W]hat isn't revealed beforehand is that you fall into a deeper and darker pit called post abortion. In this irrevocable place there's increased shame, guilt and depression." She too conveys popular understandings of a "post-abortion" state identifiable by specific trademark anguish.

For several authors on *Silent No More*, suffering constitutes the end of abortion's sad tale. One author closes, "It has been the worst decision of my life and I beat myself up about it almost daily." This author, like others, goes on to express hope that she will find resolution soon. For most authors, however, narratives end with an account of how a specific course of action brought

about redemption and healing. Accounts of redemption operate as resolution in these pro-life narratives much as empowerment does for their pro-choice counterparts.

*Redemption*

Happy endings are commonplace on *Silent No More*.org, just as they are on *I'm Not Sorry*, but authors must first resolve their suffering in order to accomplish the happy marriages, strong relationships with existing kids, and faith in God that many women discuss (and not education or career). Authors usually report that this resolution comes about through first repenting and then completing a religious healing program.

References to repentance are often explicit – not surprising on a website hosted by a religious organization and within a cause rooted in Christianity. One author describes her experience this way:

> The enormity of what I had done came over me and I fell on the floor, crying and repenting. Then I began to throw up in the sink and I know for sure that a spirit of death left me. I started crying out and repenting to God… and the babies I murdered.

For this author and others, repentance involves religious posturing and intense emotion. For others, repentance is simply a turning point. One author says, "I realized what I had done was wrong! I went to a Christian counselor and finally dealt with my sin," conveying a revelation and a decision to seek resolution. Resolution may also begin in moments of private prayer, as one author describes: "Years of pain and suffering led me to the foot of the cross, acknowledging that I was a sinner in need of a Savior. Through God's Word I realized that I was forgiven and that my three beautiful and innocent children are in heaven…"

Upon repentance, authors typically go on to pursue a lengthy program of healing. References to unspecified religiously-based therapies as well as specific programs and Bible studies are common. Many describe finding healing at Rachel's Vineyard retreats (Catholic-affiliated weekend retreats for "post-abortive" men and women costing $100-$200). Authors describe naming their aborted children at these retreats, having memorial services for them, and learning that God and these children love and forgive them. Authors describe retreats comprised mainly of seminars, guided prayer, and other programming.

The image of a forgiving God that authors come to affirm as a result of their therapies is consistent with the earlier-discussed rejection of ideas about God punishing women for previous abortions. As one author says, "God in His grace and mercy has enough loving kindness and forgiveness to forgive anyone involved in an abortion." This author and others encourage women to turn to God for healing following an abortion rather than fear vengeance.

Statements like these are consistent with the new rhetoric of the pro-life. Some authors articulate this shift in rhetoric explicitly, describing aggressive and off-putting protestors in the 1980s and 90s. One authors says of her abortion during this time period, "…All I felt was anger and hate…[coming from] folks who claimed to be Christian…" Others speak more affectionately of contemporary clinic-side demonstrators, encouraging their readers to heed their offers of assistance or else stating that they wish they had done so themselves.

Also consistent with this new woman-centered and patient-friendly approach, authors often state that sensing God's forgiveness was easier than forgiving themselves. Sentiments like these also underscore earlier discussed self-understandings of patients as murderers as well as pro-life insistence that psychological anguish is the lasting consequence of abortion. One woman says "I realized my babies had forgiven me. God had forgiven me. And I had to work on

the hard part of forgiving myself." This author concludes her story with a triumphant account of finally finding peace and insists that her readers can do so as well.

This author's encouragement to readers demonstrates a final component of healing mirrored by many authors: sharing their abortion stories for the sake of helping others. Many express hopes that their stories will dissuade women considering abortion or that they will change pro-choice thinking in general. One author urges other women suffering with guilt and regret following abortion to find comfort in her story, saying, "It is my hope that my sharing this testimony will encourage other women to take that step of healing. Reach out to God. … Come as you are and surrender to Him…You can be set free and be silent no more." This author encourages women to resolve abortion-related suffering through religion, the predominant means of redemption that women discuss on *Silent No More*.

Another offers her story in hopes of dissuading women from having abortions in the first place, saying, "I want to assist other women who may have found themselves in a crisis pregnancy. After years of feeling…shame and guilt, I am finally free, and that is why I am silent no more." Here, she emphasizes the suffering that preceded the hard work of her healing and suggests that such suffering will befall others if they also choose abortion. Another author declares, "Let us continue to work together to end the killing…so that the horror of abortion will exist only as a sad and futile relic of a bygone era..." and hence posits her experience as a call to action.

Common to these final statements, and central to the *Silent No More* purpose, is the claim that, in addition to denial (of fetal life and post-abortion suffering), silence is a major tactic of abortion rights advocacy. Authors assert that the pro-choice camp does not want women to talk

about their abortions lest the "truths" of murder and patient suffering be known. Hence, contributors uphold the website's title mission – that of breaking this silence.

Diverse experiences of having abortions, including many stories by mothers, return patients, and the coerced, represent a significant departure from the more uniform narratives of pro-choice authors. *Silent No More* seeks to illustrate that, in spite of an array of abortion experiences and circumstances informing them, women suffer guilt and sadness during and after abortion. Hence, where narrative rigidity dictates appropriate criteria and approach to abortion decision making as well as subsequent emotions for pro-choice authors, pro-life authors enter the narrative from various points and are charged to conform to narrative restraints much later. Pro-life authors can have abortions in a variety of circumstances, including having several abortions and/or abortions while occupying the statuses of mother and wife, as long as they conform to the requirements of suffering and redemption after the fact.

In offering their stories to the pro-choice and pro-life causes, the authors I have discussed in this chapter become more than their individual stories; they become cooperative creators and upholders of propaganda for the movements these websites support, and, as I have suggested, their stories become templates for stories to come. Pro-choice and pro-life authors lay bare the rhetorical understandings which comprise our cultural repertoire – or, to paraphrase Swidler (1984), our toolkits for navigating the contentious issue of abortion in the United States. Firm moral and social understandings surrounding abortion are far from established, as my earlier discussion of changing movement definitions demonstrates. Amidst uncertainty, authors piece together their understandings of empowerment, personal responsibility, sin, and suffering to describe their orientations and entitlements or, conversely, their victimization in regard to abortion. Future patients, too, must locate features of their own experiences within the stories

validated by the movements they support. The narrative rigidity and alternate flexibility I have identified in each group of stories at different essential junctures translate to important advantages and disadvantages for each movement and for the patients upon whose stories they rely. I conclude this chapter with a discussion of the consequences that narrative rigidity may hold for patients struggling to understand their experiences positively.

## FORMULA STORIES AND THEIR APPLICATIONS TO PATIENTS

The rigid emotion rules and careful qualifying of abortion decisions that I discussed in Chapter Two are evident in *I'm Not Sorry*'s pro-choice stories while complexity is not. Confidence in the abortion decision is essential to pro-choice rhetoric and is enabled by narrative rigidity. Authors first establish that they are innocent of any wrong-doing in becoming pregnant (so regularly forgone contraceptives, sex outside relationships, and mistreating of male partners are not discussed), and then they uphold their decisions as moral to the fetus – who is perhaps spared poverty and fatherlessness. Acceptable pro-choice stories champion liberal feminist notions of empowerment and prescribe an ideal reproductive timeline informed by middle-class assumptions which place education, career, and partnership before parenthood. An acceptable abortion, hence, takes place prior to any of these – a scenario overwhelmingly upheld on in the pro-choice stories I sampled and at times invoked in conjunction with disdain for young, single, and poor mothers – whom I have demonstrated are an important patient demographic (e.g. Edin and Kefalas 2005; Jones et. al. 2010). This disdain makes *I'm Not Sorry* an unwelcoming forum for these more typical patients – for whom abortion may represent survival rather than liberation.

Typical patients too, nearly half paying for procedures out of pocket and utilizing stand-alone urban clinics, are more likely to endure obstacles like demonstrators, long waits, crowded

facilities, and overworked staff (Keys 2010). But women seem to provide only glowing reviews of clinics and staff on *I'm Not Sorry*.

At several junctures, then, patients may find themselves disqualified to tell an abortion story sympathetic to the pro-choice movement. Pro-choice stories like those published on *I'm Not Sorry* and used to support the cause of legal abortion demonstrate that patients must find entry into the reproductive toolkit via emotions like relief and empowerment, moral appeals such as responsible contraceptive use, good faith towards romantic partners, and commitment to a reproductive timeline which puts one justifiable abortion before the accomplishment of middle class goals and eventual children. Pro-life narratives, on the other hand, accommodate a wider range of abortion experiences, which may represent an important point of entry for patients struggling to place themselves and their feelings following an abortion. After all, women seeking abortions approach their procedures from a variety of orientations towards the reproductive rights issue – many in these website data alone stating that they had never given abortion rights much thought or, commonly, that they had never imagined that they would face an abortion decision.

And because *Silent No More* does not shy away from patient visibility, pro-life campaigns employing confessional templates like this one are better able to contend with not just a diversity of experiences, but a diversity of patients as well, allowing these campaigns to address the notable racial and class-based disparities evident in women's use of abortion. Where *I'm Not Sorry* encourages the utmost anonymity in narrative sharing, even encouraging authors with uncommon first names to submit their stories under a pseudonym (as contributions are cataloged as "[Author's first name]'s Story"), *Silent No More* stories are sometimes

accompanied by videos of women reading their testimonies, and leaders in the campaign present their abortion stories alongside their full names and pictures.

Video of women of color combines with civil rights language and Black leadership within the organization in at least one notable instance, as the group has an African American Outreach Director, who happens to be a relative of Martin Luther King Jr. Alveda King frames her own abortion and the abortions of many Black women as part of an insidious Black genocide that her famous relative would have rebuked. The presence of women of color enables this and other pro-life campaigns (see also TooManyAborted.com) to discuss links between abortion and racial inequality – in these instances adopting the language of abortion as genocide and highlighting an unseemly but undeniable historical relationship between racism and reproductive politics in the U.S. (see Roberts 1997; Solinger 2007).

On the other hand, *I'm Not Sorry*'s anonymity precludes discussion of race, and only one of the stories I sampled makes any mention of it. Combined with claims to empowerment via education, career, and income, the near absence of racial discourse makes the site representative in many ways of the exclusionary shortcomings of the Second Wave while the contemporary framework of abortion qualification adds an additional layer of impenetrability.

In the following chapter, I examine the ways in which real women invoke rhetoric to make sense of their abortion experiences. The narrative trends I have examined in this chapter – as well as the shortcomings of rhetorical strategies which ignore race, class, and the inequalities evident in childbearing and childrearing today –bear significantly on how women make sense of their experiences and, in turn, how they appraise themselves and their decisions. As my analysis in this chapter makes clear, sharing a personal story of having an abortion with the purpose of affirming reproductive rights requires relative adherence to an acceptable narrative – that of a

sympathetic abortion. Patients who can not reproduce the blameless, moral, and empowered trope, it stands to reason, do not post stories to *I'm Not Sorry* because this website is clearly an activist project. Likewise, authors who cannot uphold the understanding that abortion is harmful to women – specifically that it hurts them physically and emotionally at the time of their procedures and for a lengthy time thereafter – do not post stories on *Silent No More*. In this instance too, authors adhere to an activist purpose in sharing their stories.

In privately interviewing women who had abortions, however, my research project was not explicitly a pro-choice or pro-life activist undertaking. Women understood that they shared their stories with me for the purpose of expanding sociological understandings of how women talk about abortion (see Appendix C and D, my informational letter and informed consent letter for these participants); they knew that their stories would not be used to demonstrate that abortion is good or bad for women. As such, participants volunteered with a variety of purposes, their experiences before, during, and since their abortions informed by various meanings. Using this chapter as a rhetorical map, I devote the rest of this manuscript to understanding the consequences of abortion rhetoric for patients and for the future of the abortion rights movement.

# CHAPTER 4

## WITHIN-NARRATIVE: TELLING A SYMPATHETIC STORY AND ITS REWARDS

*I did not see any way that I could possibly give birth to someone else and also give birth to myself. It was just impossible. So there was not one moment, not one millisecond, of me thinking it would be a good idea to have a child.*

-Gloria Steinem
(from *Abortion and Life*, 2008)

I contacted Drew, an acquaintance who had casually mentioned her abortion to me while spending time with a mutual friend, and asked if she would consider granting me an interview. Her reply to my self-conscious and apologetic inquiry via social media was comparatively brief and upbeat. I had worried that asking her for an interview, out of the blue and in regard to the sensitive and stigmatized business of having an abortion, would offend her, a fear that she sensed and dispelled, replying simply, "I am not ashamed of my choice. It was the best choice for me at the time. I would love to help you with your paper and potentially other woman facing the same decision in the future. When are you [going to be in town]?" In this chapter, I explore the self-stories of women like Drew whose positive assessments of their abortions I will demonstrate are related to their abilities to locate their experiences within the prominent pro-choice narrative of sympathetic abortion.

Drew, a white, 29-year-old waitress, invited me to her home on a drizzly November day, and in spite of the gloomy weather, relayed to me a story so uplifting that I left feeling good. Drew's is a quintessential account of choosing abortion with confidence, vested with a sense of deservingness in doing so, and then attributing discernible and empowering outcomes to the abortion decision.

Drew begins our interview, “For starters, I was on the pill… so we obviously didn’t want a child at that time,” situating her birth control use as an indication of self-responsibility, and moreover, as a conscious decision not to become a parent. She describes the casual relationship she was in and the circumstances surrounding her unintended pregnancy. “We weren’t in a love relationship…He was in college and I was…not financially responsible,” she says, describing factors that made her abortion decision clear fairly early in her pregnancy. She says, “I was at a bad place in my life, just financially and emotionally, and for me, abortion was the first and almost definite choice.”

In contrast to the reasons she did not want to become a mother at the time of her abortion four years prior, Drew discusses her hope to eventually form a family with her current partner, a positive outcome she directly attributes to her decision. She says:

> Me and my partner now, we’re in a great loving relationship. And we want kids, and when it happens there won’t be any of the added stress … It [abortion] really just made it so that I can fulfill my dreams and have the life that I want for my children when I do decide to have them.

Later, Drew summarizes her experience with reverence, saying, “I’m not going to say it was easy. I’m not going to say that I didn’t have struggles. But it was a decision I made on my own…It made me stronger. It made me really evaluate who I am. I’m happy I had that choice, that I didn’t have to go through a harder struggle…” In this way, Drew brings full circle the compelling accounts, empowering outcomes, and serious evaluation that make her story a sympathetic pro-choice narrative.

Drew’s story is one of the closest approximations to this prototype in my data. Most of the women I discuss in this chapter offer similarly “good” abortion stories and approximate the

sympathetic accounts of the pro-choice authors who illuminate its essential components in the previous chapter. More than logistical criteria, however, these women share in common a sense that they were deserving or justified in their abortions and locate these feelings in identifiable pro-choice rhetoric and rationales. Due to their ability to situate their abortions within the preferred narrative of sympathetic abortion, these women are largely able to assess their decisions, and themselves for having made them, positively.

Of course, no woman is able to situate herself perfectly *within-narrative*, as I term it, and as such, none discusses an abortion experience which encompasses every feature that I discuss here. Some women, in fact, who offer stories with features both strongly situated within the formulaic narrative *as well as against it* are worthy of discussion in this chapter and the next (concerning *against-narrative* examples). Others offer important critiques of pregnancy, abortion, and motherhood rhetoric and are mentioned in the next chapter as transcending rhetoric as well. When participants' stories are valuable illustrations of more than one categorization, I make that explicit, either by noting that I will discuss her again in the coming chapters or by offering specific analyses of ways in which she works to compensate for an inconsistency which might otherwise place her outside of a sympathetic understanding.

While women do not often discuss explicitly the role of abortion rhetoric in enabling them to view their abortions as sympathetic, their invocation of sympathetic abortion criteria, especially when discussing other patients they deem deviant, is a good indication that various discourses are at work in shaping participants' understandings of their own and others' experiences. The similarities in the accounts that women offer and the empowerment claims they make are also composed of discernible social movement frames and packages (Rohlinger 2002) and mirror the sympathetic narratives of the previous chapter.

I devote this chapter to exploring the "good abortions" of several of my participants who largely reproduce many of the factors that make the website accounts sympathetic. These women told much lengthier and more complex stories and were not recruited with the purpose of creating propaganda or emulating the format of others. As such, many factors I examine here are novel. I discuss the confidence with which many women approached their abortion decisions first followed by the resonant accounts and specific empowering outcomes which I observe as enabling this confidence. In the remainder of the chapter, I discuss how participants relate to and use rhetoric in understanding their own and others' approaches to abortion and abortion decision-making.

## CERTAINTY

A participant's ability to tell a sympathetic story was often apparent to me very quickly. Confidence is a unifying characteristic of most women able to locate their experiences within-narrative – whether accompanied by a generally upbeat demeanor or by a somber orientation and emphasis on serious decision-making. Amanda, 24 and a white college graduate, in spite of describing abortion as "serious," "grave," and "heavy," says nonetheless, "There was never any question…of not having an abortion. I couldn't have that baby."

Elena, Mexican-American and working on a second college degree at age 25, regarded her abortion more as a right than a dilemma but also demonstrates this certainty. She says, "I ended up going to [the clinic] three days after…because I found out I was pregnant on a Friday afternoon and then I called them right away." In reference to her immediate decision-making, she explains, "I wasn't second-guessing myself on the way there or while I was there or the day before…I knew what I wanted to do and, by God, I was going to do it."

Holly, a white teacher in her later thirties, describes her abortion decision at age 22 not as immediate but as confident nonetheless. After weeks of considering her own wishes and input from friends and parents, Holly says it dawned on her that, "I want a termination." Following this revelation, she says, "I was very, very happy. I felt very calm. I was really excited the decision had been made. It's like a door closing." In this way, Holly describes relief at having made a decision but also confidence in her particular choice.

For many patients, the certainty with which they regarded their abortion decisions corresponds to an important motivation for participating in my research. Like the creator of *I'm Not Sorry* who felt compelled to create an online forum for affirmative abortion stories, women who were best able to locate themselves with the prominent narrative of good abortions often viewed their participation as activist. While women had various motivations for participating in interviews, active recruitment on my part, cathartic or therapeutic potential, and monetary incentives were primary for the against-narrative participants I discuss in the next chapter (see Appendix A for a complete discussion of recruitment and Appendices A and B for volunteer characteristics), while those locating their experiences within-narrative often said they wanted their stories to help others.

Holly asserts that she is glad that, via this research, I am talking and writing about abortion. Furthermore, she says she wishes that such conversations were not confined to academic audiences but were more visible in the broader culture. Drew says, "I am doing this pretty much to help other girls in that situation, because it sucks at the time, but it really was the best decision." Volunteers with activist intentions, like Drew and Holly, thus describe their abortion decisions as straightforward and sometimes offer overall assessments they hope will help other women.

As I suggested in introducing this chapter, the confidence that precedes firm decisions and positive appraisals often corresponds to sympathetic circumstances and culturally resonant accounts. A patient's ability to view her decision with certainty and to share it for the purpose of supporting others is related to viewing oneself as entitled to abortion, as I discuss next.

## ORIENTATIONS TO UNINTENDED PREGNANCY

Like the pro-choice stories in Chapter Three, the women I interviewed often discussed the circumstances that led to their unintended pregnancies. Like Drew who begins her interview, "For starters, I was on the pill," others offer accounts for accidental pregnancy which emphasize their responsible attempts to avoid pregnancy.

Unique in these data, however, are some sympathetic patients' more self-critical assessments of their contraceptive efforts. Bridget, a white college student in her mid-twenties who had an abortion in high school, explains, "I messed up and then took the morning-after pill and it didn't work." She says of herself, "You were stupid and you got pregnant." In this way, Bridget is apologetic of lacking a sympathetic account, like contraceptive failure in spite of correct use, but she nonetheless asserts confidence in her decision and describes herself as strongly pro-choice.

Amanda, also claiming a pro-choice orientation, mirrors Third Wave sentiments of abortion as tragedy (see her quote at the beginning of Chapter Two) and, while asserting her right to have one, is hard on herself for using the contraceptive method of withdrawal inconsistently and, above all, for having an abortion. In comparing herself to patients who have multiple procedures (discussed more later) for instance, she comments, "It's bad enough that I let it happen once." Furthermore, she says:

> My attitude was like, this is a really heavy and serious decision, and I almost wanted to be conscious going through it... And the cost, even though it was expensive, I feel like I deserved to pay it because it was a big decision and I don't think that it's one that should be taken lightly.

Amanda's statement in part refers to her decision not to have any type of sedation. She indicates that being awake and experiencing the pain of the procedure was, to her, a just consequence accompanying her decision. Like Bridget, however, Amanda is secure in having had an abortion and says, "I definitely don't feel guilty."

Both women's harsh self-critiques are sympathetic in accordance with Tonn's (1996) observation of an increased emphasis on moral anguish in the reproductive rights rhetoric of the 1990s. They are also intense examples of the requisite serious thinking that other participants discuss. What aligns them most with the dominant sympathetic features of the contemporary framework are their ultimately positive portrayals of their experiences and their ability to claim sympathetic rationales for the abortion decision itself, discussed next.

## GOOD REASONS

Positive general assessments of an abortion decision, including the confidence and activist orientations of many within-narrative patients, are reliant upon confidence in a number of smaller factors informing abortion decision-making. I explore these elements now, beginning with women's logistical proximity to the sympathetic patient.

The majority of women I discuss in this chapter shared with me stories of having abortions while young and unmarried, often while attending school or working at low-paying jobs they imagined they would leave for better careers at some point in the future. While I gathered this demographic information from participants by way of a face sheet before or after

my interviews, most women offered it unsolicited during our interviews as an important way of situating their choices as understandable.

Mirroring women who share pro-choice stories online, within-narrative participants were young when they had their abortions – in their late teens and twenties. Accordingly, many say they chose to have abortions in light of life stage factors typical of this age group – like lack of income, steady relationship, or complete education.

Holly observes simply, "If I have a kid, the trajectory of my future is completely negated. Then I have to be a mom." Here, she references a desire to lead a child-free life in general but also feelings particular to the challenges of having a child before finishing school. Bridget applies her father's thoughts on abortion to her decision to terminate her pregnancy as a high school senior. She says, "My dad always told me that it[abortion]'s a better route to take than basically ending your life at 18." She goes on to integrate her own assessment of this wisdom, adding, "Well not really like ending. I just mean, I wouldn't have been able to go to college. I would have probably married my boyfriend at the time, who, we wouldn't have gone anywhere with our lives, which is why I broke up with him when I did."

Bridget touches on several features of the ideal reproductive timeline as well as the personal empowerment ideal of mainstream feminism. Her abortion helped her avoid what she views as inevitabilities: marrying a less-than-ideal partner and not being able to go to college – fates she describes as diminishing her quality of life, if not "ending" it.

Emily, a white graduate student, discusses her abortion one year earlier as a choice between going to graduate school and staying in her hometown with her boyfriend to raise a child together. She surmises, "I know I wouldn't be here [in graduate school] if I kept the baby," indicating that continuing her education was a primary reason for her abortion decision.

Others discuss having a lack of resources in place to ensure that they could raise a child in a manner they considered fit. Lorraine, a Black undergraduate student at the time of her abortion mere months before our interview, demonstrates this general appraisal by observing, "For me, it was the best decision because I know I couldn't have raised a baby…right now in my life." Also a college student when she became pregnant at age 21, Carrie says she and her boyfriend, "kind of wanted to give our kids a little bit better of an upbringing," indicating that the lives and resources of college students are not conducive to raising children well.

Holly describes her lack of finances while in college like this:

> We were living in a one-bedroom trailer…We're poor college students, right? Like, I'm working jobs in the mall. I'm getting ready to do my student teaching…I don't have any money to raise a kid…and P.S., I'm in a brand new relationship with the guy!

These women's accounts of their abortion decisions illustrate the powerful intersection of age, income, relationship and student statuses, and ideas about fit parenting. Not only do these women discuss being young, poor, single, and/or in college pose as a stressful parenting scenario and a detriment to personal happiness, they describe them also as threatening to the well-being of a potential child. In this way, many participants allude to the idea that bearing children when unable to devote sufficient time and money to the task is unfair to children.

Elena, like Holly, does not want to become a mother in the future. She says, " I know I wouldn't have been a good parent because I didn't want to do it, so you know, I did what I needed to do." Elena observes that her orientation towards motherhood would have made her poorly suited for the job and suggests that being a bad parent would be unfair to a child. Drew, in situating her decision-making as moral to her potential child, supports this assessment by

saying, “If you know you’re not going to be a good parent or can’t give them the love or attention that they need…then maybe that is the right decision, that’s a good decision.”

Lorraine discusses abortion as having a possible social benefits:

> I feel like a lot of women use governmental assistance and stuff because they can’t afford kids but they have them anyway. I feel like if society were more accepting of [abortion], there wouldn’t be so many people struggling and using government as a crutch.

While neither Drew nor Lorraine prescribe that abortion is the correct solution to social problems like bad parenting or raising children in poverty, they each suggest that it is a possible solution – for women and/or for society. In this way, these respondents, like pro-choice authors in the last chapter, espouse contemporary reproductive politics (Solinger 2005), especially the idea that reduced childbearing among certain individuals and groups is a solution to children growing up without needed social and material resources.

HEALTHY CHILDREN

In portraying the circumstances in which children are ideally raised, participants convey concern for the wellbeing of individual children as well. Some participants appeal to this ideal in their discussion of choosing abortion in light of feared abnormalities in the fetuses they carried. Susan, a white retired professional in her early 60s, describes her decision to have an abortion during her first marriage at the age of 23 after being hospitalized and receiving potentially harmful treatments. She says:

> I’d been in the hospital for nine days with a really, really horrible flu. They didn’t know it was flu. I had X-rays. I had all kinds of antibiotics. And I can recall asking them to give me a pregnancy test and they said – I can remember them saying, “That’s the least of your worries right now.” [After discovery the pregnancy], I was told by my

physician…"You'll either miscarry or you'll have…a child with a lot of problems…You've had radiation, you've had Tetracycline."

Susan describes feeling confident in her decision to have an abortion with her first pregnancy in 1973 and attributes much of the confidence with which she approached the procedure to feeling that her pregnancy, though unintended, was also badly damaged by her medical treatment. I talk about Susan's interview again in the next chapter as she went on to have an abortion years later and harbors a more negative assessment of herself in light of having had two procedures. Importantly, Susan contrasts her decision to abort a healthy pregnancy at age 29 with the relative ease with which she chose abortion in the earlier situation.

Other women invoke feared harms to their fetuses as one factor among many they considered in making their abortion decisions. Holly mentions drinking alcohol and smoking cigarettes during her pregnancy while Amanda mentions concern in regard to her use of both alcohol and illicit drugs. She says, "I had been drinking a lot, and partying a lot, and not sleeping a lot…[I thought,] 'How much have I already, like, fucked up this potentially perfect little creature inside of me to the point that…now I almost have to have an abortion…?'"

Consistent with the sympathetic prototype, Amanda emphasizes that she engaged in these behaviors prior to realizing that she was pregnant. Susan too makes a case for her due diligence in describing her request for a pregnancy test while in the hospital. Concern for healthy children then is also related to fetal well-being and provides a logical transition for understanding how the women in this chapter view the fetus generally.

Statements like Amanda's illustrate important thinking about pregnancy throughout the stories of these within-narrative participants – in particular, views of the fetus as other-than-baby. Most women I discuss in this chapter viewed the fetus as either not-quite-human, as

Amanda's invocation of the word "creature" illustrates, and/or as a potential baby. For instance, Hester, a medical assistant in her early thirties, says, "It's not a baby. You're four weeks pregnant. It's nothing. It has potential – it could be, but right now it's nothing." Susan complicates the distinction between baby and potential baby, but nonetheless emphasizes the latter definition, saying in regard to her decision-making with her second abortion, "I didn't try to say it's a fetus, it's a whatever, its cells. No, this is a child, this is a potential child, and I'm deciding not to have it. I'm going to end the life, a potential life." In this way, Susan problematizes black and white thinking on a central feature of the abortion rights debate – that of "fetal life" but nonetheless affirms the distinguisher of not-yet-living.

While women I discuss here sometimes use the word "baby" to describe their pregnancies, they also articulate their views of the fetus as contrary to this definition firmly associated with pro-life thinking on abortion. Holly and Carrie, who both refer to their pregnancies as "babies" at various points, also embrace fetus-as-parasite analogies. Holly says, "It felt like *Alien*, the movie - like this thing in there that I did not want to be in my body anymore." Carrie says, "I don't believe that life is actually created until it's outside of the body…People describe it as a parasite, which, technically, to me, it is." Such an analogy is consistent with the language Threedy (1994) observed in pro-choice arguments prior to abortion's 1973 legalization.

Interestingly, gradual personhood ideology – or the idea that, at specific points in fetal development, a fetus becomes closer to a baby than not (i.e. it approaches the ability to live outside the womb) – was not widely held by the participants I discuss in this chapter. In fact, Holly, Lorraine, Carrie, and Hester, most of whose views of fetal development are outlined above, all underwent second-term abortions. None discuss the advanced stages of their

pregnancies as having particular bearing on their decision-making nor any unique consequences for them emotionally.

While one participant I discuss in the next chapter describes her advanced stage at the time of her abortion as one morally problematic factor of her narrative, none of the four women who situate their later-term abortions as within-narrative discussed this feature as having much significance at all, even when pressed. Instead, they discussed their later abortions as significant only because they necessitated two-day procedures when they had anticipated one visit (Holly), required them to travel out of state (Hester), required them to have general anesthesia (Lorraine), or enabled them to know the sex of their fetus - something significant to Carrie, who found out that her fetus was male when she had always wanted to have a son in the future.

Because these women do not attribute any particular difficulty to their decision-making nor any doubts unique to the advanced stages of their pregnancies, the gradual personhood element of "good" abortion, observed by other scholars (e.g.. Rapp 2000) and deemed morally pertinent by some pro-choice activists (e.g. Baumgardner 2008), was not as important in my data as I had expected insofar as it did not bar many later-term participants' from seeing themselves and their abortion decisions as positive or moral. (Though other women discussed in this chapter hold different views of later abortions.)

Sympathetic accounts and positive understandings of their abortions, not including the early abortion rhetorical standard, unite within-narrative participants. By focusing on the ways in which abortion was the best decision due to features like age, relationship status, and income, the women I spoke with demonstrate an awareness that these rationales resonate in a culture which values births to certain mothers over births to others. Many of these participants were aware of their potential for socially valuable childbearing in the future, much the way that pro-choice

authors in Chapter Three demonstrated this qualification with their appeals to eventual fit parenthood and goals of later moral motherhood. Women were also aware that real and imagined others are not as capable of approximating this ideal, an issue I examine now.

## OTHERING FELLOW PATIENTS

While many of the women I discuss in this chapter exhibited acceptance of others' abortions under a range of circumstance and even discussed the role of inequality in different women's experiences of abortion, others talked about the decisions and approaches of other women in order to highlight a deviant boundary. In many cases, participants drew a theoretical comparison to imagined patients approaching abortion under the wrong circumstances or with the wrong attitude. Drew says, for instance, "I would probably be a little judgmental [about someone having several abortions] because I don't think that's something that should be taken lightly or an easy decision to make." Significantly, however, participants claiming within-narrative abortions sometimes pointed to a more immediate reference group – that of the other patients with whom they waited for their procedures.

Amanda, like Drew and many others, expresses negative feelings about patients who have had multiple abortions. Waiting for several hours at a busy clinic, she became aware of other patients' stories and recalls, "Most of the people that I talked to had had kids and had had an abortion before…So that was crazy, and that was sort of off-putting to me." Amanda conveys distaste for these women "getting to that point so many times," and is emphatic that she will never have an abortion again.

Danielle and Autumn, women whose sympathetic accounts of choosing abortion have not led to empowering conclusions and whom I talk about more in the next chapter, contrast their approaches to abortion with those of others whose attitudes they found inappropriate. Danielle

says, “I was the only one who hadn’t had [an abortion] before, and I was the only one sitting there bawling my eyes out... Everybody else was just staring at me, and I didn't understand how people weren't upset – like they didn't care.”

Autumn similarly recalls a fellow patient whose “attitude about it” she did not like. Autumn explains, “It came across as if she had done this before…I remember her [saying to a nurse], ‘How long is this going to take because I’m on my lunch right now.’ And the way she was dressed. It appeared that she was coming from work.” Autumn’s account of a woman on her lunch break stands in stark contrast to her own experience of lamenting over her decision and needing ample time to recover and contemplate her experience afterwards.

Deviant patients were not just useful to participants who easily asserted themselves within the sympathetic narrative, however, as Autumn does up to a point. Women who were keenly and sometimes painfully aware of the ways in which their experiences failed this narrative (discussed in depth in Chapter Five) sometimes usefully discussed other patients to delineate the relative morality of their own approach to abortion. And because many of the women I discuss in the next chapter waited in crowded urban waiting rooms like Amanda and Autumn, they had at their disposal a vast reference group.

Caprice, for instance, compares her experience to many patients whose abortions she found troubling, including a fellow patient who appeared “30 or 35” years old and whom she says should be able to take care of a child. Another, she says, was waiting for her third abortion in one year. Caprice says she asked the patient, “Is it by the same boy?” When the other patient said no, Caprice recalls that, “In my head [I’m] like, ‘Damn, this is crazy.’” In this way, Caprice and others situate themselves as different from women who have failed at the sympathetic

abortion standards that they have managed to uphold, like young age, monogamous and long-term relationships, and first-time status.

Others referencing deviant fellow patients discuss a feeling of uniqueness among clinic clientele that they are often shocked to encounter. Jessica, whose struggle to assert herself among sympathetic patients I explore in the next chapter also, says:

> I remember looking around and seeing all these other women there that were having surgical abortions and … feeling like I don't fit in with any of these other women. These women are poor, and I'm not trying to sound racist, but most of them were African American and obviously very poor. And here I am. I'm from an upper-middle-class family. I'm married, you know. I don't have any previous children. Like, what am I doing here? I don't fit in with this group.

Jessica, who is white, is not the only participant to mention, without prompt, encountering predominately non-white populations while accessing services at urban clinics. Like Jessica, white patients do so without explicitly debasing women of color. Those who talk about the overwhelmingly black and brown complexion of urban waiting rooms do so without further critique, however, positing race as another feature of what some see as the uniqueness of their particular abortion.

By discussing race alongside disparaging labels like poor or repeat, however, these women group race with disqualifying factors. Whiteness thus becomes another feature of sympathetic abortion in two ways. First, because it is invisible in many women's accounts – in my interviews but especially in the accounts which serve as pro-choice propaganda on *I'm Not Sorry* – whiteness, among other invisible features (like middle-class status), becomes default in good abortion rhetoric. More actively, however, women who discuss the races of fellow patients

alongside disparaging understandings of their motherhood, their incomes, and their attitudes invoke powerful stereotypes of Black womanhood, I topic I to which I will attend at length in the following chapters.

I have discussed here the rhetorical strategy of othering fellow patients which women occupying numerous orientations to sympathetic abortion use to situate their own decisions and approaches as moral. I have relied upon the accounts of women more representative of the against-narrative orientation of the next chapter, however, because participants who were able to situate their experiences among predominately positive rhetoric largely accessed services in less-crowded clinics, making other patients less noticeable. Women discuss these clinics as more pleasant overall, a factor contributing to empowerment claims. Next I explore a wide range of appeals to empowerment which complete the sympathetic accounts of most within-narrative participants.

## NARRATIVES OF EMPOWERMENT

Participants who best occupy the space of sympathetic patients are those who go beyond simply offering justifications for choosing abortion. Many of the women I discuss in the next chapter, in fact, can claim sympathy for the circumstances surrounding their abortions as easily as those I have described in this chapter. Essential to a sympathetic narrative, however, are the abilities to assert one's autonomy and to claim empowering outcomes.

Empowerment claims exist in combination with women's justifications for choosing abortion in the first place, and are consistent with those offered by pro-choice authors in the preceding chapter. Largely, the women in this chapter have gone on to realize goals they originally situated as accounts. In other words, women who offer as an account for abortion their

desire to finish school suggest that they would have left school had they given birth. As such, they offer as evidence of their empowerment the fact that they stayed in school.

Empowering outcomes are discernible among within-narrative participants. Emily and Carrie are working on Master's degrees; Caprice is in college; and Bridget left home, married a more ambitious partner, bought a house, and is near completion of her college degree. Drew is also happy in her new relationship and attributes new habits of health, new-found assertiveness, and generally being "in such a good place" to having an abortion years ago. Similarly, Hester credits her abortion with allowing her to leave an abusive partner. Susan went on to finish graduate school and have a child later with her second husband; and Holly, now married with a Master's degree and 16 years removed from her abortion, has avoided the depressing scenario that she imagines when she thinks of what her life would be like with a "stinky teenage boy."

The positive outcomes that succeeded these women's abortions are discernible happy endings which make such stories rhetorically consistent and potentially useful for the abortion rights movement. I have devoted much attention to these themes in the previous chapter in identifying empowerment as a key aspect of contemporary rhetoric. In arriving at the upbeat conclusions that many do, however, women must, at some point, set their sad tales of unwanted pregnancy onto another track leading to these triumphant conclusions. The abortion clinic itself serves as this narrative turnabout for many and is worthy of more attention in this chapter. I turn my attention to the significance of a good clinic experience below.

## CLINIC AS TURNING POINT

With few exceptions, the women I interviewed were equally subject to accessing abortion in an increasingly politicized era which has seen legal abortion move into stand-alone

contraceptive facilities regulated by ever-changing legislation. [6] Few women today have the luxury of securing abortion services from a typical gynecologist in a typical clinic setting. For most of the women in my sample then, geography has much to do with the type and quality of experience.

Women who had positive clinic experiences largely accessed services in less urban areas and at smaller clinics. Hester had her surgical abortion in a small Midwestern city where she was impressed with the soothing décor and kindness of staff. She recalls observing a nurse leave to give a ride to a patient who did not have someone to take her home following her procedure. She also recalls encountering a notebook in the waiting room where former patients had recorded their thoughts and messages to future patients.

Lorraine describes staff who were kind and supportive. Bridget, too, recalls, "They were really awesome. I mean they made me feel so comfortable the whole time." Elena also offers a positive assessment and says, "I sent a thank-you note to the nurses…they were so friendly. They were so comforting, the counselor especially." Pleasant clinic experiences like these go a long way in priming an abortion experience for positive meaning-making.

The abortion procedure itself, for many women, becomes the turning point in which to discern an end to the hardship of unwanted pregnancy and foresee the beginning of a liberation tale. But some women are unable to incorporate their clinic experiences into a positive narrative of abortion empowerment. The clinic atmosphere, the staff, and the ease of the abortion procedure itself are, after all, the features of an abortion over which most patients have the least control. This was true for Amanda who waited for several hours at a large urban clinic and then had a particularly painful surgical procedure due to a uniquely situated cervix, rushed staff whom

[6] The eldest demographic of participants that I encountered discuss a range of experiences, from an illegal abortion in 1972 to those comfortably provided by in-town doctors and hospitals in the years before Webster vs. Reproductive Health Services allowed many states to push abortion out of typical clinics and hospitals.

she does not feel "cared too much," and a doctor who was unaccustomed to performing surgical abortions (as opposed to pill-form) but was forced into the position when the clinic's other doctor died unexpectedly.

Amanda aligns her experience with the formula story which paints clinics and doctors more positively, however, by saying, "I feel like the doctor was frustrated by my cervix position, and… it was the end of the day, and she wasn't used to doing these… I'm sure under normal circumstances…they were probably able to give a little bit more of themselves." She thus diminishes the doctor or clinics' responsibility for her unpleasant experience by refuting any suggestion that they could have performed otherwise. In this way, Amanda mitigates any harmful nuance which makes her story unsympathetic to the pro-choice cause and salvages the possibility of a smooth deliverance into empowered outcomes.

Drew employs similar alignment techniques. While Drew's pharmaceutical abortion was overseen by a small clinic and kind staff (she says, "It was actually pretty warm…I actually felt really good about the initial clinic visit…"), she describes the process of inducing miscarriage with medication as "the most excruciating pain I've ever been in" and talks about complications she experienced because she "didn't release all of the tissue."

In light of these complications, Drew observes that clinic staff possibly "sugar-coated just how painful the at-home procedure was." Like Amanda, however, she works to realign her assessment within a positive frame by adding, "But I'm totally just the minority in that case," thereby transferring the onus of the bad experience off of staff and onto unusual events and even her own unique physiology.

Women who employ alignment techniques to diminish nuance in their otherwise positive narratives of having an abortion demonstrate awareness of sympathetic rhetoric and a desire to

put forth consistent messages. Clinic assessments like these provide an important example. The women in this chapter all describe themselves as pro-choice and express appreciation for clinic services and professionals. In describing unpleasant encounters, participants are often careful not to condemn clinics and providers. Moreover, women who reject inconsistent connotations, such as victimization at the clinic, can go on to successfully fulfill the sympathetic role.

Pro-choice rhetoric enables the women I have discussed in this chapter to situate themselves within the preferred narrative of the mainstream pro-choice movement. As I mentioned, positive experiences, outcomes, and self-appraisals accompanied many of these participants' offers of participation which some hoped would help others or would support the movement in general by dismantling the perceived negative stereotypes to which they stand in contrast. Others wanted to challenge simplistic narratives of lived abortion experience by helping me gather true stories, and certainly their participation helps me to portray a wide range of experience.

While women in this chapter occupy rhetorically desirable space, each does so by emphasizing reasons that I believe were truly compelling to her at the time of her abortion as well as outcomes she truly perceives as positive. My exploration of less sympathetically-aligned patients in the following chapter and my concluding discussion of the formula story/self story link, however, demonstrate that within-narrative participants' abilities to feel positively about the meanings they attribute to themselves and their experiences is enabled in part by the powerful reproductive discourse of the sympathetic pro-choice narrative.

In the next chapter, I discuss the features of the *against-narrative* stories of my participants who are similar to this chapter's in many ways, including in their adherence to the same cultural models of sympathetic abortion. Importantly, however, against-narrative patients,

by their own assessment, struggle significantly and even fail to qualify their abortion experiences as positive, meaningful, or deserved.

# CHAPTER 5

## GOING AGAINST NARRATIVE: FAILED STORIES AND OPPORTUNITIES FOR TRANSCENDENCE

*I think it's great that* The View *panelist Sherri Shepherd was so open and honest about her past abortions in the Christian women's magazine Precious Times. But Sherri's explanation was kind of weird: on the one hand, she was talking about the importance of being honest about such things, and about not feeling shame, but then on the other hand, she was talking about how she's going to see all those potential babies in heaven and they're going to call her "mama."*

-Tracie Egan Morrissey, senior writer, *Jezebel.com*, 7/23/08
(from "Sherri Shepherd's Views on Abortions are Confusing")

In 2008, African American Christian women's magazine *Precious Times* published an eight page exposé on daytime talk show co-host Sherri Shepherd in which the icon primarily talks about being "born again" and the life challenges that preceded both her religious faith and her fame. In it she reveals, "I was sleeping with a lot of guys and had more abortions than I would like to count." Critics chided Shepherd for being insufficiently reverent about having had abortions and, days after the magazine's release, she responded on her show. She said that she was "not being flippant" by sharing her story publicly, that she wanted others to know that "nobody's perfect," and that prayer and believing she will see her aborted children in heaven have helped her to overcome guilt. In other instances, Shepherd has affirmed her abortion decisions and criticized anti-abortion laws requiring women to view ultrasounds pre-procedure. This combination of statements has drawn criticism to Shepherd, such as the quote from the feminist blogger above, and has cast her as an inconsistent patient and pundit in regard to abortion rights.

The media fallout that succeeded Shepherd's published interview maps the boundaries of sympathetic story-telling and suggests appropriate rhetorical frames for discussing different aspects of lived experience. The women I discuss in this chapter also discuss abortion experiences that go against the prominent rhetoric of sympathetic abortion and at times espouse rhetoric inconsistent with their professed orientations to the broader issue. Like Shepherd, these women illustrate the difficult task of negotiating an abortion experience and related emotions that are not part of the sympathetic script.

Shepherd's media debacle is a telling illustration of the challenges that women sharing rhetorically contrary experiences of abortion face. But while it is unclear whether Shepherd herself is troubled by the breaches in her narrative (i.e. appearing to borrow from both pro-life and pro-choice discourse as well as revealing features of experience problematic for the latter camp in particular), the participants I discuss in this chapter express clear discomfort with elements of their stories that go against the prominent rhetoric of sympathetic abortions and often discuss feelings of failure, confusion, and shame. In some cases, failure at the dominant narrative corresponds with innovation, however, and participants challenge the rhetoric which stigmatizes and devalues marginalized experiences and even suggest new and unconventional narratives in its place.

The rest of this chapter is dedicated to understanding the features of individual abortion experience which lead some participants to appraise their abortion decisions, and often themselves for having made them, as against (and, to a lesser extent, beyond) sympathetic meanings. Unlike the stories I explored in Chapter Four, against-narrative experiences need not span several criteria in order to fail at sympathetic standards. Rather, one or two problematic features are sufficient for women to seriously doubt the worth or worthiness of their terminating

a pregnancy. To explore these disqualifying features, I begin with an examination of the demographic features which place some participant stories in opposition to the mainstream narrative – factors such as age, parental status, and number of abortions. Next I discuss the immediate circumstances of abortion procedures themselves which oppose the contemporary standard of empowerment before moving on to a discussion of participants unable to identify empowering long-term outcomes to their abortions. I then examine the contrary discourses to which some against-narrative participants subscribe which further inhibit positive self-understandings. I close with an exploration of ways in which women reject stigmatizing rhetoric and suggest new frames for understanding "deviant" abortions.

## DEMOGRAPHICALLY DISQUALIFIED

Women in this chapter have often had abortions under very different circumstances from those in Chapter Four and discuss difficult feelings in regard to these factors. Participants whose abortion experiences contradict the rhetorical framework of the good abortion invoke cultural expectations in describing their own abortions as contrary to certain sympathetic ideals. These women describe factors like their age at the time of their abortions, their parental status, and their previous abortion histories as barriers to viewing their reproductive decisions positively.

Since young age can operate as an account and can mitigate responsibility for becoming unintentionally pregnant, women having abortions beyond their twenties cannot easily invoke naivety in explaining lapses in birth control. Neither can they cite immaturity as a reason for rejecting or delaying childbearing until later adulthood. In my sample, women who had abortions beyond their twenties mainly attributed guilty feelings to the idea that women should be ready and willing to have children by a certain age.

Marissa, a 40-year-old white graduate student, discusses having an abortion months before our interview. Although Marissa cites factors including a family history of genetically-linked mental illness, student status, and lack of domestic partnership as reasons for terminating her pregnancy, she says she struggles with self-critical "voices" at times. She explains:

> To a degree I contend with those voices [which say], 'The reason you made this decision [is] because you didn't have your shit together. And if you'd had your shit together - and you should have at 40- you should have had this child. You're not 16 years old.'…And the thing is, those are not the kinds of critical voices that are within my circle.

Importantly, Marissa, who describes growing up with pro-choice parents and having a number of friends who supported her decision, attributes her feelings of self-doubt not to specific critics but to "voices" telling her what she "should" have accomplished and what she "should" be able and willing to do at her age. In this way, Marissa makes reference to cultural discourses concerning motherhood, maturity, and abortion.

Grace, 34 at the time of our interview, also struggles with self-doubt stemming from her abortion at age 31. Grace, like Marissa, is childless and reports that she does not want children, but cultural trends towards compulsory motherhood (Gordon 1976) cause her to doubt her decision at times. As a central African graduate student studying in the United States, Grace attributes this pressure to her home culture, explaining "Unfortunately people are blaming me every day in my life for being single, being over 30 without having kids."

For both women, the rhetoric of universal motherhood and maternity-as-adulthood assumptions (e.g. Furstenberg et. al. 2004) represent lingering sources of shame and/or self-doubt. While both discuss having abortions in line with their commitments to other goals,

statements from both demonstrate the power of the self-responsibility and eventual fit parenthood themes in situating their decisions as against-narrative.

The ideal of eventual fit parenthood is also inconsistent with the experiences of many women who choose abortion after first becoming parents, especially if a patient believes she has fulfilled many other aspects of middle-class womanhood, including that of the ideal reproductive timeline. In my sample, Juliet, a 29-year-old mother of two, best illustrates this dilemma and offers self-critiques largely in light of her parent status.

Assessments of mothers who go on to have abortions with subsequent pregnancies, like those offered by Amanda and Caprice in the previous chapter, reflect different standards for mothers facing unwanted pregnancies than for others. Lower tolerance for mothers having abortion, in part, reflects the allowance of "one permissible mistake" in popular abortion rhetoric, making mothers similar to return patients in that previous encounters with pregnancy make them forevermore accountable. Danielle demonstrates this idea in her critique of a fellow patients who had four children and a prior procedure, saying, "Why wouldn't you be safe, get on birth control, unless you really don't care?"

Ultimately, however, sympathetic abortion rhetoric reflects that mothers are not entitled to refuse subsequent pregnancies once they have seemingly embarked on a motherhood contract by previously having children. As I have identified it, the ideal reproductive timeline allows women to delay motherhood in pursuit of other goals but not to customize it, so to speak. Recall from Chapter Four Caprice's feelings about mothers as abortion patients. She says of a mother of three with whom she waited that having an abortion after having children is "not fair" and makes it "seem you're picking which kids you want in life." Of another woman, whom Caprice describes as a 19-year-old mother of one, she chides, "Is this not a good time for you?"

Juliet could not pin-point rhetorical or interpersonal sources of such critiques but nonetheless struggled greatly with guilt stemming from these very ideas. Employed with two children and finishing her college degree while living in a middle-class home with a partner who makes a comfortable salary, Juliet articulates ways in which she feels she was not qualified or deserving of her abortion, which followed her becoming pregnant with an IUD in place. She says, "I didn't fit the characteristics of someone who should be allowed to have an abortion." Juliet goes on to describe a more sympathetic candidate as a teenager and/or someone who is poor or perhaps abused. She specifies, "Not someone who is going to college, has a home, has family support – not someone who has children."

Mirroring Caprice's sentiments, Juliet elaborates upon the role that her motherhood has played in her feelings of guilt and self-doubt. She says, "It made me feel like my decision to continue with the prior two pregnancies was arbitrary, like, 'This one is good, this one is good, but not this one.' So maybe if it had been my first pregnancy and it would have been such a radical lifestyle change [to give birth] then that would have been a difference." In this way, Juliet uses the rhetoric of the sympathetic patient to situate herself as contrary; she chose abortion to limit the number of children she had, not to delay childbearing in the first place.

Juliet hence emphasizes her parent status as the most significant barrier in viewing her abortion as sympathetic. Evaluating her decision through a lens of existing motherhood provokes feelings of failure in Juliet, who has succeeded at many aspects of middle-class motherhood and a settled life, especially in comparison to some of the mothers I discuss below.

I offer Juliet as an important approximation of middle-class motherhood for a number of reasons. While her biography contradicts many stereotypes of middle-class family life, in many more ways she upholds these ideals. Though Juliet comes from a family she describes as

abusive and dysfunctional, her mother has a PhD. Though Juliet had her first child at age 19, she was married. And though she and her second child's father never married, they have shared a household for several years, and her partner is by all accounts her elder child's stepfather. Both partners are educated (Juliet completed her bachelor's degree a year after our interview, as her partner did years prior), and they have a middle-class income and home.

Non-traditional aspects of Juliet's family formation reflect significant changes in millennials' experiences of accomplishing adulthood – like barriers to good jobs which, in turn, necessitate longer educational tenure (Furstenberg et. al. 2004). They also signify growing trends at all income levels among Juliet's generation to postpone or forego marriage, even while raising children (Cherlin 2009; Furstenberg 2004). It seems then that Juliet's abortion experience and her intense feelings of shame and self-doubt have a lot to do with her status as an otherwise successful example of middle-class motherhood, abortion posing a starker threat to this accomplishment for her than for more marginalized mothers.

For mothers at other social locations – participants who variously occupy the intersections of labels like poor, single, Black, and teen – the stigma of parent status enters decision-making differently. Unlike Juliet, who talks about her abortion debasing her self-esteem as a mother, other mothers talk about abortion as a solution to the compounded stigma that additional children would have heralded in their given situations.

Before examining some of their stories, however, I must note that the idea of abortion to escape stigma is, of course, not new. The shame and embarrassment of unwed motherhood compelled many women to have abortions, both legal and illegal, in decades past. Scholars observe that purity ideals for women and intense stigmatization of unwed childbearing peaked during the post-World War II era and were rooted in Victorian notions of family and femininity

(e.g. Coontz 1993; Fischer and Hout 2004). Women from these time periods seeking abortion routinely did so with the purpose of avoiding single-motherhood. Elaine, a participant who had an abortion in 1971, for instance, cites feared family disapproval as a reason for having an abortion and remembers a nurse who chided her for "having sex out of wedlock."

Scholars note that unmarried childbearing no longer carries the stigmatized connotation that it once did in mainstream culture (e.g. Baumgardner 2008; Cahn and Carbone 2011; Fischer and Hout 2004; Furstenburg et. al 2004). This is especially true for lower-middle-class, poor (Edin and Kefalas 2005), and conservative Americans, while middle-class, white, liberal families, according to Cahn and Carbone (2011), still seem to prefer their daughters bear children within marriage[7] and view early and under-resourced childbearing not as a threat to their chastity but as an impediment to their career ascents and personal happiness. Recall that participants from the previous chapter, most of them middle-class, do not discuss their unwanted pregnancies as shameful secrets of which to be disposed but instead comprise a group who feels positively and personally empowered by their abortions.

Nonetheless, contemporary women continue to choose abortion to avoid other experiences of stigma. In my sample, these are marginalized mothers who discuss having abortions in order to avoid further experiences of maternal marginalization unique to their social locations.

Katy, a 30-year-old stay-at-home-mother with white and Latina heritage, discusses having an abortion at age 21. Katy had her first child while a senior in high school and, at the time of her abortion years later, was single. The summer of her abortion, she reports that she "had a slight drinking problem," and was beginning a relationship with one man while

[7] Social scientists observe that marriage is also most secure among white, middle- and upper-class, educated Americans, who boast the lowest rates of divorce and non-marital childbearing in the U.S. (Cahn and Carbone 2011; Cherlin 2009; Keister 2011).

occasionally sleeping with another. Katy indicates that uncertain paternity and her status as a single, formerly-teen mother compounded the stigma of her second pregnancy and informed her decision-making. She explains via an email interview, "Not knowing exactly whose baby it could be, I was determined not to be one of those trashy broads on the Maury Povich Show."

Here, Katy invokes an important source of cultural rhetoric concerning worthy motherhood – the contrary example of a guest on a long-running daytime television show where most episodes feature women seeking paternity tests for their children in reference to multiple possible fathers. Troubles facing female guests on this show clearly go against the sympathetic repertoire which emphasizes sexual blamelessness. Katy hence discusses choosing abortion to hide aspects of her sexual behavior she describes as embarrassing and potentially "trashy."

In light of this situation, Katy says she feels not guilty but nor particularly empowered. She says she went on to harbor years of resentment towards her occasional sexual partner, the man she believes was most likely the father after a pre-procedure ultrasound gave her a better indication of when she conceived. Katy laments that, had she had a child by this man at 16, things probably would have worked out, but instead, she says, she was "just a 21 year old making irresponsible choices." Both this assessment and Katy's biography make her experience of abortion to save face (or avoid embarrassment) (Goffman 1955) incompatible with the ideal reproductive timeline as well as the empowerment narrative which would have her attribute discernible benefits to the procedure; instead, Katy observes that continuing the pregnancy may have worked out better had she been a teenager.

Lisa, a Black college student in her late 30s, discusses having an abortion at age 25 also to escape a negative stereotype. She says, "My two older kids at the time were from two different people, and I just really felt myself being that whole — falling into that stereotypical

Black woman." Here, Lisa invokes a powerful and insidious discourse which Patricia Hill Collins (2008) has identified as one of many controlling images of Black women. Collins (2008) observes that stereotypes like the "jezebel," "hood rat," and "welfare queen" are rooted in an American fear of and desire to control Black female sexuality. These images work to broadly disqualify African American women from mainstream motherhood ideals (Collins 2008; Roberts 1997).

Already having two children with different fathers, Lisa says she had preemptively told her partner at the time (whom she later married) that, "If I ever get pregnant, I'm just going to have an abortion because I already have two." Through this account of decision-making and her description of herself as not thinking seriously about her choice beforehand ("My heart was hardened."), Lisa illustrates the powerful role that these images have played in her experience of motherhood and in the urgency with which she felt she needed to address a pregnancy she saw as compounding a negative stereotype.

Katy and Lisa's accounts of choosing abortion in order to avoid compounded stigmatization do not indicate their acceptance of controlling rhetoric however. Lisa, in fact, speaks critically and analytically of the role that race plays in Black women's experiences of abortion, in their discussion of these experiences, and in stereotypic understandings of Black motherhood – insights I explore later in this chapter. Nonetheless, both women identify the controlling images of mothers' prescribed sexuality and proper relationships with male partners as motivation for their abortion decisions and discuss their abortions as enabling them to conceal features of their sexual behavior that they understood to be personally damning in the broader culture, whether they endorsed these judgments individually or not.

Middle-class mothers and mothers at the margins alike experience obstacles to sympathetic self-understandings. While middle-class women like Juliet defy the ideal reproductive timeline, mothers like Katy and Lisa demonstrate complex experiences of stigma and inequality too messy for current mainstream discourse, consistent with Loseke's (1997; 1999; 2001; 2007) observations that social movement rhetoric lacks heterogeneity and instead puts forth simple narratives which highlight one social problem without possible distraction by others.

Also problematic, both for discourse and for participant self-stories, are the narratives of women accessing abortion more than once in a lifetime. Susan, for instance, whose abortion due to feared fetal abnormalities I discussed in Chapter Four, begins her interview, "If there's anything that kind of sticks around in my head it's to start with – the hardest thing to say is that I've had two abortions." While Susan goes on to largely situate herself sympathetically (she discusses the anguish and moral considerations of "ending a potential life" with regard to her second abortion and has since accomplished empowering life outcomes and eventual motherhood), she maintains that having two abortions is a barrier to positive understandings.

Years after Susan's second abortion at 29 which coincided with her divorce from her first husband, she met her current husband and recalls that she found it important to tell him about the abortions in order to "see his reaction." She says, "I didn't know if he would frown again on that two thing. That's a haunter. I'm sure you've heard that in your research. A little bit of haunter."

Other participants, as Susan suggests, indeed appeared concerned to manage the impressions they gave of their multiple abortions. Brooklyn, a 45-year-old African American woman, told me that she needed to tell me before we began that she had had two abortions. She proceeded to offer accounts for each which situated them as extraordinary cases: one coerced and

one following intense nausea and her near certainty that her fetus was damaged due to continued birth control use. In providing an upfront disclaimer, it seemed that Brooklyn worried that having more than one procedure made her unusual, deviant, or perhaps even disqualified from my research.

Women's sense that their additional abortions disrupt a sympathetic framework is made apparent not only by their experiences of unique stigma but also by the surprise that an additional pregnancy symbolizes to a woman who is herself invested in the ideal reproductive timeline. That is, many women are able to integrate a "good" first abortion into a narrative of coming of age and of making a permissible mistake, while a second unwanted pregnancy can leave the same woman feeling surprisingly disqualified.

Anna, a 26-year-old white college student who had one abortion at age 18 and another at 21, says she was shocked to learn that she was pregnant a second time. She says, "To think that I could've gotten pregnant again kind of blows my mind, but I was more careful by a long shot." Anna suggests in this way that she was indeed being cautious not to "repeat the same mistake twice."

The stories of all of my participants who experienced more than one abortion are consistent with Weitz and Kimport's (2011) assertion that patients having multiple procedures are not simply "repeat" patients – i.e., that their subsequent abortions are not mere duplicates of the same circumstances and rationales that preceded their firsts but instead constitute unique circumstances and decision-making. Participants nonetheless struggle to dispel "repeat offender" assumptions, interpersonally as well as to themselves.

Giselle, a 23-year-old Black college student, talked to me about an abortion she had as a senior in high school and two others that she had at the age of twenty. Giselle is the only one of

my participants to state that she believes women should not have the right to abortion, saying, "Believe it or not, after three abortions, I'm kind of against them." She elaborates, "I think that it should be illegal…I would never recommend no one getting an abortion…There's people here that can't bear a child, so to get an abortion is kind of abusing our privilege. So I'm totally against it. Totally."

Giselle's assessment of her own abortions, however, is more muddled than her cut and dried opposition might suggest. While Giselle says that she regrets having had abortions and frequently thinks about them with remorse, her exploration of her feelings and the circumstances surrounding each procedure make for more complexity. She says, "I just regret it because…I don't think that I would be behind where I am right now [in school if I had given birth]. I think that my life would have still went on. It might [have] kind of like motivated me to actually – to do more." Giselle pauses before backtracking a bit and adds:

> I think that the first one probably would have happened… just because it was prom season. Everything was moving so fast, [prom] was just the only thing I was thinking of. The second one – I probably wouldn't have gone through with it. I wouldn't have. And the third one would have never happened because I would have still been pregnant from the second one.

Here, rather than encompassing the sympathetic space of the victim-patient for the pro-life movement by uniformly disavowing her choices in regard to all three abortions, Giselle expresses ambivalence over her first one which, she suggests, she still would have had.

In regard to her first procedure, she explains, "The reason I considered getting an abortion was because it was prom season. Nobody wants to go on prom, you know, with a stomach. I had already been getting my dress, you know, fitting for my dress, so I didn't want to

have to re-alter my dress." In this passage and in the one that precedes it, Giselle hence defies sympathetic pro-choice rhetoric along with pro-life ideologies in suggesting that an abortion pursued largely in order to avoid going to prom pregnant was more personally justified than those pursued in order to complete a college education.

Giselle, who worried at times about contradicting herself during our interview, expresses marked ambivalence towards her past abortions and may be on her way to becoming a rhetorically valuable patient to the pro-life movement – if she can recast nuanced feelings according to a consistent framework of self-criticism, regret, and lessons learned. In its current form, her story goes against the rhetoric of both movements' prototypes. In regard to the pro-choice empowerment theme, for instance, stating that having a child may have helped her performance in college usurps the legitimacy of an education account. Her enduring confidence in an account of abortion due to prom is inconsistent with the rhetoric of moral abortion and "good enough" reasons[8].

Giselle thus illustrates not just the trickiness of integrating multiple abortions into a meaningful narrative but the importance of making the right claims to empowerment. Empowerment has become a significant theme in a pro-choice understanding of the sympathetic abortion but one that many of the participants I discuss in this chapter were unable to satisfy at various narrative junctures. I discuss these participants contrary experiences now.

DISEMPOWERMENT

Empowerment is a multifaceted theme which ideally begins with autonomous decision-making, is supported by the clinic experience, and ends with a personal accounting of the

[8] Abortion to avoid body changes was frequently offered by my participants as an illegitimate motive. Regina, for instance, criticizes the hypothetical patient who wants to "wear a bikini at a certain time of year," and Juliet says she is ashamed that not wanting to regain weight she had recently lost entered her mind when she learned that she was pregnant.

significant and culturally resonant benefits and goals that an abortion has enabled. Failed empowerment at any of these junctures, as my participants demonstrate, can serve as a barrier to positive general understandings and meaningful story-telling.

Coercion in abortion decision-making is among the most significant obstacles I observed in this regard. Two women in my sample discuss being pressured into having an abortion by powerful men in their lives, leaving both to struggle with disempowered definitions of their experiences while working to identify empowering outcomes. Their subjection to others' decision-making places both women in rhetorical limbo, straddling experiences never discussed in line with pro-choice activism on one hand and a desire to affirm their abortions on the other.

Caprice, whose strong critiques of fellow patients I have explored previously, is a Black 19-year-old college freshman working and taking out loans to finance her education independently. Her abortion took place months prior to our interview. Caprice describes her and her boyfriend's initial uncertainty about her pregnancy followed shortly by a united desire to continue it and parent together – a plan for which she says her boyfriend wanted to forfeit a scholarship and transfer to her future college in order to realize.

While the mechanisms by which Caprice describes her father exercising control over decision-making are subtle, they are certain. Caprice says that when she and her boyfriend settled on continuing the pregnancy and becoming parents, her father subverted them. She explains, "So then my dad comes in and he's like, 'No.'…so that's the reason that I got it because my dad told me no…My mom wanted me to keep it, his mom wanted me to keep it, and he [boyfriend] cried and asked my dad if he could keep it but my dad was like, 'No.'"

I attempted to clarify the role that Caprice's father played in her abortion, asking, "So do you feel like [the abortion] was your choice? Or not really?" Caprice replies:

> Well, you can't sit here and tell your dad, look at him in his face and say, 'I'm not going to listen to you.' That's your dad. He raised you, so for you to disrespect him is bad. I really didn't know what to say, so I was just quiet…I never really disrespected my parents, I can't do that now just because I'm 18.

Caprice conveys the power of her father's authority and describes contrary action on her part as disrespectful and even impossible. She also identifies a multitude of sound motivations for her father's insistence upon abortion and situates his pressure as well-intended. She says:

> I understand now where my dad's coming from. People say, "Your dad shouldn't have done that." No, he's a good person. But he can barely help my brother pay for college and I have to pay for myself; bringing an extra mouth to feed is going to be tough. That's probably why he was so demanding for me to just get it – " Just get it. That's that."

Through this comment as well as her critiques of other patients (see Chapter Four), Caprice is also working to situate her abortion as moral and instrumental towards educational and other goals. But in spite of deemphasizing ways in which the choice was not truly her own, Caprice, who told me prior to recording that she had volunteered for my study knowing that she has a great sense of humor and wanting to make me laugh, cries at several points throughout and variously describes her abortion as unwanted and as something that has fundamentally changed her personality in the past months – from happy and carefree to quiet and serious.

Jessica, a 27-year-old white graduate student, who also relays a story of coerced abortion, struggles to take away from her abortion experience the ultimate meanings she today attributes to it. She says her then-husband, whom she describes as abusive and controlling, latched onto the abortion idea after she offered it as one of many options they could consider and then refused to

discuss other options further. Jessica says he then scheduled an appointment and took steps to ensure her compliance. Upon arriving at the clinic for her appointment, she recalls:

> He ordered me out of the truck. He gave me the debit card but he retained my cell phone and my wallet so that I couldn't call any family members or anything…I remember thinking that I didn't want to do it. I remember thinking that I was doing a horrible thing or I was choosing him over this baby but then I felt trapped, I felt like I can't [leave]: One, I don't have anywhere to go, he's isolated me, and I'm 2,000 miles from any sort of family.

Jessica's fear of her husband, his control of her finances, and his efforts to isolate her while already living across the country from her friends and family is compounded by her lack of certainty over what decision she would have ultimately made if not coerced. However, Jessica has gone on to have a much happier life since her abortion at age 23 and works to situate the termination as empowering in light of her present life. She has since divorced her first husband, remarried, had a daughter, completed college, and begun professional school. She says her present life would probably not be possible if she had given birth with her earlier pregnancy. Perhaps in light of these successes, Jessica re-evaluates her long-held narrative. Later in her interview, for instance, she says:

> … I don't know if he did [force me]. I think that there were [other options], and I chose not to take them, and I was an active participant. And even though I have previously blamed him for it and said, "Oh he made me, he drove me, he took my cell phone," if I didn't want to do it, I could have not done it. And I don't regret that I did it.

What Jessica's story reveals is not simply an attempt to realign an experience which goes against the dominant pro-choice narrative but also complex experiences of victimization and

agency. Jessica troubles not only the sympathetic abortion formula story, but that of the domestic violence victim as well. She struggles to rectify the rhetorical contradictions which her coerced abortion represents in light of its liberating consequences. She also struggles to claim agency within victimization and to emphasize the ways that her own actions have effected desired outcomes.

Because Jessica views her experience with doubt as well as with optimism, my choice to discuss her in this chapter does not necessarily indicate that her story firmly belongs. Jessica told me she had never discussed her abortion in depth prior to our meeting, and it was clear to me that our conversation was an exercise in meaning-making for her as much as - if not more than- it was a report of established understandings. I think her multiple descriptions of her partner's coercion illustrate this. Because she expresses uncertainty in her recollection of events, I wonder if Jessica would tell her story differently if given a second opportunity. Would she, for instance, emphasize her status as an empowered patient and more emphatically position herself within the pro-choice narrative?

As stories like Caprice's and Jessica's stand, accounts of coerced decision-making do not make for a clean showing of support for the abortion rights cause – a key function of the pro-choice formula story. Within the diversity that makes an abortion story sympathetic, certain features are open to interpretation while others are not, and a woman who cannot affirm that she chose abortion of her own free will fails in important ways to locate herself within the preferred narrative: she cannot definitively claim that her pregnancy is unwanted (and so qualifying herself as someone who should be able to reject motherhood is moot), and any positive consequence of her abortion becomes coincidental and not a testament of her autonomy.

Pressured and coerced women like Jessica and Caprice share experiences that go against the rhetoric of good abortions early in their narratives – at the time of initial abortion decision-making. The next point at which participants can fail to realize abortion empowerment is at the time of the abortion procedure itself, which within-narrative participants from the previous chapter demonstrate is not always grounds in and of itself for disqualification.

The bad experiences of the women I discuss here, however, occupy much more narrative space than they do for dissatisfied patients in the previous chapter – making pain, crowded waiting rooms, frightening sights and sounds, and bad treatment central to the abortion stories that these participants chose to tell. Danielle, for instance, describes her bad clinic experience as "the cherry on top of the cake," indicating that being alone and scared throughout her wait and procedure, the impersonal treatment she received, and the frightening sounds of "women screaming" lent a consistent flavor to an already difficult situation, making the features of her procedure itself an important narrative take-away.

This is also true for Elaine who sees her difficult abortion procedures in the 1970s as consistent with her general experiences and observations of women's victimization during this time. Elaine describes becoming pregnant in 1972 as the result of a date-rape and then receiving an illegal abortion hours from her home along with many other women who were shuttled to an apartment and told to remain quiet. Shortly thereafter, she discovered her college roommate murdered in the home they shared. Years later, following a violent sexual assault, Elaine became pregnant again and, in light of the cruel treatment that she received during her subsequent legal abortion, wonders if the attending nurse intentionally complicated her procedure by leaving medical material in her body.

After describing her abortions, Elaine segues into a description of other negative experiences with medical personnel but then stops herself. She says, "This is another unrelated event, but somehow it seems to fit in with the stories of rape and victimization." In this way, Elaine too situates unpleasant procedures as a defining theme of her overall abortion story which, for her, is inextricable from a larger narrative of violence against women.

Other women also discuss unkind staff and impersonal treatment as significant features of abortion experiences they are thoroughly unable to integrate into a positive abortion narrative. Caprice describes features of interactions which she feels indicated that a nurse saw her as sexually promiscuous. After offering her an HIV test, she says, the nurse asked her, "So how many sex partners have you had? Four? five?" Caprice says she was offended by the offer of an HIV test combined with the nurse's assumptions that she had had several sexual partners when, at age 18, Caprice had had just two partners within the contexts of long-term dating relationships.

Other patients describe being ignored or shuffled from paperwork to ultrasound to procedure without much personal attention from staff. In addition to being addressed by code (i.e. as a number or as a U.S. state), Autumn and Danielle both describe sitting in waiting rooms visibly upset while staff passed them by repeatedly. Autumn describes becoming so upset waiting for her procedure that she was sent back to the waiting room several times because her blood pressure became too high to proceed. Danielle describes "bawling" when she heard another patient screaming. In both instances, staff reportedly paid very little individual attention to the women and did not attempt to calm or comfort them.

Baumgardner (2008) suggests that staff burn-out is a consequence of the Supreme Court's ruling in the Webster case which has forced abortion out of ordinary clinics and into

facilities ill equipped to handle high volumes of patients at discounted prices. While some participants integrate an awareness of these factors into their abortion narratives (e.g. Holly who wonders if abortion providers, out of a desire to help women, perform these services in addition to a main practice), for the women I discuss here, poor treatment is severe and hard to overlook.

For many, curt and impersonal interactions go hand-in-hand with long waits and feelings of being "on an assembly line," as Autumn describes it. Being addressed by code instead of by name, as I have said, contributes to this sense for some participants. While clinics may justify such practices as protecting patient privacy, Autumn and Danielle say they found it dehumanizing. Furthermore, several women describe waiting in sub-waiting rooms with other women while wearing only their socks and medical gowns, creating a striking irony of intimacy and vulnerability in the context of anonymous co-presence.

The presence of others could be upsetting to women for additional reasons as well. While Juliet describes the agony of spending more than eight hours at an urban clinic serving many women, others, like those I discuss in Chapter Four, describe being upset by the conversations of women whose approach to abortion differed from their own. Autumn recalls, "They were just talking amongst each other and it was almost as if they were friends. Just having these casual, open conversations about how many times they had been there and how they liked this one, this particular facility compared to the others. It was just really bizarre."

Furthermore, some describe ways in which they wish that they had been shielded from unpleasant sights and sensations while at the clinic. Women variously talk about hearing other patients crying or screaming, seeing the bloody receptacles used in their procedures or carried from other procedure rooms through the hallways, and experiencing extraordinary pain. In these contexts, participants describe themselves as subject to unpleasant stimuli amid staff who could

have relieved them. Danielle says, in regard to staff who walked in and out of the waiting room unaffected while a patient's screams emanated from the back of the clinic, "I mean, couldn't they hear that?"

Similarly, Susan describes being denied any type of sedative or pain killer with her first abortion because doctors were worried about her drug allergy. She recalls "sobbing" after the procedure and says, "My tears were about the cruelty of the medical profession I think. 'No medication. You're allergic to too much. I'm not taking any chances with you.' Not even five milligrams of Valium or anything, so that was pretty gruesome." While physical discomfort is an important feature of many women's bad clinic experiences, Susan's account draws attention to political aspects of her pain, identifying ways in which medical personnel had the power to make her encounter more tolerable but did not.

For the women I have discussed here, negative aspects of the clinic experience or the abortion procedure itself are central and defining features of their abortion stories. As I have demonstrated through my discussion of women offering more affirmative overall accounts, pain and poor treatment do not automatically situate an entire abortion experience as going against the sympathetic narrative. The above women, however, largely emphasize the decidedly unpleasant medical aspects of their abortions as consistent with other aspects they are unable to locate as positive.

A final juncture at which women's stories fail to align with the formulaic theme of empowerment is in discerning the value of their abortions later on. For some women, this task is not possible because too little time has elapsed to determine if original motives will materialize as anticipated outcomes. In these cases, optimism can serve as a stand-in: a patient will *continue* with school, she will *someday* have a career, she will *eventually* marry, she will *then* have

children. In other cases, women do not perceive their abortions as enabling grand goals and are unable to anticipate them doing so. In these cases, women's stories come to conclusions not part of the pro-choice repertoire or else lack conclusion altogether.

For Grace, both the circumstances surrounding her abortion and the aftermath with which she contends today make hers a largely unresolved story, or one that links possible empowerment not to her abortion but to action which may help her overcome its negative fallout. Grace became pregnant as the result of a relationship with a member of the clergy who denied his paternity, urged her to have an abortion, and then avoided her calls. Her narrative is largely one of exploitation by a man in a position of power, and today she is considering filing a formal complaint with an organization that draws attention to and aids the victims of clergy abuse.

Juliet, the middle-class mother and college student, also situates her story as an example of abortion healing-(and not abortion empowerment-) yet-to-come. Through tears, Juliet explains, "I wonder if this is something that I'm always going to struggle with. Is there, you know, at the one year anniversary, do you get some sort of clarity about the situation? Like when?" She adds, "I'm just waiting for some point in time where, when I'm at peace with it, myself, or is it always going to occupy my thoughts?" As an action she took in order to maintain her current level of functioning as a parent and student, Juliet discusses her abortion as something to "get over" and "move on from." Rather than a catalyst for exciting change, then, Juliet describes her abortion as an ambivalent means of survival.

This is true for other mothers choosing abortion in order to keep their heads above water as well as for women who terminated pregnancies in the face of other existing hardships. Regina, a 62-year-old white clerical worker, provided a tearful interview about having an abortion at age 26 when she and her husband found themselves unexpectedly unemployed.

Regina says she had an abortion because she feared that going on welfare in order to support a child "would have ripped our family apart. It would have devastated us."

While her sentiments reflect mainstream notions of self-responsibility, Regina does not attribute any other empowering outcomes to her procedure and discusses abortion generally as an individual choice, adding that those who choose to have abortions "have to live with the consequences as well." In this way, she indicates the ambivalence of abortion-as-survival approaches.

Finally, Autumn's story of abortion at 26 is an example of unrealized goals contributing to an abortion experience that does not lend itself to significant meaning-making of any kind. Autumn describes choosing abortion in light of many rhetorically sympathetic rationales, namely an immature relationship, a boyfriend who was not ready for fatherhood, and her desires to become a mother later under more ideal circumstances. Autumn says, "We talked and talked and talked about how we'll do this again one day, just right now it's not a good time – and I was really convinced that we would have a child later on in life."

While her traumatic clinic experience described earlier is an example of Autumn's *dis*empowerment, anticipated long-term outcomes, like being pregnant "again one day," have simply failed to materialize. Autumn was 34 at the time of our interview and working on a Master's degree, but she describes her most important life goals as marrying and having children. Autumn says she often laments, generally and not necessarily in regard to her abortion, these unfulfilled accomplishments –troubles Hill (2005) observes are relevant for many highly educated Black women facing a dearth of marriageable partners.

Connecting her abortion to her current biography, however, Autumn's story becomes muddled. She says at several times in her interview that she does not regret her abortion, think

about it much, or harbor sad feelings. Later she says "I don't regret having the abortion but I should've at least thought about it a little bit more [before deciding]." Later still she says, "If I had to, I wouldn't do it again." When I attempt to clarify these incongruent statements, asking, "Do you mean today you wouldn't do it, or if you could go back in time?" Autumn replies, "Both. I would definitely have the child either way."

Autumn's message is further complicated by other rhetorically inconsistent statements throughout her interview. She says, for instance, that she frequently talks about her experience with other women but does not have a particular message for them in doing so. She says too that she would not try to discourage others considering abortion and in fact that she does not know what she would say to someone facing this decision. Towards the end of our interview, however, she says she thinks abortion is immoral and that she would encourage other women to consider adoption. She says, "I understand that it is a woman's decision, but it is life. I mean, it's delivering a baby that's not matured."

Autumn's interview, like those of other women I have discussed, seems a process of active meaning-making more than a report of established understandings. But for Autumn, this is a process in which she is not terribly invested. In saying, "I understand that it's a woman's choice, but it is a life," Autumn ultimately situates both abortion and fetal life as facts and, furthermore, facts over which she has no power or else is not concerned with having power. She summarizes, "Either way, against or for abortion, that's the one issue that I don't really get too concerned with."

These statements reveal Autumn's difficulty with and/or perhaps a lack of interest in situating her experiences and opinions as rhetorically consistent and meaningful. In light of contradictions between her vocabulary of motive and her lived experience (i.e. anticipating

eventual motherhood at the time of her abortion but fearing several years later that it may not come to fruition), pro-choice rhetoric to which Autumn may have at one time subscribed has lost its meaning.

The women I have discussed here are variously unable to approximate the empowered woman trope of the sympathetic abortion narrative. Autumn is unable to offer many conclusions at all, while women like Regina, who emphasizes living with consequences, and women like Grace and Juliet, who emphasize the more pro-life-aligned hope for eventual healing, offer conclusions which go against the formula story. These women's experiences provide nuance that contradicts a very important function of pro-choice rhetoric – that of establishing specific understandings of what abortion should accomplish.

While I revisit some of the themes offered by women who emphasize diverse outcomes, especially simple survival, at the close of this chapter, I turn my attention now to a final component of participant experience which positions some of these women as antithetical to the pro-choice cause (although, none of my participants except for Giselle describe themselves as pro-life). Below I discuss completing frameworks for understanding abortion which inform some patients' views of their experiences.

COMPETING IDEOLOGIES

Women I discussed in the proceeding chapter and many of the pro-choice authors on *I'm Not Sorry* discuss approaching their abortion decisions from non-religious, middle-class backgrounds. Many of my participants talk about having pro-choice parents and friends, and most describe themselves as democrats or as politically unaffiliated. Importantly, none describe themselves as republican (though many had republican parents).

All of my participants, with the exception of Giselle, describe themselves as generally supportive of abortion's legality, and pro-choice emphases on women's autonomy in matters of their own bodies were the ideas participants cited most frequently in explaining their views (along with several rationales that made abortion more or less defensible in given situations[9]). Some women, however, held competing ideologies closely – often alongside pro-choice rhetoric – making it difficult for them to situate their abortions as purely sympathetic.

Autumn, in her above description of abortion as delivering a premature baby, highlights one of the competing ideologies held by some participants – that of fetus as baby. Grace personalizes this assumption, saying "I lost a baby. That was a human being." Mirroring pro-life rhetoric, she says also, "I killed my own child," and talks about asking the baby, whom she has named and assigned a gender, for forgiveness. Juliet imagines a specific child as well and says, "I felt like I knew it was going to be a girl, and sometimes I feel like I sacrificed *her* for the rest of my family" (Juliet's emphasis). Lisa too says, "I think, as a mother, you just naturally remember your kid's birth dates…I don't focus on the abortion, but I know in October [the month of her abortion], I had a baby. I never think of it as a ball of mass or whatever [terminology] they use. No, I pretty much — it was a baby. It was a baby."

Competing views of the fetus as a child suggest a view of abortion as killing – sometimes explicitly, as Grace demonstrates. Juliet uses the metaphor of sacrifice. For Lisa, her abortion marks a child coming into being in a way. In any case, understandings of the fetus as a baby are problematic for pro-choice rhetoric which relies upon other-than-human-, potential life-, and gradual life- understandings to situate early abortions especially as humane.

[9] Consistent with the pro-choice rationales that I and other scholars (e.g. Luker 1984; Norris et. al. 2001; Rapp 2000) have identified as important for situating an abortion as justified, my participants tended to list rape, incest, poverty, young age, and fetal abnormalities as being among the best reasons for abortion while offering hypotheticals of "I just forgot to take my pill," (Giselle), and wanting to "be able to fit in a bikini during a certain time of the year" (Regina) as poor rationales.

Another significant source of competing ideology, often tied to understandings of fetal life, is strongly held religious faith for some participants. For many women, conservative religious ideologies were a barrier to viewing their decisions positively. Grace describes conflicting feelings tied to her strong Catholic faith, saying, "In Christianity and the Catholic Church, it's a sin, but I think more about my life," indicating her conflict between a religion she describes as very important to her and her own goals for her life.

Juliet similarly struggles with the residual ideology of a faith to which she no longer subscribes. Raised Catholic but now identifying as an atheist, Juliet says, "It's really strange because I don't believe in heaven right now…but I feel like, if there is a hell, [my abortion] might be the thing that gets me there." She adds later, "I was raised Catholic and I haven't been to confession for 15 years, but sometimes I wonder if it would be cathartic to seek absolution somewhere."

Lisa indeed discusses finding absolution in her faith following initial guilt, depression, and feared punishment as well as years of "suppressing the abortion" (or harboring negative feelings she did not address). While affirmative of women's abortion rights, Lisa describes a church service as a positive emotional turning point. She says, "That was the first time I heard that God forgives you if you've had an abortion. Then all of a sudden, it was like this flood of emotion came back – something that I had suppressed for years, because this was like maybe 10 or 15 years later..." In finding relief in divine forgiveness, Lisa mirrors pro-life rhetoric much more than pro-choice.

Alternatively, Caprice feels that her abortion has disqualified her from Christianity and says she is "not ready to be a Christian," explaining that being a Christian would mean upholding a different moral standard than that of which she is currently capable. She says, "You can't be

Christian and then do shit like that." She adds, "I feel like I'm a religious person… [but] you have to really read the Bible to understand yourself. I read it, and I'm not really ready to be a Christian yet, but I'm going to be one day."

These perspectives on religious ideology convey Christian faith as at odds with abortion. While women invoke Christianity in situating their abortions alternately as immoral, as disqualifying them from religious membership, and/or as appropriate avenues of absolution, they uniformly describe their faiths as inconsistent with favorable understandings of abortion and demonstrate that investment in ideologies contrary to good abortion rhetoric are barriers to locating themselves as deserving or empowered patients.

In regard to all of the themes I have examined in this chapter thus far, women offer stories and elements of stories which are not simply different from the pro-choice formula story but that contradict this culturally preferred narrative in important ways and create barriers to worthy, justified, instrumental, or, in some cases, even meaningful understandings of abortion and of self. In this way, the themes I have discussed in this chapter stand not as new rhetorics but as either pro-life sentiments out of place or as failed pro-choice ones, i.e. problematic shortcomings and inverses of the sympathetic template.

Many of the participants I have discussed in this chapter, however, also introduce contrary frames for meaning-making that offer opportunities for important critique and new understandings. In these cases, women may harbor both negative appraisals of their experiences but criticize the gender-, race-, and class-based inequalities which accompany women's different experiences of decision-making and outcomes. They also call into question the role that cultural rhetoric has played in fostering their negative feelings about their abortions, their motherhood, and themselves.

For instance, Lisa, whom I quoted earlier as saying that she had an abortion to avoid becoming a "stereotypical Black woman" with three children from different fathers, exemplifies failure at one standard of sympathetic abortion for the pro-choice movement: that of avoiding connotations of promiscuity or blameworthiness in sexual behavior. But in her very naming of sexual and race-based stereotypes, Lisa provides a critique of this rhetoric. I conclude this chapter by exploring the ideas of women who are similarly critical of mainstream abortion rhetoric and/or who introduce new frames of meaning-making not currently part of popular discourse.

## BEYOND NARRATIVE: CHALLENGING THE RHETORIC OF THE SYMPATHETIC ABORTION

My participants were frequently critical of the role that abortion rhetoric played in their own self-criticisms and/or in abortion stigma generally. Women like Marissa, who refers to "voices" scrutinizing her decision to have an abortion at age 40, speak to this awareness, especially in regard to rhetoric which placed them at odds with good abortions.

While Marissa invokes "voices" consistent with the mainstream pro-choice ideology of self-responsibility in that they ridicule her for not being a teenager (a sympathetic patient) and instead for being of an age where she "should have had [her] shit together" (an unsympathetic patient), participants also identify pro-life rhetoric as traditional sources of guilt and other negative emotions. Juliet, for instance, identifies a number of culturally specific influences, such as her Catholic upbringing, and wonders what role they had in the guilt and sadness she experienced following her abortion. She adds:

> I wonder… how might my experience have been different, because I know there are women in developing countries…that don't have access to birth control and have *multiple* abortions due to necessity…Or what about countries that don't have a religious right?

> You know, are they expected to feel guilty and unmotherly and selfish for making this choice?...Like how much of this struggle is mine and how much of this bullshit am I *expected* to feel inside? (Juliet's emphasis)

While Juliet examines the social construction of what she refers to as post-abortion guilt, she also says that she feels constrained by pro-choice rhetoric she sees as inhibiting the expression of difficult feelings. She says, "If I'm a feminist, am I supposed to feel this way? You know? Like feeling post-abortion guilt – is that against the cause?" In posing these questions, Juliet proposes a fuller acknowledgement of emotion in the abortion conversation, an idea I will discuss more in the next and final chapter.

Others move beyond questioning to assert that rhetoric is fully irrelevant to some aspects of their experiences and understandings. Jessica, for instance, discusses the inadequacy of ideological conversations for understanding her immediate experience of terminating her pregnancy. She says, "When I went into that clinic…it had nothing to do with religion, and it had nothing to do with politics…and it wasn't even about a baby. It was about me, and it was about is this what I want for my life."

Others mirror this notion of disconnect between their experiences and political debates concerning abortion. Caprice, for instance, says that those who have not had abortions have "no room to talk." Others similarly voice the opinion that individuals who have not had abortions cannot understand it or are emphasizing the wrong meanings when they discuss it. Of classmates making disparaging assessments of abortion patients in one of her classes, Danielle says, "I just want to punch them in the face… because they don't understand. And I understand that you have views like that, but you can't judge or talk bad about somebody else if you haven't been there."

In this way, both women demonstrate the inadequacy of going conversations to portray the lived experience of abortion.

Some participants, rather than feeling frustrated or shamed by rhetoric, seem thoroughly unimpressed and trust their own experiences much more than prominent cultural stories. Pamela, a white college student in her early forties, for instance, easily dismisses my claim, based on reporting by Jones et. al. (2010), that one in three American women will have an abortion in her lifetime. She says, "I bet there's more. I bet almost every woman has had at least one. Just about. Almost all."[10]

Pamela also challenges the rhetoric that casts mothers as a uniquely deviant and morally embattled patient population. Contrarily, Pamela says, "I think it's much easier for someone who's already had a kid, because you already know what's gonna happen and how you're responsible and how that takes money and time and patience away from you." In light of Pamela's own experience raising a five-year-old with no support from her son's father and being single at the time of her abortion, she adds, "You want to know if the father's going to be responsible or not…so it makes it that much easier because you're like, 'Well I already have one kid I'm paying for and that father's not doing nothing for it. Do I really want two?'"

While Pamela's assertion of "easier" abortion does not necessarily ring true for other mothers in my sample, her claim is consistent with the abortion-as-survival outlooks that I examined above in regard to participants whose abortions did not enable exciting goals or dramatic life changes. While abortion-as-survival situates some women's experiences against

[10] While I do not agree with Pamela that nearly all women have had abortions in the U.S., I think she is most likely correct that official estimates are low. Women who receive abortions from ordinary, private practice gynecologists may escape count. Women who induce abortions without medical assistance certainly do. See Muscio (1997) and Baumgardner (2008) for further discussion of self-induced abortion and Weed (1986) (as well as hundreds of blogs and websites) for examples of self-abortion advice.

the prominent empowerment narrative (as I discussed above), women like Pamela are confident in their assessments and use abortion-as-survival to challenge the empowerment template.

Relatedly, women challenge the empowerment standard by discussing their abortions not as choices but as necessities. Regina, for instance, summarizes her abortion story by saying, "It's what was necessary at the time," while Jessica describes it as something one might "need to" do. Similarly, Brooklyn says that she plans to tell her teenage daughter about her abortion in case her daughter ever "has to" have one. Finally, Juliet describes her abortion as "inevitable," as "*the* choice," and, most generously, as "one of two really shitty options." In these ways, participants challenge the very assumptions upon which pro-choice rhetoric is founded – that abortion is a choice and that women are at liberty to choose it among other valid options. The women above did not feel this way.

Among other discourses that participants directly challenged, some were critical of the rhetoric of fit parenthood. Meg, a 34-year-old white graduate student and mother of two, closed our interview by saying that she is frustrated with the rules of "who gets to be happy about having a baby." For Meg, having a child at 16 was a more significant experience of reproductive stigma than was her abortion two years later. Meg, who says, "Everyone should get to be happy about having a baby," observes that stress, for her, came not from raising a child at a young age but from the shame and judgment that accompany teenage motherhood for many young women. Meg challenges cultural assumptions which cast teens as bad parents and situate abortion as the socially responsible option in these situations.

Lisa does the same in regard to stereotypes which cast Black women as unfit mothers, particularly when they bear children from multiple fathers. She says she came to regret the abortion she describes as having in order to avoid compounded stigma and says that she has been

troubled by the secrecy of women in her family in regard to abortion. Lisa reports that she and her daughter have both used abortion to conceal problematic information. For Lisa, this was being pregnant by a third man while, for her daughter, it was being pregnant by a man she was dating while her partner was in prison. Other members of her family have been secretive about having abortions, something Lisa found out when she told her mother a couple years prior to our interview about her past abortion and her lingering feelings of guilt. Her mother replied that both she and Lisa's aunt had had abortions. Lisa laments the historical lack of openness between she and her family members (she learned about her daughter's first abortion from reading an entry in her diary) and wonders, "Do Black women just not talk about this stuff?"

While Black women are not the only demographic being secretive about abortion (Major and Gramzow 1999), Lisa draws attention to the important relationship that race bears to intimate relationships, abortion, and motherhood. Because Black women have higher abortion rates in general (Jones et. al. 2010), when they conceal their abortions, they are –statistically speaking – being silent about more. But Lisa points to a number of issues about which she and the women in her family are not talking when they are silent on the issue of abortion – including stigma and stereotypes about their sexuality (e.g. the controlling images discussed by Collins (2008)), inequality in access to romantic partners and differential experiences of intimacy (e.g. Hill 2005), and their widely presumed inadequacy at moral motherhood (e.g. Collins 2008; Roberts 1997).[11]

Lisa challenges the rhetoric of abortion as empowering in light of these racial issues and says that she wants her daughter to perceive a wider array of possibilities in her reproductive life. She explains, "I just thought abortion was the only way, and then so with her, I was just trying to

[11] Because African Americans boast higher rates of church membership and more conservative outlooks on some social issues (Keister 2011) and because Lisa describes her faith as important to her, the silence she discusses may also apply to a disconnected relationship between high rates of abortion and condemning religious doctrines.

let her know of her options." In this way, Lisa articulates the lesser-emphasized perspective of reproductive freedom as also the right to give birth, a denial that white women of means have rarely experienced as a group whose fertility has not been framed as a social problem by Eugenicist birth control movements (Roberts 1997; Solinger 2005) and continuing assumptions of deviant motherhood (Collins 2008; Roberts 1997).

In addition to challenging disparaging rhetoric which degrade teen mothers like Meg and Lisa and those which ignore Black mothers like Lisa or else caricaturize and demonize them, participants also have ways of transcending mainstream abortion rhetoric by offering more positive and unconventional ones. I close this chapter by discussing two such orientations – abortion as communal experience and abortion as consistent with spiritual beliefs.

## NEW NARRATIVES

Throughout this study, I have discussed ways in which women invoke rhetoric to position themselves as moral patients as well as to highlight ways in which they or other patients have failed at a sympathetic abortion standard. Beyond rejecting these strategies when they are not useful, some participants suggest different frameworks for understanding abortion altogether and create more inclusive and affirmative alternatives.

One way that women do this is not necessarily new but harkens to the Second Wave fringe abortion consciousness observed by Joffe and Cosby (2006), wherein women situate themselves in community with other abortion patients. Rather than highlight distinctions between themselves and "less worthy" patients, women like Marissa emphasize common ground and dispel stereotypes. She says she learned that some of her co-workers had had abortions after complications following her procedure compelled her to disclose her reason for missing work. She says, "An underground female network sort of appeared, you know. And there was one

woman, you know, I was really surprised. I don't know, I guess I must have had an idea in my head of who's had one or something, but I was really surprised." By discussing her abortion with co-workers, Marissa describes finding a support network of otherwise dissimilar women.

Others, like Holly, while recognizing differences between herself and other patients at an urban clinic more two hours from the town where she was attending college, acknowledges the role of privilege and power in determining patient make-up. She talks about conversing with a patient in her forties who "loved her two kids very much" and appreciating the very different circumstances that brought this women and herself to the clinic.

Additionally, Holly says, "I would say it was predominantly poor folks there… Middle class and below are going to go to [that clinic] because they don't have any other options, but I don't imagine anybody wealthy, anybody with any means is going to go to there." Holly imagines that wealthier women can expect more comfort and privacy in their procedures but perceives the circumstances of her experience at a busy urban clinic as lending to a feeling of community. Humorously, she recalls, "I'm in…a semi-circle of pink La-Z-Boys, and that's the recovery room…It's like we're at the U.N. of abortion victims or something," in this way emphasizing abortion as an experience in common.

Holly and Susan, both of whom were in their mid to late twenties at the times of their abortions, also express concern for unlike patients they regarded as more vulnerable than they were. Susan says in a sympathetic tone, "I remember sitting next to what seemed like the littlest girl in the world who was having her third abortion, or fourth abortion, whatever, and she was just beside herself with fear. And she said, you know, 'I'm using birth control, I don't know what's happening,' and kind of latched on to me."

Holly says, in spite of sedation which made her physically ill, that she tried to feign wellness when leaving the clinic for the benefit of waiting patients, especially frightened teens. In spite of trying to act nonchalant, Holly says, "I come out drugged up, drunk-looking, carrying my shoes, stumbling. My pants are wide open…and I feel so bad for anybody who was younger, who was like more terrified than I was." Both women, while emphasizing differences, especially their relative maturity to some patients, convey an empathy and desire to ease the anxiety of others.

Participants like Holly and Susan extend this empathy and concern for fellow patients into their views of abortion rights in general. Hester too says, "I think any reason a woman has [to have an abortion] is a good reason." Hester applies this acceptance to her own mother, whom she learned had opted not to go through with a scheduled abortion when she was pregnant with Hester. Though Hester says her father shared this information with her in an angry moment while arguing about Hester's job (she is a medical assistant at a family planning clinic which provides abortions), she recalls, "My mom got mad, and she's like, 'Shut up! Don't tell her that,' but I just laughed. I don't care. I wouldn't have known any different. I totally understand. You guys had five kids. I was your second accident."

Hester's comments and those of the other women quoted above, as I have observed, are not evidence of an entirely new rhetoric but instead reminiscent of more radical eras in abortion rights activism, however fringe. The compassion and acceptance that these participants extend to other patients, however, many are unable to apply to themselves (e.g. Susan to an extent). Others, while accepting the rhetorically less sympathetic abortions of fellow patients do so from the virtuous position of within-narrative space (e.g. Hester and Holly). Nonetheless, the

perception of patient community is perhaps helpful to patients attempting to integrate diverse experiences into positive narratives and affirmative stances on abortion in general.

A final example of new rhetoric which allowed women to understand their abortions positively is that of religious and spiritual ideology which accommodates abortion. Pamela was raised Pentecostal Christian and says that belief in a Christian god is still important to her although she identifies as Wiccan. Pamela rejects definitions of abortion as immoral and says, "[I don't] feel like I'm going to go to hell because I did it. I'm not even – I feel like God knows and understands. Because he knows that there's men out there who don't even take care of their own." In this way, Pamela situates her abortion as consistent with her faith, unlike many Christian participants who struggled with guilty feelings and desires for atonement and forgiveness.

Holly, too, who identifies as Christian, does not view her abortion as problematic in light of her faith. She says, "I really genuinely felt like, if this is a spirit that has come into my body, if there is a soul here that God has given, then it's going to go — it's going to boomerang straight back to heaven and then it's going to end up somewhere else, or it's going to be an angel." Holly's imagery of fetus as spirit or angel connotes not grief but optimism and an ability to integrate her abortion into a positive spiritual narrative.

Grace, who identifies as a devout Catholic, also holds some nontraditional spiritual beliefs alongside the notions of sin with which she struggles (discussed above). She says that the idea of reincarnation has helped her to feel at peace with an experience that has ultimately been very difficult for her. She says:

> I believe in reincarnation, so to me, it's just like…give it back to God…I have a strong devotion to Blessed Virgin Mary. What I say is, "You're taking care of my baby. So the

day I'm going to be ready…give her back to me." And sometimes I'm like, "[It's] okay if you never give her back to me."

In this way, Grace moves from a sin and forgiveness paradigm to one of abortion accommodation. She is trusting a higher power to care for what she has come to see as a spirit child and sometimes feels empowered to decide that she will never want another chance at raising "her."

The women I have discussed in this chapter represent a wide array of approaches to navigating abortion decisions, procedures, outcomes, emotions, and beliefs that are inconsistent with sympathetic abortion rhetoric. While I have devoted part of this chapter to exploring ways in which women challenge discourses which are inconsistent with or which shame their experiences (and sometimes the experiences of others), most of the women whose stories I explore here are unable to escape the notion that they have failed at one or more significant aspects of the sympathetic formula story.

As I have demonstrated, disqualifying features are often those which are logistically common – like existing motherhood, prior procedures, and social location which does not lend easily to the realization of empowering goals (poor women, after all, are five times as likely as their middle-class counterparts to have an abortion) (Jones et. al. 2010). Findings like these demonstrate the power of rhetoric, above and beyond conviction in one's own reasoning and evidence of contrary social trends, in situating abortion experience and in informing patient outlooks and self-understandings. In my final chapter, I discuss the importance of the relationship between story and storyteller and what it means for the abortion cause, for patients, and for women's gender, sexuality, and motherhood norms. I also discuss the importance of my findings for sociologists in search of more thorough understandings of the role that formula

stories play in social movements as well as in the lives of individuals for whom formula stories inform emotions, self-concepts, and approaches to activism.

# CHAPTER 6

## WHAT ABORTION STORIES TELL US: WOMEN, MOTHERS, EMOTIONS AND MOVEMENTS

*Abortion is not a cerebral or a reproductive issue. Abortion is a matter of the heart. For until one understands the heart of a woman, nothing else about abortion makes any sense at all.*

-George Tiller, 2001

*As soon as you start writing, even if it is under your real name, you start to function as somebody slightly different, as a "writer". You establish from yourself to yourself continuities and a level of coherence which is not quite the same as your real life.*

-Michel Foucault, 1975

As assassinated abortion provider George Tiller suggests and as women like Caprice and Danielle reveal when they wish that people who have never had abortions would stop offering their opinions, there is so much about emotion, motive, and experience that research like mine cannot capture. But as Foucault asserts, the words we offer to describe our feelings and experiences are proxies for this inner life. It is with this understanding in mind that I have focused my investigation on words themselves – specifically the words that constitute our cultural conversations about abortion and the meanings and power contained within them.

Throughout this dissertation, I have discussed the ways in which women who have had abortions rely upon the rhetoric of the pro-choice movement in particular to make sense of and align their experiences with sympathetic definitions and thereby deflect potential stigma. More than just drawing attention to women's awareness of their similarities and differences as compared to the stock character patients of the pro-choice formula, however, this study

contributes to our understanding of abortion rhetoric as well as of the broader role that rhetoric plays in shaping individual experiences, individual identities, and social movements.

In particular, my findings articulate the features of the prominent contemporary formula stories useful to the pro-choice and pro-life movements and demonstrate the relationship of pro-choice rhetoric in particular to feminine and motherhood norms. My findings also expand sociological knowledge concerning the impact of rhetoric on emotion and self-understanding – in general but particularly in regard to abortion and abortion patients. I have also demonstrated the relationship of formula stories to the reproduction of activism and, conversely, its power to silence important demographics of would-be movement beneficiaries (in this study, patients). Particular to abortion rhetoric, my research also highlights important ways in which moralizing rhetoric can serve as a barrier to a patient's sense of community and of individual location within larger trends.

Here I summarize these major contributions, beginning with an overview of abortion rhetoric itself and then exploring its important relationship to emotion, identity, and activism. I close by highlighting some of my research's unanswered questions and with suggestions for future exploration.

## MAPPING THE NARRATIVE: ABORTION, MOTHERHOOD, AND AMBIVALENT FEMININITY

The participants I have discussed throughout this dissertation demonstrate the usefulness of reproductive rights rhetoric in making sense of abortion experiences which women in the U.S. often approach from similar circumstances and with orientations informed by the same perceived constraints and opportunities. Becoming pregnant as a teenager, for instance, presents many of the same challenges for individuals at similar social locations and makes discourses of personal responsibility, social opportunity, and fit parenthood relevant frames for meaning-making across

the board. Decision-making based on the understanding that a teenage mother may struggle to complete her education, make a decent income, manage the stress of societal ridicule, and fail to lead a personally meaningful life are considerations informed by socially constructed institutions and arrangements that we come to understand through cultural discourses.

In this dissertation, I have articulated the components of a sympathetic abortion as informed by these institutions and arrangements and as reflected by pro-choice rhetoric in particular. Today, the sympathetic patient is young, childless, sexually monogamous, and self-responsible, as demonstrated by her use of birth control, her contemplation of fetal well-being, and her status as a one-time patient. Furthermore, she is committed to an ideal reproductive timeline and a model of moral child-rearing which reflects 21st century trends and middle-class, liberal feminist values: she wants to become a mother eventually but believes that this time will come when she is older, finished with her education, established in a satisfying and well-paid career, and likely married.

Abortion is a heavy moral decision to her, wrought with anguish. At the same time, it is one she can transform into an empowering event. Secure in her knowledge that her abortion was the best course of action for her would-be child, for society, and for her own exciting goals (even if pursuit of their fulfillment makes her, regrettably, a little "selfish"), the sympathetic patient most useful to the abortion rights movement is one who is able to attribute discernible empowering outcomes to her decision to delay motherhood, and it does not hurt if she can credit the abortion clinic itself in jumpstarting this transformation.

This story conveys important messages about the cultural meaning of abortion as potentially deviant behavior one must take care to approach honorably and represent cautiously, if at all. At the same time, this story tells us much about motherhood and womanhood more

broadly. Abortion rhetoric upholds ideal motherhood as middle-class motherhood, and often demeans the experiences of poor, young, and unmarried mothers in its suggestion of abortion as moral to avoid raising children without male support or while reliant on public assistance. As I have demonstrated throughout this manuscript, abortion rhetoric tells us that motherhood exists on an ideal reproductive timeline and that abortion, while "regrettable," enables women to pursue moral (i.e. married, moneyed) motherhood at an "appropriate" time.

This rhetoric also reveals the (at times contradictory) standards of ideal womanhood generally. Sympathetic abortion rhetoric charges women to uphold the norms of monogamy as well as responsible use of birth control. It charges women to consider their default roles as eventual mothers and thus to give their abortions somber and serious consideration with particular concern for the well-being of their fetuses.

At the same time, however, abortion rhetoric reflects relatively consensus acceptance of liberal feminist goals – or those which assume women's rights to economic opportunities in the public sector as well as the desires of men and women alike to find personal fulfillment in paid employment. Ambivalence, then, is inherent to the contemporary formula story and mirrors cultural ambivalence towards women's changed and changing roles. Requisite suffering and hard decision-making reflect women's private sphere nurturing responsibilities while confidence and empowerment in the abortion decision reflect public sphere participation now understood as important for a meaningful life.

Amid this ambivalence, it is not surprising that women struggle to tell sympathetic stories. In addition to my participants, in fact, many *I'm Not Sorry* authors, while contributing to a collective template of this ideal composite failed at sympathetic abortion individually. As I

will now discuss, a patient's ability or inability to align her experience favorably has consequences for self and for movement.

## STORIES, EMOTIONS, AND SOCIAL MOVEMENTS

Claims of what abortion has enabled in the lives of women, as evidenced by propaganda narratives of the pro-choice movement like those on *I'm Not Sorry*, are overwhelmingly optimistic. It would seem that abortion is the reason that many women went to college, found healthy relationships and fulfilling careers, got to travel, and became good mothers. Certainly, I do not dispute these claims; rather, the redundancy of certain goals at the exclusion of others (perhaps those of the mothers and return patients who make up the majority of women accessing abortion and very few of the women on the website) contributes to a skewed picture of what abortion can and does accomplish for women. It is not becoming to the movement, for instance to highlight a patient's claims that her first abortion enabled her to finish high school, her second allowed her to avoid the physical abuse of a coercive partner, and the third and fourth allowed her to keep her job and apartment. Nor is it sufficiently moving to say that one's abortion/s allowed her to keep her head above water when she felt she already had all the children she could manage at the time.

But even to say that abortion enabled these less awesome feats neglects other social considerations – like that women sometimes express uncertainty about their decisions: they would have liked to continue their pregnancies but did not have money or social support. They felt socially disqualified to raise a[nother] child. They were coerced by powerful men in their lives to terminate their pregnancies. Although this was not a common conflict for the women I talked with, these stories exist, and there is no easy way to talk about them. In mainstream pro-choice rhetoric, they are usually ignored.

Extraordinary hardship and victimization are far from the only sources of difficult emotion, however. More often, it seems that women's suffering stemmed from the guilt and self-doubt associated with feeling contrary to the good abortion story. While studies of emotion following abortion often point to ideological orientation and confidence in decision-making as predictors of coping (e.g. Adler 1992; Stotland 1992), my research adds an additional layer to conversations on abortion and emotional well-being. As women's stories often reveal their efforts (and struggles) to tell a culturally resonant and sympathetic story, they also reveal the role of culture in *permitting* some patients to feel positively while disqualifying others.

For instance, participants for whom I could answer the following questions affirmatively were most often the sympathetic patients who relayed their stories with confidence and with activist intentions: Did the good abortion script relieve her of duties emphasized by the broader culture (like personal responsibility, sexual modesty, motherhood, and reverence for human life)? Was she able to situate her experience as moral to her fetus or to society based on middle-class assumptions of fit parenthood? Was she able to understand her abortion as enabling some empowering outcome?

Meeting these criteria amounts to cultural permission to feel positively about one's decisions and one's self – something that within-narrative women took for granted and against-narrative women sometimes identified explicitly as barriers to more positive feelings. In fact, women who reported seeking counseling for emotional trouble following abortion often discussed ways in which counselors helped them to see their abortion decisions as consistent with the blameless/moral/empowered framework. For instance, participants report that counselors helped them to view their abortions in light of unfortunate circumstances beyond their

control, to think of their decisions as responsible to imagined children, to recognize their abilities to meet personal goals, and to imagine having children at a more ideal time.

My observations in regard to rhetoric's role in enabling and prohibiting certain emotions thus contributes to scholarship regarding individual social movement beneficiaries (in this case patients) and the social movements themselves. As I discussed in Chapter One, emergent pro-choice campaigns like the self-described "Pro-Voice" movement, comprised of patient support websites and hotlines (e.g. Exhale.com) as well as the "I Had an Abortion" documentary, book, and t-shirt campaign, lament the absence of emotional dialogue in contemporary rhetoric and place frank moral discussions and the airing of inconvenient feelings at the center of the movement they envision (Baumgardner 2008). Understanding the relationship between rhetoric and emotion, which I have described throughout this dissertation, will provide a needed lens for evaluating this new emotion-centered rhetoric if and when it takes center stage.

At the same time, individual patients and those who study them may benefit from understanding emotion, at least in part, as a byproduct of the race-, class-, and aged-based privileges which are reproduced in the rhetoric of sympathetic abortion and which enable certain women to feel good about their experiences while deserting or shaming others. Sociology of emotion scholars, too, may count this research among evidence of the relationship between stories and feelings – formula stories offering alternately affirmative and condemning possibilities.

## REPRODUCING ACTIVISM

My research also highlights the important relationship between rhetorical alignment and movement beneficiaries' ability to reproduce activism. As my examination of pro-choice stories in Chapter Three demonstrates, those individuals most willing to lend their experiences to a

given cause are not those whose stories most accurately represent lived experience. Rather, they are individuals most able to reflect in their abortion accounts prominent cultural ideals of women's sexuality, roles and appropriate goals, and self-responsibility.

Volunteer bias in this project, which I discuss at length in Appendix A, reveals a similar phenomenon for women who answered my research requests with hopes of demonstrating the value of legal abortion and perhaps of helping others. These participants, who comprise the within-narrative women discussed in Chapter Four, saw their contributions very differently in comparison to most of the women I discussed in the last chapter – many of whom I recruited actively or who contacted me due to therapeutic or monetary incentives. Willingness to share one's story in a public context and for public purposes, then, is related to one's ability to tell a good one, even as national figures (e.g. Jones et. al.) suggest that these "good" (aligned with the sympathetic template) stories are rare.

A rigid formula of acceptable abortion, then, means that fewer patients will contribute their stories to pro-choice activism and thus that the number of available narratives in which future patients can find validation will continue to be limited. The pro-choice movement risks losing advocate patients who cannot perform prescribed emotions like reverence or relief as well as patients whose lived experiences do not match the accounts and empowerment claims most prominent in pro-choice rhetoric. Women who feel sad or regretful, those who were pressured or unsure of their abortion decisions, those who experience complications or later biological or social barriers to motherhood, and women who had bad clinic experiences are perhaps written off as un-objective.

Like "blameworthy" patients (the mothers, return patients, and others who defy the "good abortion" scenario and sympathetic archetype), such patients are not embraced in the pro-choice

movement and may find their voices valued elsewhere. The pro-life movement has much to offer uncertain patients and more room to accommodate them. For example, even while the pro-life website, *Silent No More*, explicitly prompts authors to begin to their stories with an account ("I had an abortion because…"), it validates a wide variety of circumstances and even an array of emotions immediately following abortion – as long as authors ultimately settle on suffering.

Unlike many other social movements in which beneficiaries of campaigns either identify themselves within movement rhetoric (and often modify their stories accordingly) or do not, abortion patients have two options if they wish to align their stories with movement sanctioned definitions: to become the empowered sympathetic patient of the pro-choice cause or to embrace the victim-patient definitions emphasized by the pro-life. The rhetoric most meaningful and most accommodating to her experience may determine the type of activism a woman will eventually reproduce. I now turn my attention to my findings concerning the issue of race, a feature of patient experience which the mainstream pro-choice movement has had particular difficulties in accommodating.

## INVISIBLE HISTORIES AND CHALLENGES: BLACK WOMEN AND MAINSTREAM STORIES

Race, as the online stories in Chapter Three demonstrate, is an uncomfortable subject for pro-choice advocates. Mainstream rhetoric, with its roots in Second Wave feminist activism, contains many of the exclusionary shortcomings of this era's women's movement. The predominately white, middle-class standpoint of 1970s feminists is widely remarked upon by multicultural feminists in effort to create a more inclusive movement and to draw attention to the Black and Native American roots of its equality and independence ideologies (e.g. Allen 1988; Collins 1986; Crenshaw 1989).

Still, the empowerment rhetoric of the mainstream feminist movement, including the abortion rights movement, maintains its white and middle-class values especially in regard to concepts like the ideal reproductive timeline. Accounts of abortion as survival, for instance, stand in stark contrast to abortion empowerment stories which revolve around goals like college education, rewarding and autonomous careers, and eventual parenthood within marriage.

As I discussed in the previous chapter, the social inequalities made apparent by Black women's higher rates of abortion in the U.S. are difficult terrain for a social movement which once again champions empowerment. There is little acknowledgment of the role that Eugenics has played, by targeting Black and immigrant fertility, in opening contraceptive clinics like Planned Parenthood and in making birth control available to American women (Roberts 1997; Solinger 1996). Pro-choice activism has been largely silent on Black pro-life groups' (e.g. toomanyaborted.com) valid charges that Margaret Sanger, pioneering birth control advocate and co-founder of Planned Parenthood, found mainstream acceptance for her mission by emphasizing the potential of contraceptives to control "undesirable" populations (Valenza 1985).

Those aware of reproductive injustices may wish to leave these inconvenient truths in the past, but Roberts (1997) observes that Black women in particular have been subject to public campaigns of sterilization, implantation with risky birth control devices, and judicially coerced abortions well into the 1990s, actions which have been promoted as solutions to social problems like poverty and crack cocaine use (Roberts 1997). Contemporary advocates insist that social, economic, and criminal policies continue to scrutinize and unfairly punish poor and Black pregnant women and mothers (e.g. NAPW 2013), but popular abortion rights rhetoric and activism is largely silent on these issues. Groups like Sister Song (sistersong.org) and National Advocates for Pregnant Women (advocatesforpregnantwomen.org) receive less attention in their

promotion of a reproductive justice agenda particularly concerned with women of color's unique experiences of pregnancy, birth control, and motherhood.

Unaware, as many Americans are, of advocacy rhetoric specifically concerned with their reproductive rights, many of my Black participants struggled to make meaning of their stories according to a mainstream ideal. It is not surprising that many Black women I spoke with were unable to tell a story that would be championed by today's mainstream movement, as their relative lack of inclusion in Chapter Four and more significant representation in Chapter Five demonstrate.

This is true for several reasons, many which cannot be attributed to racial trends (such as coercion, which white women talk about too), but many which can – at least in part. Some of the women I talked to had abortion experiences influenced by need and poverty, which disproportionately affects Black women. Brooklyn, for instance, discussed the role of poverty and allegations of mental illness in her eventual loss of her parental rights to her two children. Others were able to accomplish sympathetic understandings by rhetorical standards but were then foiled by racially linked barriers, like Autumn who is actively seeking marriage and motherhood to no avail.

In light of my findings in regard to race and pro-choice rhetoric, my research demonstrates the marginalizing potential of mainstream rhetoric and the mechanisms by which social movements may alienate certain demographics by ignoring their unique histories and experiences. Black women had more difficulty aligning their experiences with the pro-choice formula story in light of social locations largely ignored by the mainstream movement. Next I discuss another mechanism by which rhetoric can alienate individuals from their histories and experiences – that of mystifying the potential of community among patients.

## FROM PATIENT COMMUNITY TO CONDEMNATION

Abortion is a social experience on many levels – the construction of meanings and formula stories and the meso-level interactions of individuals, clinics, and social definitions which enable me to write a sociological dissertation on this topic all demonstrate this. One level we may overlook when considering the social nature of abortion, however, exists at the most literal, most immediate, and most interactional level of the clinic experience itself.

Women I spoke with often reported waiting hours – as many as nine – in crowded waiting rooms, and most talked about waiting in the company of other women. My participants noted the races and ethnicities of other patients, their ages, and their income levels. In most cases, the women I spoke with got a feel for the circumstances and attitudes from which their fellow patients approached their abortions. Women who waited a long time or who were afforded very little privacy procedurally (i.e. those who found themselves be-gowned in a sub-waiting room with several others) usually spoke with other patients directly and/or were part of or privy to group conversations.

In light of the information they gathered about their fellow patients, nearly every woman I spoke with described her feelings of being different from these others and invoked them largely to distinguish the boundaries of deviant abortion. Rare were descriptions of community or common ground (I discuss two exceptions in the last chapter). Instead, fellow patients often served the purpose of deviant reference group – more different from my participants than they were alike.

Most women's approaches to their abortions were intensely personal – from decision-making and limited disclosure within social circles to meaning-making before and after termination, so it makes sense that the notion of abortion as something that women do together is

not a resonant one. But Joffe and Cosby (2007) suggest that this was not always the case. They note that a feeling of solidarity often accompanied the experience of abortion before and immediately following its 1973 federal legalization. The fight for autonomy in reproductive decision-making was vital, and victories felt precarious to women of this era.

Many feminists have observed that somber decision-making and self-doubt are modern developments. Gloria Steinem, for instance, situates moral ambivalence as a "function of legality," recalling the desperation which surrounded her unintended pregnancy in 1956 and the relief that followed her illegal abortion. Successive movements have made anguish and ambivalence requisite, and Wolf (1995) and Third Wavers after her, including Baumgardner (who says she supports Wolf's turn towards moral questioning) (2008: 55), have supported the shift (Berns 2011).

For many of the women I spoke with, the decisions and composure of other patients are primary entry-points for such moral conversations, corroborating empirically Joffe and Cosby's (2007) sense that many contemporary patients are not compelled towards mutual acceptance and support, and that these attitudes may reflect generationally specific nuances. My research thus suggests a relationship between morally rigid rhetoric and movement beneficiaries' use of immediate reference groups to situate themselves favorably within preferred narratives. While previous discourse eras have championed abortion as a civil right and patients as an embattled community, today's rhetoric promotes moral qualification and thus necessarily alludes to the existence of disqualified patients – many of whom my participants identified sitting among them in clinic waiting rooms.

Specific to the issue of abortion rhetoric, many of my younger participants suggest that abortion rights are today relatively secure, perhaps making public acknowledgment of patients

seen as "abusing the system" seem safer for pro-choice conversations. Indeed, a central premise of Baumgardner's (2008) promotion of a moral and emotional dialogue concerning abortion is her assertion that abortion is "a legal right that, while constantly under attack, has so transformed society that it is now disingenuous to speculate that women would 'go back' if Roe were overturned," (58) and indeed that "talking honestly about abortion is a sign of the movement's strength" (55). In this way, Baumgardner suggests that reproductive rights are at least safe enough to talk about sadness and immorality – features of abortion experience to which she refers when she emphasizes "honesty" (2008).

Many advocacy groups and others tracking instances of abortion-limiting legislation in recent years disagree with this safety assessment, however. The Guttmacher Institute (2011), for instance, notes that legal challenges to abortion rights have increased substantially in the past fifteen years and that 2011 saw more abortion restrictions enacted than any other year since Roe v. Wade was passed. The sense of security in reproductive rights that I noted among young women in particular (i.e. those who grew up amid the relative Clinton-era assurance of safe, legal abortion and then did not perceive the threats of rights reversal which accompanied Gore and Kerry's campaigns in the 2000s come to fruition), may correspond to greater moral conflict and relative ease in condemning other patients.

The sympathetic formula story of the pro-choice movement is thus one which emphasizes the individuality of abortion experience while also limiting the types of experiences which can be shared. As I have discussed previously, the sympathetic template does not reflect the circumstances and demographics of most patients. The use of othering to align preferred but more novel stories, however, contributes to the stigmatization of these more typical patients – a process that is multi-layered.

First, as I discussed in the preceding section, patients unable to locate themselves and their experiences within the preferred narrative of sympathetic abortion are not likely to contribute their stories to the pro-choice cause (nor are they encouraged to). We therefore hear very little about these women's experiences and feelings firsthand (unless they are presented in a regretful, self-condemning pro-life format). [12]

What we do hear of these more typical patients are the second-hand critiques of onlookers – either fellow patients who use their observations to bolster their own virtue, or loosely associated third parties repeating stories about, as Emily, for instance, demonstrates, "a girl I knew [who] was better friends with my friends…who had something like three abortions in less than a year." The absence of these women's voices and their representations by various others likely contribute to the stereotyping of abortion patients– negative images many women in my study offer as reasons for being secretive about their procedures even among pro-choice family members and friends.

Abortion rhetoric is thus informative on many levels. I have demonstrated its usefulness for discerning other feminine gender norms, its role in patient identity and emotion, and the possibilities and barriers it poses for activism and activist communities. More broadly, I have demonstrated the contributions of my research to understanding the role of cultural rhetoric in informing self-concept, emotion, and social movement identification– processes which individual actors reproduce with reference to a number of cultural stories which may grant or deny them access to certain identities. I close with an examination of unanswered questions and some possible directions for future research.

[12] Unique among other movements utilizing formulaic narratives, however, we know, more or less, the demographics of the women who are not speaking up and can compare their situations empirically to the rhetorical template.

## LOOKING AHEAD

The women I discuss in this dissertation reveal important information about women's relationships to cultural rhetoric and their negotiation of modern cultural toolkits reflecting their understandings of women's norms, rights, and appropriate goals. My social location at the time of my interviews (see Appendix A) provided me with the data I needed to perform a particular type of study – that which centers on the meaning-making of a volunteer population largely in their 20s and 30s, heavily student, and mostly supportive of abortion rights. Due to volunteer bias as well as recruitment strategies, the women I interviewed were disproportionately capable of approximating sympathetic rhetoric. This was useful in my particular study, but leaves open the possibility of more exploration with less vocal populations.

For purposes other than discourse analysis, scholars have demonstrated a variety of approaches to reaching marginalized populations. Weitz and Kimport (2011), for instance, interviewed women who had had multiple abortions by asking qualified patients who called an abortion support hotline to participate in their research. Others, like Keys (2012), have purposely sampled from abortion regretters in interviewing women about their experiences. Edin and Kefalas (2005) made of point of asking poor mothers about their views and experiences of abortion in an ethnography of motherhood and marriage in poor urban neighborhoods.

While my sample was remarkably diverse for one derived largely from a college student population and drew from a variety of social locations – many first-generation students from urban areas and poor families as well as many middle-class women from smaller towns – I would like to examine the experiences of predominately poor women, lesser educated women, return patients, mothers, and patients occupying the intersections of several of these statuses in future research. These populations represent important features of abortion experience which my

study was not able to examine thoroughly and, as my examination of a few of their stories in this study suggests, will likely demonstrate unique strategies of interacting with cultural rhetoric in light of discursive marginalization.

Other populations underrepresented in this study are women who regret their abortions and/or do not support abortion rights generally. While my research explores some regretters and ambivalent patients' negotiation of pro-choice and pro-life rhetoric, a larger sample of patients politically and morally opposed to abortion would help me to explore approaches to meaning-making in these contexts more extensively.

With regard to patients in their 40s, 50s, and 60s, my sample is also nominal. I was able to discuss temporally specific meanings and experiences in regard to some of these participants as well as examine the ways in which these participants combine newer meanings (like Susan's reference, consistent with emergent 1990s language, to "potential life" instead of "prettying it up by calling it a fetus") with older ones (e.g. patients in community). However, I was not able to examine the unique rhetorical negotiations of these women in much depth – making future research centered on just middle-aged women a valuable project of its own.

Additionally, I think that an exploration of cultural stories and abortion meanings among women in their 70s and beyond is needed. Women of these later ages who have had abortions have done so illegally for the most part and, like women today, have contended with the campaigns and understandings of generations previous to their own. Eugenicist understandings of birth control and abortion may enter these women's repertoires much more than younger women's, especially for women of color and for white women cognizant of campaigns which constructed the reproduction of "undesirable" populations as the nexus of many social problems. Gender norms from previous eras will also likely inform different understandings, rationales, and

approaches to abortion for women accessing procedures prior to the significant cultural changes brought about by the civil rights and women's movements.

Finally, I do not think that rhetorical examination of abortion in U.S. culture is complete without understanding men's roles in creating, reproducing, and negotiating abortion discourse. Abortion is both a women's experience that is informed by male power and male meanings as well as a male experience informed by women's choices.

In this study, I have constructed a template of sympathetic abortion rhetoric using the propaganda stories presumably contributed by patients and thus women. The websites I explored are overwhelmingly female virtual spaces – campaign leaders and site administrators are women, imagery is of women, and the content is about them and presumably by them. But men are important sources of abortion and related rhetorics. The women I spoke with talked about the abortion views of male political candidates, a recent vice-presidential debate in which male candidates addressed their views on abortion in light of their Catholic faiths, an earlier congressional hearing on birth control in healthcare legislation consisting of all-male delegates, and a graphic pro-life ad sponsored by a male congressional candidate during the 2011 Super Bowl. Interpersonally, women's abortion decisions are informed by and with the input of their boyfriends, husbands, and fathers, who, along with male ministers, are also influences on their abortion ideologies generally.

Women's performance of sympathetic abortion, furthermore, is reliant upon feminine norms in relation to men. Women often assume primary responsibility for parental work as well as the performance of emotional attachment to children and imagined children. Women's sexuality is constructed as moral in relationship to men – both when they are monogamous to male partners and when they take most or all of the responsibility for contraception.

How men feel about abortion has not just shaped rhetoric but in turn shaped abortion as a practice. Male doctors commercialized an underground abortion industry (Mohr 1994) and were at the forefront of a social campaign to illegalize it years later (Luker 1984; Mohr 1994; Solinger 1992). Men were the social reformers who pushed birth control on poor and immigrant women and women of color (Roberts 1997), and men comprised the majority of Supreme Court justices who have shaped women's experiences of legal abortion since 1973. Men have driven numerous pro-life campaigns, including violent ones (e.g. Blanchard and Pewitt 1993), and male politicians continue to play the most central roles in proposing and often passing abortion-limiting legislations. Additionally, men are present in both pro-life and pro-choice activism, and both male and female doctors provide abortions. Hence, men have politically and socially shaped women's experiences of abortion.

Finally, men often play immediate roles in women's abortion decision making – from supporting women's autonomous decisions and contributing to cooperative decision-making to abandoning pregnant women and pressuring and coercing their decisions. Men are also affected – socially, financially, and emotionally – by the fertility decisions that women make.

For all of these reasons, further research should include examination of explicitly male locales of abortion rhetoric. Further research should also look at the ways in which men discuss their experiences of partners', daughters', or other intimates' abortions. The discourse that men draw from in making meaning is important for understanding men's experiences of power and powerlessness in regard to reproductive rights. While men's understandings of the roles that they play in abortion and their understandings of themselves as partners and as parents are important investigations unto themselves, the meanings that men embrace and reproduce in these

areas also have important consequences for women and will provide fuller insight into their reproductive experiences.

The additional research directions I have suggested here will contribute to a fuller understanding of women's experiences of abortion and of abortion discourse. My findings in this dissertation demonstrate that rhetoric and experience are inextricable components of abortion as a personal, social, and political phenomenon in the U.S., each evolving with and shaping the other as they inform emotion, identity, and activism.

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# APPENDICIES

# APPENDIX A

## METHODOLOGICAL APPENDIX

In 2009 I entered graduate school after working for two years as a case manager in the foster care system. Having become a mother in 2006, a year before graduating college, my brief tenure in family services aligned with my already acute awareness of the societal pressure women face to be good mothers. Though I did not have the scholarly language to describe my observations at the time, I sensed that the modern project of motherhood was a demanding one to be executed according to expert advice, as Hays (1996), Lareau (2003), and Stone (2007) have observed. I also feared failure and worried that poor decisions on my part would damage my child and spoil my identity as a woman and as a mother – a rigid linking of inadequate motherhood with poor child-outcomes that Ladd-Taylor and Umansky (1998) and others have termed "mother-blame."

I felt especially scrutinized as a mother – pressure I now attribute to being one of the first of my friends to have a child and to my use of public benefits to meet the needs of my family during the first year of my son's life. I pushed myself to fulfill a demanding model of moral motherhood: no yelling, cursing, or spanking, no television for toddlers, no alcohol or caffeine for me while breastfeeding, and lots of time spent reading books to my son and developing his vocabulary. I failed frequently at my guidelines and felt devastated. I recommitted myself countless times to what I might describe as "mothering like someone was watching."

As a case manager, some of my self-critique came from a desire to distinguish myself from the "unfit" mothers I worked with. While careful to uphold parenting ideals in part highlighted for me by their deviance from "fit" mothering standards, I also had a tremendous empathy for these women whose experiences of economic marginalization were inextricable

from the choices and challenges that made them ineligible to raise their own children. These were women, for instance, who may have more easily left partners who abused their children had they the economic resources and the self-confidence to go it alone. These were also women who may have never left their children unsupervised had they not worked swing shifts or had to sleep during the day in order to go to work at night. And these were women who may not have abused drugs and alcohol had they fulfilling social roles, including experiences of motherhood that they valued and believed were valuable to the broader culture. These observations made me increasingly critical of the standards to which our culture holds mothers – even while I was largely unable to apply this critical thinking to my own mothering "failures."

By the time I entered graduate school, I had a full-blown preoccupation with motherhood. To my relief, I have been able to turn this preoccupation outward over the years and today am more concerned with analyzing the discourses that inspired so much anxiety for me rather than with continuing an exhausting project of self-critique. Before settling on this project, in fact, I embarked on many research agendas, all leading in some way back to motherhood. Months before I conducted my first interview on abortion, I thought I had zeroed in on a topic of real personal interest when I performed a conversation analysis on a focus group of women discussing their experiences of childbirth. My conversations with mothers were rich and multi-faceted but had much less to do with motherhood than they did women's bodies, physical pain and ability, and medical settings and interventions. Around the same time, I wrote an autoethnography for a class and discovered that abortion, for me, had much more to do with motherhood than giving birth did. Like some of the women in my study, abortion for me is about choosing and rejecting motherhood, about creating an identity as an adult and as a sexual

being, and about feeling confident in my decisions while fearing the definitions of others. To me, becoming a mother has been an extension of many of these projects.

In 2009, however, I would have been surprised to learn that abortion would be a topic upon which I would settle and in which I would want to become an expert. Several years removed from two abortions that I had at the ages of 17 and 18, I had long decided that I was sick of the abortion conversation – meaning that I was frustrated with the political and public debate. I no longer wanted to talk ideology when abortion was much nearer than that to me.

Before the start of class one evening, I recall saying to a friend that I was no longer interested in the abortion debate. Our professor interjected, observing that this was indeed a necessary conversation; the debate was not going away, and in the meantime, legislative threats to abortion rights mounted by the day. We discussed a pregnant woman in Iowa who had been arrested at the hospital after falling down a flight of stairs. Due to statements she had made about sometimes wishing she were not pregnant, she was arrested for endangering a fetus older than twenty weeks. At the same time, states like Utah and Mississippi were considering personhood amendments and laws that would make miscarriage an event for criminal investigation.

These were crucial threats to abortion rights, to be sure, but I was still tired of these conversations. I was tired of any conversation, in fact, which reduced abortion to the question of fetal life – killing versus not killing. I am still not personally concerned with these questions; this is not what abortion is about to me. It was certainly not what it was about when I chose to terminate my own pregnancies. (It is still hard for me to articulate exactly what abortion *is* about for me, and my investigation, I think usefully, has left me with more questions than answers.) I now agree, however, that disengaging from the abortion conversation was not the answer to my frustration with a debate that I felt missed the mark. Instead I began to explore the role that

abortion played in my adolescence and in my motherhood through autoethnography (which is, right now, an ongoing process). Then I began talking to and listening to my friend Alicia and another woman in my autoethnography class who shared her abortion story with me. By the fall of 2011, I decided to take on this topic full force.

I embarked on an analysis of propaganda stories and private interviews with women concerning their abortions in order to understand the ways in which women who have had abortions invoke rhetoric, including but not limited to the fetal life debate, to make sense of their abortions. While I was tired of many of the most visible aspects of mainstream rhetoric, I learned throughout this project that many other aspects of the mainstream conversation, especially the products of the pro-choice argument with which I had long-identified, had previously been invisible to me – perhaps because many of them privileged me. Only through discussing abortion with women marginalized by the discourses of empowering, moral, and responsible abortion did I begin to perceive the broad role of discourse in "form[ing] the objects of which they speak" (Foucault, 1972: 49).

My experiences of abortion were both good and bad because conversations between myself and aspects of my chosen and ascribed cultures made them so. For instance, pro-choice discourses made my teen abortions responsible and empowered while feminist ones made my personal stories political and important to share. But some of these same discourses, as well as other cultural conversations regarding women's sexuality and responsible birth control use made my second abortion uncomfortable to mention in these same contexts. In this project, I attempted to examine this discursive relationship in regard to other patients – one population comprised of authors lending their narratives to propaganda and the other telling lengthier, more

nuanced stories in private and non-political settings. I describe here my procedures for investigating the meanings produced by each group.

## CONTENT ANALYSIS ON PRO-CHOICE AND PRO-LIFE WEBSITES

I became aware of abortion story websites after reading Nancy Berns's (2011) *Closure*, in which she offers women's internet memorials to aborted children as examples of public grief and therapeutic notions of closure. During this time, a fellow graduate student who knew I was interested in studying abortion directed me to a pro-choice website called *I'm Not Sorry* (imnotsorry.net). Launched in 2002, this website is a forum for sharing affirmative accounts of abortion; on its homepage, the creator of the site states that she came up with the idea for it after searching the internet for abortion stories and finding only pro-life websites. Indeed, my own Google search confirms that *I'm Not Sorry* is unique in displaying high volumes of rights-affirming patient testimonies.

Because I wanted to analyze the features of a pro-choice story suitable for sharing in an activist space like *I'm Not Sorry*, I wanted to find a pro-life website with comparable features (specifically a lengthy, narrative format) to serve as a comparison. Among dozens of internet memorials to abortion, I selected *Silent No More*, the internet component of a Christian pro-life campaign. This site had several similarities with *I'm Not Sorry* in terms of both format and impact. To begin with, according to my email communication with the administrators of both websites, *I'm Not Sorry* has been viewed approximately 250,000 times in the past ten years, while a *Silent No More* boasts over 330,000 page views and approximately 82,000 unique visitors.

Narratives on both sites were also similarly structured and were not actively engineered. Administrators for both sites reported that they edited for spelling and clarity, and had rejected

just a handful of contributions they deemed inappropriate. For *I'm Not Sorry*, these were stories with an explicitly anti-abortion message and one story about having an abortion to get revenge against a partner. For *Silent No More*, a site administer reports that one story was rejected for containing curse words and another for having graphic depictions of violence. Both sites contain lengthy accounts of abortion experiences, often beginning with the author discovering that she is pregnant and concluding with a summary of her present life. Average word count for the *I'm Not Sorry* stories that I sampled was 702; The *Silent No More* stories I sampled averaged 603.

The submission format for the sites varied more. *I'm Not Sorry* asked for minimal information from authors and suggested that those with uncommon first names use pseudonyms. Authors typed their stories into blank text boxes without word limits. *Silent No More* solicits more information from contributors, likely because it allowed the site to categorize contributions according to tags such as "Teen Abortions," "Forced Abortions," "Multiple Abortions," etc. Finally, authors were given a text box above which prompts are suggested, including, "I had an abortion because…," "During the procedure I experienced…," and, "I found help and forgiveness through…" Some authors used one or all suggested phrases while others used none.

I randomly selected which abortion stories I would examine by alphabetizing the titles of all eligible stories and then selecting the first under each letter in sequence, repeating the process until I reached 100 stories from each site. I then examined these stories for narrative trends using hand-coding and Nvivo software. I developed codes inductively, with attention to structural and thematic trends as well as movement-specific rhetorical and moral messages.

While my choice of 100 stories from each website is an arbitrary number, it is large enough to ensure my observation of many possible themes – though I felt that I reached saturation much sooner. For instance, after analyzing ten stories from each website, I began to

encounter stories for which I did not need to create new theme categories. By twenty-five, this was true more often than not, and new categories I did create were often not relevant to any other story (for instance, a single mention of the author's race midway through my analysis of pro-choice stories). In this way, I am confident that I uncovered most of the important themes significant to the telling of an abortion story on these websites.

My methods for examining and then discussing the themes prevalent to these stories represent a standard qualitative approach to content analysis, as does my approach to interviewing the 28 women whose stories comprise my data in Chapters Four and Five. My approach to data analysis in regard to these interviews, however, reflects a social constructionist orientation to discourse analysis with attention to popular and social movement rhetoric. Next I discuss my interview methods and my approach to analyzing interview themes as well as my overall feminist approach to methodology.

## INTERVIEWING WOMEN WHO HAVE HAD ABORTIONS

In the fall of 2011, I began to interview women who had had abortions at any time in their lives with the goal of reaching at least twenty participants and analyzing the ways in which cultural discourses concerning abortion shaped their personal stories. I set forth very few criteria for participants, except for the stipulation that they be over the age of 18 and consent to an audio-recorded interview with the understanding that from it, I would be writing a sociological dissertation. They understood that my goal in interviewing them was, broadly, to "understand how women talk about and understand their abortions" (see information letter, Appendix C).

Through various efforts (which I will describe shortly), I was able to obtain 29 participants – 27 of whom participated in audio-recorded interviews, one via phone and the rest in person. A remaining two participants completed interviews by means of exchanging emails

with me. The in-person interviews took place at a variety of locations and in three states, including three at participants' homes, one at my home, one in a park, and one at a restaurant. Participants chose the locations, and due to concerns by my university's IRB having to do with the sensitivity of my topic, I was not allowed to use the on-campus office I shared with another graduate student. Hence, the majority of my interviews took place in private study rooms at a university library. Interviews usually lasted slightly over an hour with the longest being 2 hours and 15 minutes and the briefest being 50 minutes.

Phone and email interviews were necessitated by my distance from participants; one was out of country, and two were several hours drive from me. I encountered many of the problems that other qualitative interviewers have attributed to phone interviews (e.g. Rubin and Rubin 2011; Shuy 2002) including awkward conversation, lack of rapport, and lack of opportunity to defuse tension and discomfort with non-verbal cues. Email interviews were comparatively easy-going but lacked much of the depth and emotion of in-person interviews and also allowed participants to organize and edit their stories at length before sharing them. While these stories are nonetheless valuable to my research, my preferred method of in-person interviewing provided me with the most in-depth data, and I was able to interview the majority of my participants this way.

I relied upon four approaches to find participants for this project beginning with my direct recruitment of personal acquaintances. I acquired participation from five women this way. My second method of recruitment was community outreach via a newspaper advertisement, which yielded just one participant. I then sent a mass emails to students, faculty, and staff affiliated with my university, acquiring 18 participants, 16 of whom were students. The final method of recruitment I relied upon was that of referral by both participants and personal

acquaintances. These acquaintances referred three women to the study, while study participants referred two others. I did not actively pursue this final avenue of recruitment but welcomed these referrals.

I offered $10 as an incentive to partake in the interviews and to thank participants for their time. I gave participants this money before the interview and emphasized that they were not required to finish their interviews or to answer any questions they did not wish to in order to keep the money. While no participant terminated the interview, I did get the impression from two participants that the money was a significant incentive for their participation (i.e. they mentioned that they needed the cash). In many other cases, women refused the $10 and asked me to donate it to a women's shelter or accepted it with hesitation while stating that they had not participated for the money but would accept it as "coffee money" or "gas money."

While I was fairly successful in recruiting a diverse sample of women who have had abortions, I did not set out to find a representative sample of the total population of U.S. abortion patients. My discussion of findings from the data I collected reflects my goals as a qualitative researcher of uncovering generic processes in meaning-making and not generalizing experiences and attitudes to the broader population. As such, my sample is quite different from national data on abortion patients.

While 50% of U.S. abortion patients have had more than one procedure (Jones et. al. 2010), only five of my 29 participants, or less than 18% of my sample, have. Furthermore, of the 34 abortions that my participants discuss, just six (again about 18%) were to participants who were mothers at the time of their procedures. Compare this again to abortion patients nationally, of whom about 60% are mothers.

Furthermore, roughly 30% of abortions are to Black women in the U.S., while 20% of abortions are to Latinas. The remaining 50% are to non-Hispanic white women (Jones et. al. 2010). In my sample, close to 29% of participants were Black (consistent with the larger patient population), but just 7% were Latina, and 57% were white. The lack of Latina representation in my data is a reflection of the communities in which I recruited participants and likely a language barrier. While my goal as a qualitative researcher has not been to reach a sample representative of the larger abortion patient population, it is important to note that my participants reveal much more about abortion experience in light of African American and white ethnicities than they do in light of Latina ethnicities.

Another important feature of my sample is the young age of my participants. While I had originally hoped to recruit women of a diverse age-range in order to examine various eras of abortion discourse relevant to the reproductive-rights toolkits (after Swidler 1986) of women of different generations, this goal was largely unmet. While several of my participants were born in the 1940s and 50s, most of my sample came of age amid the reproductive rights discourses of the 1990s and 2000s, making my research much more informative about the cultural toolkits of these decades (Swidler 1986) than those of the 1960s, 70s, and 80s.

Nonetheless, I feel that I have demonstrated the lingering effects of earlier rhetoric on contemporary understandings of abortion as well as the constantly changing repertoires of women who have lived through many discursive changes. Susan for instance, age 64 and by her own account a former member of a radical feminist collective, is not firmly situated in the civil rights language of 1970s abortion rights activism. Instead, she invokes the discourses of women's civil rights along with the Third Wave emphases of icons like Naomi Wolf when she

talks about the importance of recognizing and honoring "potential life" rather than "pretty[ing] it up by calling it a fetus."

In addition, trends in participation are informative in and of themselves, which I will discuss shortly. First of all, however, I must note that deficits in representation of various demographics reflect my social location at the time of data collection. As a student, I acquired the majority of my participants from a university email listserv, a strategy which secured me just one participant who was a baby boomer among an array of undergraduate and graduate students in their 20s, 30s, and 40s. An older friend of mine is to thank for referring the other baby boomers (those born between 1944 and 1960). From my own pre-graduate school acquaintance network, I recruited women in their late 20s and early 30s, most of whom are not students. My newspaper ad, which many women who responded to my email recalled seeing, directly secured me just one referral.

The preponderance of participants demographically aligned with the rhetoric of good abortion likely indicates a significant volunteer bias, and I am not surprised that the women who harbor more positive understandings of themselves and their experiences are the ones most confident and willing to discuss their abortions with a stranger who wants to write about them. Many of my volunteers largely came from this within-narrative understanding, while many of my active recruits (e.g. women who may not have volunteered unless I or someone they knew asked them directly) lacked important features of the sympathetic narrative.

Together, I believe that my participants represent important understandings of the connection between self and cultural stories and help me accomplish my qualitative methodological goals which were largely to understand individuals' use of rhetoric in assigning meaning to their abortion experiences. I have approached this general goal through discourse

analysis using the methods of sociologists and communication scholars who use discourse analysis as a primary method of investigation. For example, Hollander (2002) relies upon a central prompt in focus group conversations in order to understand the social construction of meaning in talk without suggesting preferred understandings.

In my interviews, I utilized a similar approach to data collection that I believed would minimize my influence on participant meaning-making and instead bring to fore the understandings they found most important in reference to their abortion experiences. This approach involved presenting interview participants with one main prompt to structure my interviews: *Tell me about your abortion*.

This open-ended approach allowed participants to narrate at length regarding their abortion experiences, and supplemental questions from me usually came in the form of clarifying ones which changed from interview to interview. As in conversation, participants would begin discussing their abortions from a starting point that felt logical to them. For some this was, "I grew up Catholic." For others it was, "I had been dating this guy for two years." Others began, "I had to go to an out-of-state clinic because I was so far along."

Clarifying questions, nodding, and affirmative utterances on my part ("Mm-hmm," "Okay," "Right.") served as encouragement to participants, and I relied on supplemental questions, like those outlined in Appendix E, rarely – usually when participants were too brief in their initial telling for me to generate specific clarifying questions (which would usually prompt lengthy reporting and segue into other related topics). In this way, I conducted several of my interviews asking very few questions and often relying solely on participants to introduce new topics.

Importantly, I did not ask women many questions that would require them to provide a judgment regarding abortion or other patients (i.e. I did not ask, "What do you think of women who have several abortions?"). Instead, when participants mentioned an opinion on the general topic of abortion or discussed another woman's approach to decision-making, I drew out fuller opinions by asking, "Can you talk more about that?" or "How did you arrive at that opinion?" Per this strategy, and per my approach in general, I allowed women to emphasize the meanings most immediate and pertinent to them. My discussion of women's attitudes towards proper abortion decision-making and towards other patients mainly reflects their raising of these topics unprompted. In this way, I was able to analyze the role that cultural stories, especially the rhetoric of sympathetic abortion, plays in informing women's understandings of their experiences and analyze my data primarily with attention to discourse. I will return to the matter of my orientation to data analysis momentarily.

As with my website data, I used NVivo qualitative software to code themes in women's interviews. As many of the themes I used for the websites were pertinent to my interview data, I used these codes again to organize my data in NVivo. Many themes were unique however, and my coding of interview data reflects an inductive approach here as well. Through my identification of themes both familiar from website data as well as novel, I have demonstrated throughout this work the ways in which women situate themselves as consistent with prominent pro-choice rhetoric in particular, as contrary to its preferred narratives, and/or as beyond them.

My approach to discourse analysis is largely informed by the tenets set forth by Judith Baxter (2002; 2003; 2008), who has coined the term Feminist Post-Structural Discourse Analysis (FPDA) to describe an approach to understanding speakers' use of discourse in positioning themselves and their experiences as part of larger cultural meanings. FPDA emphasizes the

ways in which power is conveyed through talk and the ways in which talk often constructs women as deviant in comparison to male norms – less powerful, less moral, less capable, etc. At the same time, FPDA posits that experiences of power and oppression are fluid and that, even within observable trends of women's subordination, speakers are variously capable of claiming power. In utilizing this approach to data analysis, I have demonstrated that, even (and perhaps especially) within rhetorical constructs that serve to control and scrutinize women's sexuality (i.e. stereotypes concerning promiscuous women and "bad" mothers), women are able to claim power and assert superior positions. Within other rhetorical frames, however, the same women may find themselves subject to damning social definitions and experiences of disempowerment.

As a feminist methodologist, I am primarily concerned with women's experiences of the social world as well as the consequences of a variety of phenomena on women's lives. It is important to me that I portray my participants as the intelligent and agentic meaning-makers that I understand them to be – negotiating experiences of power and marginalization rather than falling victim to flimsy discourses. I believe that stigma and marginalization are powerful social processes and that my participants' interactions with them are rational approaches to self-preservation. I also believe that knowledge is an important tool against oppression and that its pursuit should not be one-sided. I close my discussion of my research methods by discussing the feminist goals of my research as they relate to my interactions with participants and my examination of their stories.

## SELF AS RESEARCHER

Women participated in my research for a number of stated reasons – many to support abortion rights by telling an optimistic story, while others wanted to set the record straight by telling a story unlike ones they had heard in popular discourse. Others simply wanted or needed

to talk. Women told me they had never talked about their abortions, that they rarely did, that they had not told their stories in a long time, or that they had never told "the whole thing." Their participation in the interviews was a form of story-telling that was therapeutic for some and immensely difficult for others.

Women's orientation to sharing their stories often compelled me to share my own. In other cases, something told me to hold back. Often, women professed doubts and opinions I thought demanded a scholarly reassuring response: "You are not unusual," or " Many patients are like you." In some cases, citing data seemed to me unwarranted and potentially patronizing. My interviews were a constant exercise for me in negotiating my status as aspiring expert, fellow patient, mother, pro-choice feminist, naïve younger woman, and more mature older one. Where comfortable, however, I shared scholarly data, and when asked or when I sensed it would alleviate self-consciousness, I talked about my own abortions. I think my strategy here was similar to the consciousness-raising goals of the Second Wave feminist movement.

I tried not to share my abortion history until the end of an interview, however, so as not to discourage women from sharing their opinions on multiple abortions in particular. The women that I recruited from among my acquaintance network often knew my abortion history, and I suspect that knowing that I had more than one inhibited some of them from sharing disparaging views of "repeat customers."[13] At the same time, I think knowing they were talking to an "insider" put some participants at ease and allowed them to be less concerned with managing deviant impressions.

[13] Having had more than one procedure is, in fact, an element of my biography that I have had difficulty integrating into an otherwise relatively open, though controlled, sharing of my patient identity among acquaintance networks – and one that others struggle to assimilate. As such, while comfortable asking me questions about my abortion experiences, most friends and acquaintances politely ignore the fact that I have had two, perhaps preserving face (Goffman 1955) for me within the context of a pro-choice subculture in which having one is relatively unproblematic.

On the other hand, when interviewing the majority of my participants who were not acquaintances, I sometimes felt that sharing my personal information would be upsetting and/or unproductive. Many women were secure in their decisions and in their views and presented their stories without the uncertainty that often invites comment. These women neither asked me personal questions nor solicited my opinions or validation. In these cases, I was grateful for women's reporting of their experiences and adhered to a more traditional interview template.

Sometimes I shared limited features of my experience in contexts I hoped would be helpful to women who were struggling. As I have stated, participants often felt very alone and did not think they knew other women who had had abortions. Conversations with these women were often difficult and wrought with painful emotions. While I never told these women that I knew how they felt, I was compelled to tell them that they were not alone, neither statistically nor immediately. Sometimes I felt it clear that this small validation empowered a participant to overcome self-doubts and keep talking. Sometimes this was a positive revelation upon which to end an otherwise difficult interview. And sometimes this was the point where interviews became conversations and did not turn back.

In attempting to sense the direction in which participants wanted to take their interviews, I tried to mitigate any imbalance of power. Most of the women I interviewed had less education than I, and some were accustomed to having graduate students of my experience level instruct their classes. While this translated to a "studying down" dynamic in some cases (in spite of my best intentions to convey respect, gratitude, and a lack of presumption), a more equitable sharing of power and prestige was evident in others. I tried to foster this as best I could by recognizing my participants as experts in regard to their own experiences and by conveying my appreciation for their time and for sharing ideas and understandings I had not considered.

Finally, I have tried to convey my respect for my participants and my feminist methodological goals in this manuscript by illuminating my ideological and experiential biases on the topic of abortion without diminishing women's contrary standpoints. I have said that I identify as pro-choice and as a feminist, and because I am a qualitative methodologist, I think it is essential that I acknowledge the many ways in which these ideologies and my personal experiences contribute to my understanding of this topic and my interest in investigating it in the first place. At the same time, I have attempted throughout this project to treat rhetoric from both ideological camps concerned with the issue of legal abortion with an even hand.

As a pro-choice feminist, I think that I have succeeded in critically examining a school of thought that has informed many of my views of reproductive freedom and in identifying ways in which its chosen rhetoric devalues and ignores women in the pursuit of protecting their rights to abortion. It has been my goal to pursue this research agenda not while denying my political and ideological orientations but while acknowledging them as a way of holding myself more accountable for the accuracy of the observations and conclusions I attribute to my data.

# APPENDIX B
# PARTICIPANT APPENDIX

TABLE 1 Participants

| Name | Age | Race/Ethnic | Number of Abortion | Age at abortions | Education Level | Political | Religion(upbringing) | Children(then/now): |
|---|---|---|---|---|---|---|---|---|
| Caprice | 19 | Black | 1 | 18 | H.S. | none | Christian | 0/0 |
| Danielle | 19 | White | 1 | 18 | H.S. | none | Catholic | 0/0 |
| Lorraine | 19 | Black | 1 | 19 | H.S. | Democrat | N.A. | 0/0 |
| Amelia | 22 | Black | 1 | 18 | H.S. | Democrat | Christian | 0/0 |
| Giselle | 23 | Black | 3 | 18,20,20 | H.S. | Democrat | Christian | 0/0 |
| Amanda | 24 | White | 1 | 24 | B.A. | Apathetic | N.A. | 0/0 |
| Elena | 25 | Mexican-Amer. | 1 | 24 | B.A. | None | None(Cath) | 0/0 |
| Andrea | 26 | White | 2 | 18,21 | H.S. | Democrat | Atheist | 0/0 |
| Bridget | 26 | White | 1 | 18 | H.S. | Libertarian | (Catholic) | 0/0 |
| Carrie | 27 | White | 1 | 21 | M.A. | Democrat | None | 0/0 |
| Emily | 27 | White | 1 | 26 | B.A. | N.A. | None | 0/0 |
| Jessica | 27 | White | 1 | 23 | B.A. | Independ. | N.A.(Mormon) | 0/1 |
| Drew | 29 | White | 1 | 24 | A.A. | Democrat | None | 0/0 |
| Juliet | 30 | White | 1 | 29 | H.S. | Democrat | None(Cath) | 2/2 |
| Katy | 30 | White,Latina | 1 | 21 | H.S. | Liberal | Atheist | 1/3 |
| Autumn | 34 | Black | 1 | 26 | B.A. | None | Christian | 0/0 |
| Grace | 34 | Black(African) | 1 | 31 | M.A. | N.A. | Catholic | 0/0 |
| Hester | 34 | White | 1 | 24 | A.A. | N.A. | Atheist | 0/0 |
| Meg | 34 | White | 1 | 18 | M.A. | Liberal | Not religious | ½ |
| Holly | 38 | White | 1 | 22 | M.A. | Democrat | Christian | 0/0 |
| Lisa | 39 | Black | 1 | 25 | H.S. | None | Christian | 2/6 |
| Marissa | 40 | White | 1 | 40 | M.A. | Democrat | N.A. | 0/0 |
| Pamela | 41 | White | 1 | 26 | H.S. | None | Wiccan(Pentacost.) | 1/5 |
| Brooklyn | 45 | Black | 2 | 19,23 | H.S. | None | None | 0,1/2 |
| Joanne | 57 | White | 1 | 19 | J.D. | Democrat | Atheist | 0/1 |
| Karen | 57 | White | 1 | 24 | B.A. | Very liberal | None | 0/1 |
| Elaine | 62 | White | 2 | 21,26 | B.A. | None | None | 0/0 |
| Regina | 62 | White | 1 | 26 | B.A. | Independ. | None(Methodist) | 0/1 |
| Susan | 64 | White | 2 | 23,29 | PhD | Democrat | Liberal Protest. | 0/1 |

# APPENDIX C

## COVER LETTER

Dear Potential Research Participant:

My name is Mallary Allen, and I am a PhD student in Sociology at Southern Illinois University-Carbondale. I am researching women's experiences of abortion.

PURPOSE AND OVERVIEW:

I am interested in interviewing women who have had abortions. Interviews will take place in a safe, non-judgmental atmosphere with the goal of allowing participants to tell their stories. The information gathered from this study will be used to complete my dissertation and may be published in articles or books.

RESEARCH PROCEDURE:

Potential participants are women over the age of 18 who have had an abortion. Volunteers will be asked to take part in a two-part data collection process, which will take approximately one to two hours total. The first part is a brief questionnaire to gather background information pertaining to participants' age, race, ethnicity, age at the time of abortions, etc. The second part of data collection is an audio-recorded interview about abortion experiences. Interviews will take place in a private location preferred by the participant, or by phone.

PARTICIPANT RIGHTS AND PROTECTIONS:

Participation in this project is strictly voluntary. Participants may end their participation at any time and withdraw their consent. I will keep all participants' identities confidential to the full extent allowed by law and am the only person who will have access to interview recordings. I will keep audio-recordings in a locked safe in my locked office. I will erase interviews from my recording device within one month. I will replace any identifying information about participants

(such as their names, the names of others they mention, and place names) with fictitious names. Participants' ideas and quotes may appear in publications and presentations resulting from this research, but they will not be linked to participants' names or any other identifying information.

Participants will be required to sign a consent form agreeing to the conditions of the research. These consent forms will bear participants' names. However, consent forms will be locked in a safe and kept separate from all other research materials. Transcripts, recordings, and questionnaires will not be marked with participants' real names and thus will not be traceable to consent forms. I will be the only person with access to research materials.

I recognize that abortion is a sensitive topic for many in our society. Talking about one's own experiences with having an abortion may be emotionally distressing for some participants. Please note that I am not a counselor or mandated reporter, nor am I qualified to provide any mental health treatment. However, I will help participants locate these services in their communities if desired. Individuals who feel that discussing their abortions would be too distressing should not volunteer for this research. I am offering $10 in appreciation of participants' time. Participants can receive this $10 even if they skip questions or end the interview altogether.

QUESTIONS AND CONCERNS:

If you have any questions about this research project, please contact me at mallarya@siu.edu, (618) 534-6710, or in my office Faner Hall 3430. My adviser in this research is Dr. Jennifer Dunn, Jennifer.dunn@utt.edu. Thank you for your time and consideration.

Sincerely,

Mallary Allen

# APPENDIX D

# INFORMED CONSENT

PURPOSE AND PROJECT OVERVIEW:

The purpose of this study is to understand women's experiences of abortion from their perspectives and in their own words. Participants in this research are women over age 18 who have had abortions. If you agree to participate in this research, you will be asked to complete a short questionnaire and an audio-recorded interview with Mallary Allen, the sole researcher, at the location of your choice. Participation is anticipated to take approximately one to two hours.

RIGHTS AND PARTICIPANT PROTECTIONS:

Your participation is voluntary. You may skip any question asked on the questionnaire or during the interview. At any time, you may quit the questionnaire or interview altogether.

Your interview will be audio-recorded for transcription purposes. Mallary will protect your identity and is the only person who will have access to the recording. She will keep it in a locked safe in her locked office. After transcription, your recorded interview will be erased. Any identifying information will not be published.

Mallary will protect your confidentiality to the full extent allowed by law. Your name will appear only on this signed consent form. This form will be kept in a locked file cabinet separate from your questionnaire, interview transcript and audio-recorded interview. The researcher alone will have access to your consent form and thus your personal name. Your questionnaire and survey will be marked by a number and will not be traceable to you. Your contributions and quotes may appear in publications.

Please do not participate in this project if you think discussing your abortion will be too distressing. By agreeing to participate in this study, you acknowledge that the researcher is not a

counselor or mandated reporter and is not qualified to provide mental health services. Mallary will help you locate counseling services if desired but is not responsible to make referrals or to pay for services. If participation in any part of research becomes distressing, please ask to stop.

QUESTIONS AND CONCERNS:

Contact Mallary Allen at 618-453-2494 or mallarya@siu.edu with questions/concerns. Contact her adviser, Dr. Jennifer L. Dunn, at 618-453-7625, jldunn@siu.edu. This project has been reviewed and approved by the SIUC Human Subjects Committee. Questions concerning your rights as a participant in this research may be addressed to the Committee Chairperson, Office of Research, Development and Administration, SIUC, Carbondale, IL 62901-4709. Phone (618)453-4533. E-mail: siuhsc@siu.edu.

I ,_____ (please print name), have read and understand the information above, and any questions I have pertaining to this project have been answered to my satisfaction. I agree to participate in this research.

Signature_____ Date_____

I agree to have my participation in an interview audio-recorded with the understanding that this audio-recording will be destroyed within one month of today's date.

Signature_____ Date_____

I agree to be contacted by ☐phone/☐email with follow-up questions after my interview if needed. Follow up will not be audio-recorded.

Signature_____ Date_____

# APPENDIX E

## INTERVIEW SCHEDULE

1. Tell me about your abortion/s. (Or, Imagine you were going to write the story of your abortion. What would that story be? Include whatever you think is important to the story.)

    Additional prompts if subject needs more structure:

    What made you volunteer for this interview?

    How did you see yourself at the time of your abortion?

    What thoughts and feelings did you have? How did you feel immediately afterwards/in the following days/weeks/months?

    Did anyone accompany you, talk to you, support you, help you pay for the procedure at the time? What was their attitude? How did you feel about this person's involvement?

    What have you learned about yourself from this experience?

    What do you know now that would have helped you earlier?

    Has this experience changed you/made you a different person?

    Do you have friends or know others who have had abortions? What do you think about their experiences?

    How do you see yourself now? What thoughts and feelings do you have about your abortion now?

2. What were your views on abortion in general (or as an issue) prior to having an abortion?

3. What are your views on abortion now? Have they changed since having an abortion?

# APPENDIX F

## FACE SHEET

Preferred pseudonym (leave blank if you would like one chosen for you)_____

Age ____

Race _____ Ethnicity _____

Gender _____

Sexual Orientation _____

Relationship Status _____

Occupation _____

Unpaid or volunteer work _____

Highest level of education _____

Religious/Spiritual orientation _____

Political orientation _____

Number of abortions _____

Age at the time of abortion/s _____

# VITA

Graduate School
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Mallary Allen

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University of Montana
Bachelor of Arts, Sociology, May 2007

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Master of Arts, Sociology, May 2011

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Matten Award for Excellence in Health Research, 2013

Dissertation Title:

The Social Construction of Deviance, Activism, and Identity in Women's Accounts of Abortion

Major Professor: Jennifer L. Dunn