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Everyone Knows I Had an Abortion: Fighting Abortion Stigma Through Narrative Collection and Mutual Aid

Sabrina Gunter

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Everyone Knows I Had an Abortion: Fighting Abortion Stigma Through Narrative Collection and Mutual Aid

Sabrina Gunter
EVERYONE KNOWS I HAD AN ABORTION: FIGHTING ABORTION STIGMA
THROUGH NARRATIVE COLLECTION AND MUTUAL AID

by

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ABSTRACT

According to a 2017 study conducted by the Guttmacher Institute, roughly one in four women will have an abortion in their lifetime. Despite how incredibly common of an experience it is, one almost never hears abortion talked about on an individual basis. This study seeks to find out why people who’ve had abortions do or don’t talk about them, and why, as well as what, if anything, can and needs to be done to change the conversational landscape around abortion. I used qualitative methods to conduct seven participant-led interviews with different people who have had abortions. My findings show that people don’t talk about their abortions for a variety of reasons, including but not limited to: fear of stigma, feeling there’s no non-“awkward” way to bring it up in conversation, and simply not really thinking about it that often. My participants also described a variety of ideas for fighting this stigma, primarily through connecting with, talking with, listening to, and being a source of mutual support for other people who have also had abortions. Because I used a participatory-action model of methods, my participants and I worked to put some of their ideas into action after the conclusion of our interviews.

Keywords: abortion, stigma, narratives, mutual aid
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I found out I was pregnant on January 2nd, 2017. I was at my gynecologist’s office for a routine check-up on my copper IUD (intrauterine device, a form of long-term non hormonal birth control placed inside the uterus). My doctor quickly found that my body had begun to reject the IUD, and was slowly pushing it out of place. She said that she’d take it out and put in a new one if I’d like, but because an IUD’s contraceptive efficacy drops when it’s not in the correct position, she would need to do a quick pregnancy test, “just in case.” I was informed of my pregnancy by the clucking noises of disapproval that came from the nurse as she looked over at my results.

I was alone, staying with my parents, working full time over the winter break between semesters, and not dating the person I’d gotten pregnant with. I was in a daze. I went to my job like everything was normal. I only cried in the office bathroom two or three times, when reality was able to temporarily break through the dissociation.

I knew immediately that I wanted an abortion. I had no doubts about my decision and I’ve never regretted it. But as it was happening, I was surprised by how deeply unhappy I felt. I still struggle to fully explain what I was feeling. While I understand scientifically that life does not begin at conception, I couldn’t stop this awful voice in the back of my head from saying, “But what if it does?” Some part of me had bought into the narrative that a fetus and a child are the same thing, and that I was choosing to murder a child that I’d created. I also just felt a strange attachment to the pregnancy, which caught me off guard, considering that I’m not sure I ever want children.
At first, I wouldn’t admit to myself that I was feeling these things. For some reason this mix of guilt and affection towards what was barely even an embryo made me feel like a bad feminist. I was afraid that if these things were true for me, then that meant they were true for other people - and the last thing I wanted was for anyone else to ever feel guilty about the decisions they make with their own bodies. But I realize now that feeling a complicated mix of emotions doesn’t mean that I made the wrong decision, and it doesn’t invalidate any part of my experience. I remained confident the entire time that having an abortion was the right decision for me.

I went back to the gynecologist for the abortion on January 10th, 2017. I opted for the ‘medical’ abortion, the pill form, thinking it would feel less invasive than a surgical abortion. I had ten hours of truly horrible pain, followed by three weeks of constant bleeding and cramps. I took one day off from work and returned equally in denial of the abortion as I’d been of the pregnancy.

It took a year for me to find closure. I had a lot of pent up resentment towards the person I’d gotten pregnant with. When I first called him to tell him I was pregnant, he was quick to declare how “supportive” he was going to be; within two weeks he had all but stopped responding to my texts. A month passed, I went to study abroad in South Africa, more months passed, he went to study abroad in India. It wasn’t until January of this year, one full year after the abortion, that I saw him again. We ran into each other in the dining hall and he looked like he was resisting the urge to run and hide. I told him that we needed to talk, and even he couldn’t find an excuse to refuse. I let him have it. I told him how I hadn’t felt as alone as he had made me feel in years, how immature he was, how not okay his abandonment was. Despite us not being in a committed relationship,
we’d been friends for months and I’d thought that he at least cared about me as a person. I wanted to make him sit down and listen to a year’s worth of unresolved, unexpressed anger, and wasn’t going to let him scamper away and make excuses for himself. And honestly, yelling at this boy was exactly what I needed - the sense of closure I’d been looking for came nearly instantly.

Psychologically, emotionally, and physically, my abortion is one of the hardest things I’ve ever been through. But as awful of an experience as it all was for me, I know that I had just about the best version of this experience possible. I felt comfortable telling my family, and they were respectful and supportive. I have great health insurance and didn’t have to pay for anything out of pocket. I was able to get quick and compassionate care without having to drive hundreds of miles to receive it. I wasn’t coerced into having the abortion. I wasn’t coerced into sterilization, or forcibly sterilized against my knowledge. I didn’t have to risk my life trying to perform an abortion on myself or procuring one illegally. I had friends who loved me, held and cared for me in this time without the slightest hint of judgement. I am incredibly, wildly, undeservingly lucky.

And my relationships are truly what got me through it all. My best friend Madison was the first person I told when I got the news. The very first thing she told me was how common abortions are - 1 in 4 women will have one in their lifetime (Guttmacher 2017). She told me to look up the hashtag #ShoutYourAbortion, where I found countless testimonials online from other people who’ve had abortions. Having access to this information from the start, knowing the commonality of abortion and knowing how many other people go through this, really got me through the early stages of the experience.

Another close friend that I told in the following weeks ended up getting pregnant herself
only a month or so after I did. At the time, she was the only other person I knew (or I knew that I knew, rather) at our age with an unexpected pregnancy. Being able to talk through our shared experience allowed us to be there for each other in a way that no one else could, and that was absolutely invaluable.

These experiences were the inspiration for this thesis. In whatever form it took, I decided I wanted to use my thesis as an opportunity for more stories to be told.

I want to use this platform to affirm to anyone who might find themselves considering an abortion that it is a perfectly safe, common, and okay procedure to have. I hope that this thesis helps at least one person out there feel a little less alone.
INTRODUCTION

This thesis is a qualitative interview-based study on people’s individual experiences with abortion. I wanted to start a conversation, and to know what having an abortion is like for other people. Do people who’ve had abortions talk about their experience with others? Why or why not? If so, how do they talk about their experience, and with whom? Do they wish that they could speak more openly about their experience? What do they generally wish the atmosphere or conversation around the subject were like? What do they perceive to be the causes (and effects) of the stigma and absence of conversation around abortion? Do they feel like they’ve had the resources and support they need? What types of resources or changes in the larger conversation around abortion would help people who’ve had abortions feel more supported/able to heal?

I got the inspiration for the study while reflecting on the fact that despite the saturation of political conversation around the (il)legality of abortion, there’s little to no conversation around abortion on an individual level. Based on the amount of conversation that does exist, one would think abortion is relatively rare experience. However, according to a 2017 study by the Guttmacher Institute, one in four women will have an abortion by the time they turn 45\(^1\) (Guttmacher, 2017). Clearly there is a disconnect here - if people are having abortions so frequently, why isn’t anyone talking about it?

The answer, in short, is stigma. Having an abortion is a stigmatized trait, in which a person who has had an abortion becomes associated with certain negative stereotypes and assumptions. These assumptions range from carelessness to irresponsibility to

\(^{1}\) It cannot be emphasized enough that women are not the only people who have abortions. Trans and gender non-conforming people can and do get pregnant. However, for the sake of citing this statistic, I chose to leave the word ‘women’ in place because this reflects the methodology used in their study, and because a change in phrasing would not accurately reflect the particular findings of their study.
immorality to laziness to promiscuity and more. Stigma and shame thrive in silence, which is why speaking up about abortion is one action that can be taken to help destigmatize it. The interviews I conducted serve a purpose in finding out respondents’ views on the questions I ask them, but they also serve a function in and of themselves. Conducting these interviews creates a space that allows for open communication on shared experience. Several of my interviewees said our conversation was the most in-depth one they’ve had had about their abortion with anyone so far. I’m sad that that’s the case, but am beyond grateful to have been able to help facilitate that.

This study proceeds in the following way: first, I start with a historicization of reproductive (in)justices and activism. While certainly not comprehensive, I do this as a way to put the conversation that follows in perspective. Unearthing often untold histories emphasizes that reproductive freedom has meant many different things to different people at different times. It also reveals that the history of reproductive rights and health in the U.S. has, accordingly, been entangled with histories of white supremacy, capitalism, ableism, and colonialism as well as patriarchy. I then move on to the literature review, which lays out the existing knowledge in the field as well as a theoretical grounding for talking about abortion. I examine black feminist theories, reproductive justice frameworks, and theories of gendered and sexed rhetoric, and then use those analyses to look further at relevant literature, such as sociological studies on stigma, silence, and abortion as experienced by individuals. Then comes the methods section, in which I lay out the means by which this study could be repeated and expanded upon. I explain my qualitative methods as well as the methodological frameworks I use to approach my study theoretically. Next is the results, an organized explanation of the findings from the
interviews. The biggest grouping of themes that I pulled from my interviews was the
variety of reasons people had for talking or not talking about their abortions, the
emotional and unemotional impacts of the abortion, and participants’ ideas for social
change around abortion stigma. Finally, in the discussion and conclusion section, I argue
that this study, given its many limitations, is best suited as a call to action. Rather than
standing alone as produced, generalizable knowledge, it reveals the need for other
scholars to replicate this study with a greater diversity of voices on a much larger scale.

This thesis contains everything I wish I had known when I was going through my
abortion. Overall, I just hope that the labor I put into this thesis creates real, tangible
change that positively influence people’s experience with abortion.
CHAPTER TWO
HISTORICIZING REPRODUCTIVE ACTIVISM

Conversations about abortion are incomplete if they don’t take into account the deeply racist and white supremacist histories (and present realities) of reproductive oppression. Consequently, the uncritical promotion of abortion “rights” misses the mark, as it fails to acknowledge the many groups of marginalized people who are not only unable to actually access legal abortions, but also have to fight to “...maintain personal bodily autonomy, have children, not have children, and parent the children [they] have in safe and sustainable communities” (SisterSong, 2017). To understand this, one can look at several of many, many concrete examples.

The United States has an extensive history of forced and coerced sterilizations of people of color, disabled people, incarcerated people, immigrants, and indigenous people. Federally-funded sterilization programs existed in 32 different states throughout the 20th century, many of which continued to be active well into the 1970s and even the 1980s (Ko, 2016). Even still, coercive sterilization continues on into very, very recent history, if not in the present moment. According to a study by the Center for Investigative Reporting, over “...a period of four years [from] 2006 to 2010...at least 148 women at the California Institution for Women in Corona and Valley State Prison for Women in Chowchilla received tubal ligation, a surgical procedure for permanent sterilization” (Garcia, 2013). This state-sponsored violence against untold thousands of people of color shows the strength ideologies like eugenics have had in empowering a structurally white supremacist society to this day.
But as said, reproductive violence goes beyond restricted abortions and forced sterilizations. With young black children like twelve-year-old Tamir Rice and six-year-old Kameron Prescott being shot to death by police, African American families have been routinely robbed of their children and their right to raise those children in safe, healthy environments (Fortin, 2017). Undocumented parents live in constant risk of being torn apart from their children and families by police and immigration officers. Indigenous families have had their children kidnapped and forced into assimilationist boarding schools for essentially all of the United States’ history, not to mention having their families destroyed by mass sexual violence and genocide (INCITE!, 2014).

I do not intend to make a spectacle out of the violence and trauma that marginalized communities face at the hands of the state. Rather, I list these examples as a means to show the degree to which reproductive justice must be thought of in a far broader sense than simply focusing on abortion alone. These, among several hundred years’ worth of other examples, highlight the importance of understanding that combating reproductive oppression also means combatting structural white supremacy, colonialism, ableism, and capitalism as well as patriarchy.

This brings us to the distinction between reproductive rights and reproductive justice. There are many different iterations of reproductive justice, developed by many activists and scholars over the years. One such group of people is SisterSong: Women of Color Reproductive Justice Collective, who define reproductive justice as, “…the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities” (SisterSong 2014). In various materials, they define reproductive justice as a paradigm shift in understanding
reproductive health that analyzes power and access as opposed to individualistic notions of rights and choice. In short, a reproductive rights framework focuses on the individual legal right to have an abortion, while a reproductive justice framework analyzes abortions and reproductive health from a structural perspective.

All this to say, using these tools to analyze abortion discourse critically is important in avoiding the reproduction of violent power dynamics and hierarchies. It is important to maintain a critical awareness of different histories of reproductive violence, in order to combat the erasure of marginalized histories and to more effectively fight for reproductive liberation for all today.
LITERATURE REVIEW

It is essential to talk about abortion with a nuanced and historicized understanding. In order to do so, the conversation needs to be thoroughly situated in both context and theory. For this study, incorporating context means tracing the different ways in which reproductive violence has operated on differently gendered and racialized bodies in different times and places, as was done in the previous chapter. Incorporating reproductive justice into theory means grounding the work of this study in antiracist, intersectional feminisms. It is from this space of contextualized theory that one can begin to unpack the sociological literature on abortion and stigma.

While academic literature covers most of these topics quite thoroughly, there are certainly significant gaps. Because access to the academy is predicated on whiteness, maleness, and wealth, the resulting literature often reproduces these dynamics of power. More radical and feminist academic literature does, of course, exist, both within and outside of the academy. That being said, this review will incorporate literature from a range of sources, some of which not originating in means of knowledge production not typically seen as valid. This means that online articles, speeches, and social media posts will be regarded with the same validity as academic journal publications.

The most critical topics within the relevant literature are: theoretical frameworks of anti-racist intersectional feminisms, generally and as applied to abortion; analyses of the gendered and sexed language in abortion and reproductive health rhetoric; how stigma operates and what its consequences are, both more broadly and in terms of abortion specifically; and sociological studies on phenomenological understandings of abortion as individually experienced.
Theoretical Groundings: Anti-Racist Intersectional Feminisms

Feminist theory has been built over time by many generations of scholars and organizers, most of whom are women of color and other marginalized women. Many have done so specifically in regards to the concept of intersectionality. Kimberlé Crenshaw is credited with coining the term intersectionality in her 1994 piece, “Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color.” In this text, she uses the specific example of domestic violence to analyze the ways in which violence and access to resources are distributed differentially based on one’s proximity to more privileged categories of identity. For example, an undocumented woman of color who cannot speak English will have greater difficulty accessing, or even feeling safe accessing, resources like battered women’s shelters, either because she may fear deportation or because she is unable to communicate with an English-only speaking staff. Crenshaw also argues:

Although racism and sexism readily intersect in the lives of real people, they seldom do in feminist and antiracist practices. And so, when the practices expound identity as ‘woman’ or ‘person of color’ as an either/or proposition, they relegate the identity of women of color to a location that resists telling. (Crenshaw, 1994)

Here, Crenshaw is stating that the intersectional ways in which people’s lives are shaped by systems of power is not always reflected in the praxis or strategies of activists, and that people within only one marginalized identity category (typically white women and men of color) often fail to acknowledge or integrate the existence of multiplicities of oppression in their analyses. She is also describing the intersections of oppression in which black women often find themselves; rather than being additive, the experience of living under multiple systems of domination is greater than the sum of its parts.
Going farther back, the concept of intersectionality has existed implicitly in some form or another since at least as far back as Anna Julia Cooper’s 1893 address to the World's Congress of Representative Women in Chicago, entitled “Woman’s Cause is One and Universal.” Cooper, a woman born into slavery in 1858, argues to an audience of mostly white women, “…not till the universal title of humanity to life, liberty, and the pursuit of happiness is conceded to be inalienable to all; not till then is woman's lesson taught and woman's cause won” (Cooper, 1893). Here, Cooper shows a recognition of the intertwinement of the forces of patriarchy, white supremacy, and other systems of power.

As further argued generations later by more recent black feminist scholars, it is impossible for one group of people to be liberated at the expense of the continued oppression of another, due to the mutually constitutive nature of these forces of oppression.

While not specifically using the word ‘intersectionality,’ the Combahee River Collective also makes a compelling argument for weaving multiplicities of structures into their analysis of power. In their 1977 “Combahee River Collective Statement,” they write:

We are actively committed to struggling against racial, sexual, heterosexual, and class oppression, and see as our particular task the development of integrated analysis and practice based upon the fact that the major systems of oppression are interlocking. The synthesis of these oppressions creates the conditions of our lives. As Black women we see Black feminism as the logical political movement to combat the manifold and simultaneous oppressions that all women of color face.

What’s important about the Combahee statement in particular is that it moves the rhetorical emphasis away from identity categories of individuals and onto interlocking systems of domination. Focusing on the overarching structures of power rather than on
individuals and identities allows for a more accurate and powerful critique of the systematic manifestations of violence that one encounters in society.

This notion is expounded on further by Patricia Hill-Collins in her 2000 article, “Gender, Black Feminism, and Black Political Economy.” In part of this article, Hill-Collins analyzes W.E.B. Du Bois’ sociological methodology, and how it contributes to the marginalization of women of color by failing to incorporate an analysis of gender. She argues that Du Bois’ framing of, “…race, class, and nation not primarily as personal identity categories but as social hierarchies that shaped African American access to status, property, and power” is helpful in establishing what she calls ‘Black feminist standpoint epistemology’ (PHC 2000). That is, again, that an integration of systematic analyses about race, class, and gender is useful in reading these categorizations as broader delineations of power. However, Hill-Collins notes that Du Bois’ shortcoming is that he doesn’t give gender the same importance in his analyses as he does race and class. She explains that for Du Bois, “…race and class constituted important systems of power that explained Black political economy, yet gender far too often remained a personal identity category that described Black women’s special circumstances in dealing with the more fundamental (and thereby more important) oppressions of race, class, and nation” (PHC, 2000). This is where Hill-Collins explains her approach, and lists two components of her Black feminist standpoint epistemology:

Invoking these two dimensions of Black feminist standpoint epistemology-placing Black women’s experiences at the center of analysis as well as interpretive frameworks that rely on intersectional paradigms-promises to shed light on one important question: how might a gendered analysis shift our understanding of Black political economy?

In other words, Hill-Collins is arguing for the need to use an approach similar to Du
Bois’ - one that understands systems of power like race and class as continually producing and reproducing one another - but that also integrates gender into its analyses in the same manner.

With all that being said, the aforementioned literature on anti-racist feminisms, intersectionality, and interlocking systems of domination all applies to the research at hand for several reasons. Because sociology as a discipline argues that everything is embedded in and informed by social context, this of course applies to abortion. Because abortion and reproduction are so often sites of violence, it’s necessary to understand how that particular violence operates within larger systems of violence, and how all of these systems function together. Anti-racist feminist literature provides the analytic tools to do just this, and therefore is worth incorporating and centralizing in one’s textual arguments and praxis.

De-Gendering and De-Sexing Language of Reproduction

Language matters. When abortion and reproductive health are talked about as “women’s issues,” it erases trans and gender non-conforming people as well as intersex people from the conversation. The idea that cisgender women are the only people that can and do get pregnant, or that need reliable access to birth control or hormones, is based more in the social construction of gender than reality. People from all areas of the gender and sex spectrum have become pregnant, had children, and/or had abortions throughout human history; this is explored in Elizabeth Reis’ 2009 book, *Bodies in Doubt: An American History of Intersex*. However, while acknowledgment of the fallacies of gender and sex binaries is important in and of itself, it is more important to actually incorporate
this knowledge into one’s work and understanding of reproductive justice and reproductive and sexual health in general. This means taking active measures to de-gender and de-sex the language that one uses in these spheres.

However, there is almost no academic literature to this end. The few articles that do exist discuss de-sexing language in a more general sense, such as Spencer Leland’s 2016 article “Intersex: Considerations for Language and Invitations to Further Research.” Leland delves into the complexity and implications of different grammatical uses of the use of the word intersex itself:

Published research in a variety of disciplines offers no consistent response; even within a single essay, some authors refer to ‘intersex’ as a noun in some places (e.g., a person with intersex) but as an adjective describing conditions or disorders in another (e.g., a person with an intersex condition) and as an adjective describing people in yet others (e.g., an intersex woman). Still other authors use ‘intersex’ as a noun in place of more personal identifiers, substituting a singular or plural form of intersex where we might expect the word ‘person’ or ‘people’ (e.g., an intersex; some intersexes feel). Still other authors use ‘intersex’ to describe the concept but ‘intersexual’ (as a noun or adjective) to describe people. Occasionally, an -ed suffix gets attached to the term, but in these cases still functions as a noun (e.g., the intersexed) or an adjective (e.g., intersexed babies) rather than a verb (none of these terms connote action).

But beyond the complexity of the application of the word in a general sense, there still lays the question of how being intersex plays into reproductive health care for people on an individual and structural level. In this sense (although I am certainly willing to acknowledge that my say on the matter as a cisgender and cissexed woman should be given little, if any, weight), I see it best to include intersex people in the dialog around reproductive health in the same way that one can amend language to be more inclusive of trans and gender non-conforming people: gender neutralizing and sex neutralizing the discourse.
In the academy’s absence, I was able to find a fair amount of blog posts and other information on more accessible platforms of the internet that did directly address intersex people and reproductive language. Dr. Cary Gabriel Costello is a trans, intersex blogger who writes “The Intersex Roadshow.” He details his own experience with doctors, fertility, miscarriage, and pregnancy. He writes of his experience getting pregnant, other people’s confusion, and the harmful medicalization practices that often render intersex people infertile in order to fit them more closely into an arbitrary sex binary (Costello 2011). So, not only do discussions of pregnancy need to reflect the basic existence of trans and intersex people, he argues, but they also need to acknowledge the ways in which structural violence, social stigma, medical practices, and cissexism may stop intersex people who want to have children from doing so.

Other publications, such as the well-known Everyday Feminism, also weigh in on the matter. In an article entitled “4 Ways to Be Gender Inclusive When Discussing Abortion,” author Jack Qu’emi explains how commonly used rhetoric in the reproductive rights movement leaves out trans and intersex people. Qu’emi comments that some people advocate using terms like “those with a uterus” or “uterus-bearing people,” but concludes that “…because there is some racial historical context behind those semi-dehumanizing phrases, I coined FARS and MARS. These stand for ‘Female/Male Assigned Reproductive Systems’ respectively” (Qu’emi, 2014). Of course, there is no one consensus on what the ‘correct’ language is to be inclusive of transgender, gender nonconforming, and intersex people in conversations around reproductive health. And while my study certainly does not contribute to this particular field of literature, as I’ve had no intersex or trans participants (at least not any that chose to share this with me), I
do want to shed light on this deficit and urge other scholars not only to recognize the existence of these groups of people, but to actively incorporate them into research around reproduction so that the statistics and knowledge produced around pregnancy and abortion can more accurately reflect the experiences of more people.

**Sociological Theories of Stigma and Silence**

Erving Goffman is one of the most widely accredited scholars for his theorizing on social stigma. His 1963 book, *Stigma: Notes on the Management of Spoiled Identity*, defines and traces historically the concept of stigma, explores its social causes and consequences, and examines its ties to other social phenomena like shame and concealment. His essential conclusions are that people manage their social identities in such a way as to minimize stigma, so as to protect their sense of credibility, value, and impressions of self; they do so primarily by concealing socially stigmatized traits, which often leads to internalized feelings of shame and disdain for those very traits (Goffman, 1963). This account of stigma, however, like the work of most early social scientists, is highly individualized and does not account for broader structural sources and implications of stigma, nor how stigma is related to differentials of power or different groups of people.

Bruce G. Link and Jo C. Phelan attempt to bridge this gap in research in their 2001 journal article “Conceptualizing Stigma.” They conclude that stigma is, in fact, inseparable from power - social, economic, political - as “it takes power to stigmatize” (Link and Phelan, 2001). Dominant groups in societies have the power to largely dictate social norms and, therefore, what falls inside or outside of them. Access to power also
determines the intensity of the consequences of stigma and the distribution of life chances, they argue. In other words, for people who are already more socially precarious (insecure access to housing, income, food, health care, etc.), having a stigmatized identity is even more likely to negatively impact material access to resources than it is for people with greater privilege. Power, then, essentially gives the group doing the stigmatizing the ability to imbue their cognitions of deficiencies and stereotypes of another group with structurally discriminatory consequences.

Perhaps surprisingly, there is very little literature on stigma related specifically to abortion, individual or structural. The strongest existing study is the Guttmacher Institute’s 2011 report, “Abortion Stigma: A Reconceptualization of Constituents, Causes, and Consequences.” In this report, Alison Norris et al. define abortion stigma and identify its five different causes. For these causes, they list:

...the violation of female ideals of sexuality and motherhood….attributing personhood to the fetus, legal restrictions, the idea that abortion is dirty or unhealthy, and the use of stigma as a tool for anti-abortion efforts. (Guttmacher, 2011)

In another study, abortion stigma is brought back into conversation with structural forces of power. In “Conceptualizing abortion stigma,” Kumar et al. write, “Abortion stigma is neither natural nor 'essential' and relies upon power disparities and inequalities for its formation” and “ abortion transgresses three cherished 'feminine' ideals: perpetual fecundity; the inevitability of motherhood; and instinctive nurturing” (Kumar et al., 2009). This analysis of stigma and abortion in relation to systems of power is important for a more complete understanding of how stigma manifests itself both in the individual lives of people who’ve had abortions and at a societal, structural level.
What both pieces, and nearly all of the literature on stigma - structural or otherwise - lack is directly naming *specific* structural forces, such as white supremacy, patriarchy, cisheterosexism, and capitalism. To be true, there are frequently studies that examine stigma in relation to race or to gender (never both); however these studies tend to focus on the impacts of racialized or gendered stigma on a very individualized basis. A new body of social science literature that both tackles larger systems of oppression in relation to stigma and makes sure to explicitly names those systems is sorely needed. Only then can one actually work toward a complete understanding of the racialized, gendered, classed, and cisheterosexed ways in which stigma influences the distribution of life chances under capitalism.

**Navigating Abortion, Abortion as an Individual Experience**

There are a handful of studies that purport to have a similar goal to this my own - that is, gaining better insight into people’s individual experiences with abortion. Some come from sociology, but many come from psychology as well. However, these studies are often unnecessarily moralizing, or assume abortion impacts all participants’ mental health negatively. They are almost all written by men, who do not analyze how their positionality as a researcher may have impacted their data. One such study from 2017 comes out of the Centre for Studies in Practical Knowledge in Huddinge, Sweden, by Fredrik Svenaeus. He writes in his abstract, “I investigate the ways in which phenomenology could guide our views on the rights and/or wrongs of abortion” (Svenaeus, 2017). This exemplifies the moralizing methodological stance. His study isn’t concerned with learning about the experiential component for its own sake, but rather for
how it can be used to determine in which circumstances which type of abortions can be categorized as ‘right’ or ‘wrong.’

Another author, Brandy M. Lucas from Texas Tech University, also acknowledges the relatively small body of literature of people’s experiences with abortion, and seeks to use her study to fill in this gap. She writes, “Instead of having a body of literature that focuses on the experiences of women who have abortions, we find a research history that is much more commonly based on political and argumentative undertones” (Lucas, 2010). However, Lucas also states that she is working from a framework of clinical psychology and is looking to better understand the connections between abortion and negative mental health in her patients. She says, “If we work from the consensus that mental health risks and abortion are linked, it then becomes necessary to examine the relationship in a variety of ways” (Lucas, 2010). This disallows the notion that there are people who may not feel negatively impacted by their abortions, or even, in fact, feel that it positively influenced their mental health.

Another study, "Women and Abortion: a Phenomenological Analysis," comes to the conclusion that “...interview data provide widespread support for most parts of three a priori themes, and suggest that women use a different moral standard when making birth versus abortion decisions than the public debate suggests” (Hill et. al, 1994). They summarize the findings in stating:

Consistent with a priori expectations, the women in this study expressed that they experienced conflict during the decision-making process. Further, this ambivalence was typically associated with bonding between the woman and the fetus, which was a function of the informant's awareness of the physical changes happening within her and her embracing of these changes. Finally, these women often experienced a feeling that they had no choice regarding their abortion decisions; instead they felt that others' (including partners and health
professionals) were making the choice for them. Contrary to predictions, the feeling of lack of choice exacerbated women's conflicting emotional reactions. (Hill et. al, 1994)

These findings do show that the researchers were, at least in part, interested in abortion as an experienced event. However, the approach is, again, from a medicalizing/mental health related perspective, and goes to the point that there is almost no literature on experiential elements of abortion that find abortion narratives valuable for their own sake.

The last text marks a departure from those mentioned thus far. Researcher Kathryn Rea Smith’s 1998 qualitative study, “Experiencing Abortion: A Phenomenological Investigation,” is the one study I was able to find that does consider abortion narratives to be valuable in and of themselves. Of her methods, Smith writes:

Participants were asked simply to describe what stood out for them about the experience of having had an abortion. The goal of the interview was to give participants latitude to talk about their abortion experience in any way they saw fit...In order to be truly helpful for these women, we need to shift the focus of abortion research to a more open and exploratory one, where women who have terminated pregnancies lead the discussion. (Smith 1998)

To this end, this study most closely resembled my own methodology by far. Further, in setting up the background context for her study, she describes the same cultural silence that I also go on to point out. She explains:

In striking contrast to the relatively common occurrence of abortion is the fact that women rarely discuss their abortions...The taboo nature of abortion has rendered the millions of women who have undergone the experience largely silent. Because abortions so frequently are undisclosed, women do not necessarily know who among their friends has had an abortion, or even if their own mother or sisters have had one...The silence shrouding the experience of an abortion means that when a woman is contemplating abortion as an option for resolving an unintended pregnancy, or has gone through an abortion and wishes to make meaning of her experience, she often must do so alone. (Smith 1998)

This text is the most helpful in that it provides its analyses based on what the people interviewed had to say, and what was most important to them regarding their abortions.
This type of approach lends itself more to serving the needs of the participants and less to pushing the ideological agenda or deficiency-based approach of the researcher.

Overall, my study is by far most similar in structure, methods, and goals to Smith’s. What my study will add to the current body of knowledge comes out of my methodology of participatory action research, which I will describe further in the following section; essentially, my study goes one step further by listening to what participants would like to see in terms of tangible resources and material change, and then actually takes action to put those ideas into practice. Therefore, my study acts as a departure from the existing literature because it generally because it seeks to utilize the ideas and goals of the participants, not the researcher, and then uses those ideas to work together with participants to create tangible social change.
CHAPTER THREE

METHODS

I conducted this study by interviewing people who have had abortions. I recruited them online, mostly through the Claremont Colleges. I recorded, transcribed, and coded these interviews in search of similarities, differences, and themes. I wrote out the themes into the following section, the results. I concluded this project by compiling all of the ideas and goals for change participants had, and began working towards making some of those a reality.

Recruitment

I recruited participants from the five schools of the Claremont Colleges, primarily through online means. I began by writing posts in the various Facebook groups of students of Scripps College, the school that I attend and am writing this thesis under. I then had friends who attend the other four schools post the same message for me in the respective email listservs and Facebook groups of their institutions. I recruited from the Colleges purely out of convenience, as it was the largest pool of people that I had immediate access to. I also asked that people share the post within their own personal networks, and pass along my recruitment message to anyone they knew that had had an abortion, or any other large groups of people they had access to. This was how I was able to find an alum, a relative of a current 5C student, and a friend of a current 5C student to interview. All of my posts included a link to a GoogleForm, which listed all of the essential information about the study and allowed people the opportunity to sign up for an interview anonymously, if they so wished. Through this form, seven total participants
signed up. I contacted these seven people for interviews, allowing them to choose the time and location for their interviews.

**Participation**

Upon meeting with each participant, I would ask them about their day, or make other small talk to get some conversation flowing. I would then hand them or email them a copy of the consent form, and verbally go over it with them, asking if they had any questions before we got started. I would share at some point while explaining the study that I myself have had an abortion. Once they asked all of their questions and signed the form, I would ask them if it was okay to start recording, and then would begin recording.

I came into the interviews with a prepared list of questions, but usually started off by asking something along the lines of, “So, what can you generally tell me about your experience(s) with abortion?” I did this so that I could get a general sense of what the participant might want to talk about or not talk about, what parts of the experience were more important or memorable for them, and to generally let what they wanted to talk about be the guiding force for the interview. For the most part, participants took this first question as an opportunity to go into a general, longer narrative or story about their experience, and then the interview was able to flow more conversationally from there.

Straying a bit from traditional methodology, I would occasionally speak on parts of my own experience. I did this so that the interview process would seem less stiff and formal, to show my participants that I could relate in some ways, and so that they might feel more comfortable opening up to me about sensitive experiences.
Post-Interviews

When I finished transcribing all of the interviews, I reached back out to all of my interviewees and sent them the completed transcripts. I asked if they were interested in selecting any portion of our conversation to be included in a ‘zine’ (a small, self-published magazine). I gave them the option of having their full name, just their first name, a pseudonym of their choice, or no name at all be attached to their testimony. The zines include these testimonies, general facts and information about abortion, as well as resources that people can use for more information and support if they are considering or have had an abortion. I plan on having this zine stocked at the Health Education and Outreach (HEO) office on campus as well as the Monsour Counseling and Psychological Services (MCAPS) office. I am also working with MCAPS to start a support group on campus specifically for people who have experienced pregnancy, abortion, and/or miscarriage, which several of my participants have said they would actively like to join. Finally, I will be hosting an open mike, hang-out, conversational, zine-release event on campus as a part of the #ShoutYourAbortion campaign.
METHODOLOGIES

My approach to this study is based loosely on a participatory action model of research. Participatory action research is a methodological approach in which members of whichever ‘community’ of people being studied are an active part of the research process from beginning to end. In other words, participants help design the research protocol, analyze the data, and come up with ideas for action out of the results. While people who have had abortions, aside from myself, were not a part of the design of the study or the analysis of the results, they did help come up with and participate in all of the resulting actions that came out of the research, such as the zine, event, and implementation of the support group. Further, participatory action research also calls into question traditional hegemonic practices of academia in which university legitimated “scholars” are considered to be more of an expert on a particular subject than the people who are being studied. It attempts to disrupt the top-down dichotomy of knowledge production in which people are objects to be studied on, instead acknowledging people as partners to conduct research with.

My other main methodological framework is Black feminist standpoint theory. This approach states that every researcher has been raised in a particular social environment, and has mindsets, assumptions, biases, and life experiences gained from that situatedness. This means that rather than trying to be “objective” in one’s research, one should rather process and analyze the impact of their particular social positioning on the knowledge produced, especially by means of their identity categorizations. In further, accordance with Black feminist standpoint theory, as explained by philosophy writer T. Bowell, “Marginalized groups are socially situated in ways that make it more possible for
them to be aware of things and ask questions than it is for the non-marginalized…

[therefore] research, particularly that focused on power relations, should begin with the lives of the marginalized” (Bowell, 2011). Implementing these protocol is a step towards understanding how power relations impact the production of knowledge in a given study, and thus are very relevant to this sociological undertaking on experiences of abortion.

Finally, my rationale for using qualitative methods and conducting interviews is that people’s lived experiences with abortion are so very rarely talked about that the act of sharing abortion stories with other people who have had the same experience is in and of itself incredibly substantive. Over half of my participants told me that the interview we had together was the most in depth conversation that they’d ever had with anyone about their abortion. After being told this several times, I almost didn’t care what the ‘results’ of this study would be - I had already accomplished a huge part of my goal, which was simply to start a conversation.
CHAPTER FOUR

RESULTS

Seven people were interviewed for this study. The social positioning of the respondents inherently plays a role in their relationship to the emergent themes, what stigma means to them, the risks associated with speaking up about their abortions, what resources were available to them during the process of the abortion, and so much more. Along race, gender, and class, the seven people are quite homogenous. Six out of the seven respondents are white, five of whom are upper class or otherwise financially secure. All seven are cisgender women. The one woman of color is a financially well-supported international student. Six of the seven women are between the ages of eighteen to thirty, and one woman is above the age of fifty. Although I did not directly ask any questions related to ability, mental or physical disabilities did not come up in any of the seven interviews. Consequently, this study can be used only to understand the experiences of the seven individual people interviewed; in absolutely no capacity can this study be used to make any universalizing statements about what it generally means to experience an abortion. I therefore intend for this thesis to be a call to action for a better-implemented, widely circulated, and farther reaching recreation of this study rather than a conclusive document in and of itself.

With that being said, the major themes that emerged from the seven interviews are: the openness or reticence of participants in sharing their abortion with others; the emotional implications (or lack thereof) the abortion had for participants; and tangible, material ideas for positive change. Before unpacking these themes, I will start with a short overview of each participant, for the sake of preserving the continuity of the
narratives they shared with me as well as identifying the ways in which each participant's social positioning likely influenced the way they navigated their abortions.

**A Note on Gendered and Sexed Language**

While having less to do with my initial research questions on abortion stigma, silence, conversations, and healing directly, I decided to include a quick note on language anyways, because this study presents a particular opportunity for doing so. Over the seven interviews, there were forty-five total instances of gendered or sexed language in reference to reproduction. I define gendered language as any statement regarding pregnancy or reproduction that specifically and only references one gendered group of people. Examples include a call from one respondent to, “...not assume anything about the woman” in question who has an abortion (interview one), or another a declaration from another participant, “I’m tired of the stigmas of the type of women who have abortions” (interview two). In terms of sexed language, I consider this to be language that erases the existence of people outside of the binarized categories of sex, as well as their participation in pregnancy and abortion. One such example comes from one participant talking about stigma. She describes how she wishes people would react in regards to abortion:

[People should be] empathetic and feeling like, you know, it really could happen to anyone, like anyone who's having sex. It could happen to you because that's just a risk of having sex - or heterosexual sex - and so it's just one of those things that it's like, it's easy to judge others, but it can happen to anyone. (interview one)
This represents an example of sexed language in that it makes assumptions about what types of bodies and what kinds of reproductive systems are able to get pregnant, or that these bodies would fit into a binary necessary to classify someone as ‘heterosexual.’

It’s easy to use gendered language when talking about pregnancy and abortion because as a society, we’ve been socially inundated with media that exclusively pairs imagery of pregnancy with cisgender women - which is to say nothing of the complete non-existence of intersex people in popular media. However, upon remembering that pregnancy and abortion are indeed applicable to wide spectrum of people, we can begin to de-normalize those assumptions through our use of language. In the rest of this section, I use italicized text, like so, to highlight such instances in quotes from my participants. I simply use this method to draw attention to the prevalence of this language in the way that we are all socialized.

Lila

Because bias in research is unavoidable, it is worth being open and upfront about the fact that Lila is actually a very close personal friend of mine. She was one of the first people I told about my pregnancy, and she was the very first person I was able to talk to that actually understood where I was coming from. About two months after my abortion, and about one month after I’d told Lila about it, she called to tell me that she was pregnant, too. Talking with Lila over the following several months was, for both of us, one of the biggest factors in gaining closure around our abortions. In so many ways, Lila is the reason I did this study.

2 All names have been replaced with pseudonyms, sourced from a random name generator found online.
Lila is an upper class, white, Scandinavian immigrant and college student, who’s lived in California for the last fourteen years. She got pregnant with her long term partner when the birth control they were using failed. After being slightly late for her period, she decided to take an at-home pregnancy test “...on a fluke.” Upon testing positive, she told her mom, her partner, her sister, and me. She flew north to be with her family and to see her regular gynecologist, had her abortion, and returned to school a week later.

Silence and Sharing

Lila essentially told her entire family about her abortion. In describing this, she references how ‘open,’ ‘liberal,’ and ‘accepting’ they are, and how that was a factor in both why she told them and how telling them made her feel. To this end, she reflects:

I think that I got very lucky in that my family is so liberal, and that I could just call my mom immediately, and even talk to my dad about it. I think that a lot of women don’t have that luxury, and they kind of feel like it’s this shame that they need to hide. So I think that that is something that made this experience a lot easier and a lot healthier for me in a lot of ways, because I didn’t feel like they [my family] were condemning me for what I did. They were kind of like, “Okay, it happens, people have sex, they get abortions. Like, what else is new?”

This is one direct way in which Lila’s social positioning may have affected the circumstances of her abortion, as well as her familial dynamics post-abortion. Her family’s cited liberalism, and possibly their direct European background (having parents who spent first thirty years of life in an environment where abortion is not as uniquely politicized and vilified as in the United States) could arguably have had an influence on their response to her abortion.

Still, Lila generally considers her abortion to be a very private part of her life. Since sharing her story with her family, partner, and myself, she’s told relatively few
people. When asked what goes into her decisions on when and whom she shares her story with, she says that it depends on her level of trust with the person, but that it’s usually not something she really has a desire to talk about. She muses:

I think it just depends on how much I trust that person, and how much I feel like knowing this about me is an essential component to knowing who I am. I don’t want to have a relationship where I feel like I’m hiding a very significant life event. But then again, it’s just kind of based off how close I am with a person. It’s not something thing I would share with just anyone, it’s something I would share with like, a very close person in my life.

In this sense, Lila treats her abortion similarly to how one would generally treat information they feel to be ‘private.’ She has a willingness to share with those close to her, but only once they demonstrate that they’re trustworthy enough.

She does, however, make a point to emphasize that neither nor guilt or regret about her decision to have the abortion are factors in her silence. Lila explains that it’s:

...not because I feel bad about the procedure, but because I feel like people would see me differently if they knew. And I think that bothers me more than having done it, because I know that I made the right decision...It’s difficult to know how [others] will perceive me after I tell them. I think that it’s really easy to be like, ‘Oh, she must have been really careless, or like, you know, having unsafe sex, probably having a lot of sex partners.’

Like most of the respondents in this study, Lila reveals how stigma and the fear of negative reactions from others are majors factors in her silence.

However, Lila does express some conflict about her reticence. She doesn’t want to her silence to be a reason others feel they should stay quiet. In her own words:

I feel like it’s such a personal thing, I don’t really want the world to know. But I also don’t want it to be something that I feel bad about and that’s why I’m keeping it a secret. But it’s just like, I wouldn’t share other very personal things about myself, why should I share this particular one? But I know it’s a statement, and it’s something that I wish I was brave enough to put out more than I do.
Lila’s reflection shows the tension between wanting to make a ‘statement’ with her story, and her generally more private personality. This reflects the apprehension expressed by several participants that not talking about one’s abortion might be interpreted by others as feeling ashamed of having had one.

*Emotionality*

When talking about the emotions of the experience, Lila describes feeling the increase she experienced in negative self-talk an increase in negative self-talk. For instance:

I feel like we all beat ourselves up, we're all very self-critical, and this was just one more source of ammunition for it I think. So it's like, if I'm feeling down about myself, this will creep into my mind. It's something that always works to make me feel bad. Which sucks. But that said, I know from like a rational point of view that I did the right thing, so there's nothing I should feel bad about...I don't know. I think that you can't really help but have some negative feelings about it anyways.

However, she is also proud of herself for making it through something so difficult. She tells me:

I feel like I've proven to myself that I'm strong enough to get through it. And that's a really good thing to know about yourself. Like going through this, it makes you think about a lot of things and it makes you grow. And like realize your own strength, which was a really good thing.

Lila displays faith in her decision, and assuredness that it was the right choice for. While this isn’t always enough to prevent ingrained social norms of shame from finding their way into her thoughts, she is still able to recognize the positive growth that came from the experience and find an appreciation for her own resilience.
Finding out about the commonality of abortion as an experience was frequently cited as improving respondents’ outlook on their experience. To this end, Lila expresses:

I googled a lot of forums and stuff where people talked about [abortion], and it just made me feel a lot better because I'm like, I'm not the only one who's going through this. Like, so many other women go through it every month. You know, it's something that's just so common, that it makes you feel better knowing that you have a community, I guess.

Further, she talks specifically about the benefits of being able to connect with other people who’ve had abortions on their shared experience. Lila talks about the value of the conversations that she and I have had over our abortions:

I think the most helpful thing has been talking to my friend, because it's a shared experience that we have. It's just easier to talk to someone who is like, your age and has gone through the same thing. So I guess it's mostly just peer help that I would say has been the most effective and helpful for me.

Beyond sharing experiences with others on a broad scale and at an individual level, Lila also lists empathy from others and accepting environments as things would like to see more of to make spaces more accommodating for people to talk about their abortions.

**Frankie**

Frankie lived in China for all of her teenage life, up until her high school graduation when she moved to California to attend the Claremont Colleges. Frankie is white, cisgender, upper class, and has had two abortions. She had her first abortion in China when she was 18, soon after her high school graduation. She went to a Catholic high school and describes her mother as very religious. She had her abortion in China and then went off to college. Two years later, on the last night of a summer spent working in China, she found herself pregnant again. She needed to leave to start her junior year back
at school in the U.S., but her partner would be staying behind in China. Physically, the second abortion proved far more challenging than the first, with excruciating physical pain and an unresolved pregnancy and extensive bleeding that forced her to have a second procedure. She dealt with all of this without telling her parents, without feeling supported by her partner, and while trying to navigate a stressful enough life as a full-time college student.

**Silence and Sharing**

Despite her anxiety about her mother’s religious leanings, Frankie did decide to tell her mother about her first pregnancy, as well as her partner. But other than that, she didn’t tell anyone. She says that with going to a Catholic high school, “I felt like I had to keep it a secret from all my friends.” Her mother was supportive, although “passive aggressive.” But with the second pregnancy, Frankie felt like she couldn’t tell her mom because this was the second time it had happened. She recalls, “[I] wasn’t about to be like, ‘Hey parents, fucked up again! I need your help!’ So I didn’t do that.” Later, Frankie did end up telling her mom - but this time it was because of her fear following the medical complications with her abortion.

But more generally, one factor that comes into play with Frankie’s decisions about when to talk or not talk about her abortion is whether or not space has been made for the subject to come up. In reference to not speaking up, she says emphatically, “It’s not because I’m ashamed [of my abortions]. It’s more like there’s just no space for that to come out.” In other words, the general silence on people’s experiences with abortion can make it feel like there’s just no good way to bring it up in conversation.
But overall, Frankie now says that she generally feels quite comfortable talking about her abortion. In this quote, she covers several major reasons why:

I feel comfortable talking about it now because I feel like no matter what people say I know that, first of all, it was the best decision for me at the time, both times. Second, I know that I’m not in the wrong. Just, no. I am careful with who I tell it to just because, I don’t know, I don’t want negative reactions, or people to be like ‘Oh my god, are you okay?’ But yeah, I also think that it’s important to share your experience….I think it’s really important to share that so that people understand how common it is, and how it shouldn’t be seen as an anomaly, or like a certain type of person will get an abortion...so yeah, I’ve told most of my friends I think.

Her lack of shame or ambivalence concerning her decision makes her feel emboldened to speak about it. On some level, she fears “negative reactions,” but resolves to speak on it anyway to spread awareness of how common of experience it is. She firmly believes that talking about her abortions, and people talking about their own generally, is critical for destigmatizing them.

*Emotionality*

Frankie discussed with me how keeping her first abortion a secret had a profoundly negative affect on her ability to emotionally process the experience. She states, “I just remember it took me a really long time to come to terms with [the abortion], especially just because I felt like I had to keep it a secret from all my friends.” The length of time and depth of feeling she had to go through to find closure from her first abortion contributed to the way she felt about her partner’s response to her second pregnancy.

When Frankie told her partner she was pregnant, he was in another country. He made a promise that he would travel to come be with her and support her - but he didn’t come through on that promise. She explains the long-term impact this has had on their relationship, and how it made her feel in relation to her first abortion:
I don't know if I really could ever fully get over it...we had been dating for so long, and he knew how tough the first abortion was for me, and for him to promise, 'I will be there'...And he knew I wasn’t telling my parents, and I was in school...and I mean he's apologized, and said like, 'Oh I fucked up, I should have come.' But it's just, yeah. It was tough to do on my own.

Here, she describes the difficulty of sharing very intimate parts of her life with another person, only to be left by that same person to deal with everything alone. Even though Frankie generally describes this abortion, her second, as less emotionally laden than the first, it was still very painful for her to realize she couldn’t depend on her partner in the way that she thought she could. The difficult parts of the second abortion - the greater physical pain, the complications afterward, being a student - were exacerbated by her partner making her feel left to deal with it “on [her] own.”

_Goals and Ideas for Change_

Because of the complications Frankie had with her second abortion, a major recommendation of hers was for more accessible medical information to be made available about the potential for complications like hers. Essentially, the abortion procedure Frankie had had for her second pregnancy was not fully effective, and she ended up needing to get a D&C procedure, or a ‘dilation and curettage’ abortion. She recounts:

It was like having another abortion all over again. And just constantly worrying. I became anemic during that time, I was just losing so much blood. And I was like, what's wrong with me, am I dying? Yeah. There should also be more resources out there that are easily accessible for all sorts of things that happen, you know? A lot of people are - like my first abortion was pretty straight forward in terms of my body, and I mean that's good...but then for my second [abortion] it was like, I don't know if I'm the only one who's going through that, or has gone through this type of, like...I don't know what the deal is. I don't know if I should be worried. There's no answer for this.
Having an abortion can be stressful enough of an experience on its own, let alone having to deal with medical complications and additional procedures. Although these types of complications are quite rare, Frankie would have felt much less anxious and scared had she been better informed about the potential for some of these complications in advance.

She also talks about the benefits of support groups as a means of opening up space to talk about abortions, commenting:

I really wish there was more of a support system - I mean, at schools but also just generally. I feel like things would be a lot better if you could vocalize what happened to you, if you could get with people who had similar situations, similar experiences.

Frankie was also very excited about the prospect of an email ‘warmline,’ in which people who’ve experienced abortion, like herself, can be contacted to talk about the process with a person currently struggling. Creating and being a part of resources for future people experiencing abortion is something that not only would bring about positive and destigmatizing change, but would help her feel better about her abortions, too. In regards to the warmline, she says:

Honestly, I would pretty much be down for that too. I really want to be a resource...I also really wish that there were, you know, names and phone numbers when I was going through it. It would have helped a lot. So yeah, that would be really cool.

Frankie and others find being a support systems for others who need it to be a positive influence on the processing of their own abortions. Respondents seem to find satisfaction by being the kind resource that they themselves were not able to find in other people.

Aisha

Aisha was born and raised in India, and spent her entire life there until coming to
the United States for college. She had her abortion in India when she was 16, having to forge documents to make her appear old enough to obtain her abortion (the legal age for abortion being 18). At first, she tried to get the abortion herself without telling anyone; she soon turned back after encountering a particularly mean and disrespectful gynecologist. She then reached out to her partner’s parents, feeling closer to them. But she soon gathered the courage to tell her own mother, who was “surprisingly good about it.” Her mom helped her get the care she needed, while also taking great lengths keep the abortion a secret. Aisha got the abortion, and continued on with her life in high school.

**Silence and Sharing**

Aisha is on the more reserved end of the spectrum in terms of talking about her abortion; this isn’t surprising, given that Aisha’s mother would repeatedly caution her that, “We just won’t tell a soul.” A central theme of Aisha’s interview was that in India, there is absolutely no conversation on abortion. She describes this how played out, saying:

I was told by my mother at that point that [having an abortion] was such a secret, that she went to the extent of like - I remember her being like, “I’ll drive, we won’t take the driver.” It was so like, hush hush. And she was like, “Don’t tell your sisters, don’t tell anyone.” And she was like, “Did you tell [your boyfriend]? You shouldn’t have told him, why did you tell him?” So I was like, this is a big secret. It’s something you’re not supposed to talk about.

This comes up again later in the interview, but in a broader sense. Aisha goes on to describe the larger climate in India in terms of abortion:

“I’m coming from a really different place because we just didn’t, like, no. There is no conversation back home. This isn’t a topic. Like, politically in America it’s a huge topic, people are talking about it, there’s discussion and stuff. There is no conversation, like it’s pin drop silent when it comes to abortion. It’s just not a conversation.
To be true, similar to Lila, Aisha also explains not wanting to talk about her abortion for the sake of it just being personal information. Aisha explains, “I also just really didn’t want to talk about it. It’s just like, this thing with me, you know?” This reflects the complicated mix of environmental, familial, and personal influences on people’s decisions with whether or not they talk about their abortions. For Aisha, her location, her mother, and her own personal preference for privacy all keep her on the more reticent side of the spectrum.

**Emotionality**

A large part of the emotionality of Aisha’s abortion was tied up in her eventual desire to have children at a later point in life. In her words:

I definitely have always wanted to have a family. Like, I've always wanted to get married, I've always wanted to have kids more than anything, marriage or not. And so when it all happened it seemed really sad to me that it happened in such a way, and I knew that, you know, I wouldn't be able to keep the child, obviously. It was never a real opportunity. Though I did totally fantasize about it during that time because it was something I've always wanted. And it did come, and it was here.

Aisha felt pain at having received something that she deeply desires, a pregnancy, while knowing that she wasn’t at a time in her life where she could actually keep a baby.

Similarly to Lila, Aisha also struggled with negative self-talk. She explains, “All those stereotypical thoughts, which I don't think are true at all for anyone else, were coming to my mind. Like, ‘Oh it's all your fault, you've messed up and now you're gonna kill a child.’ Obviously I was bashing myself up a lot about it.” She describes how she had internalized some of the more virulent rhetoric of anti-abortion groups and turned them against herself, which can be one of the more insidious harms of such rhetoric.
Goals and Ideas for Change

Aisha cites wanting to talk to people who are currently or have recently gone through the abortion process as something that would make her feel better. When she was asked if she would like to be a part of an email ‘warmline,’ Aisha affirms:

One hundred percent, I would...I would feel so much better if I knew that girls who are going though it - which they do in college, because everyone's having sex in college - but you know, if they had someone to talk to.

This again points to the potential restorative benefits of a mutual-aid based approach to destigmatizing abortion. A model in which people who feel relatively ‘healed’ or stable in regards to their abortion as well as people who are currently going through one can process together in a way that is co-constructive and beneficial for them both.

Sophie

Sophie is also white, and is the only low-income person interviewed for this study. When she had her abortion, she was taking a semester off to work and save up money to be able to afford going back to school. She was “squatting” in a friend’s apartment in between work shifts at Disneyland. The person she got pregnant with was not a serious partner, or even really a friend, but rather someone she’d met at a party. The condom had come off at some point during sex, so Sophie went out and got Plan B. However, as she informs me:

I hope that they’ve fixed this by now, but at the time, Plan B didn't work for people over like, 140 something pounds, or 160 pounds. Which didn't come out until like a year or maybe months later. So I took it thinking, 'Oh I'm fine. Like whatever.' And no. I was not fine.

And so she was pregnant. Due to a technical mishap (the voice recorder ran out of battery), only the first nine minutes of the forty-five minute interview I had with Sophie
were captured. I was, however, still able to pull some findings from what there was of the interview.

Silence and Sharing

Sophie was the first person I interviewed who didn’t censor herself from sharing her abortion experience due to the pressures of stigma and social normativity. Part of this she also attributes to growing up in a household where abortion was normalized. She says, “I told all of my closest friends. I don’t know. I was pretty open about it. My mom had like, several abortions in her lifetime. And this was something I always knew growing up.” For the most part, Sophie doesn’t really keep her abortion a secret, or hesitate to bring it up. If she doesn’t talk about it, she says it’s more due to the fact that she really simply “[doesn’t] think about it too much anymore.” This openness didn’t, however, extend to her parents. She informs me that she avoided telling them because of the strained relationship she had with them. Adding to this was the fact that she was completely financially independent from them, and therefore didn’t have to ask them for money to help pay for the abortion.

Sophie also didn’t tell the person she got pregnant with either, as he was not a serious or long term partner, and, in her words, “I was just like, ‘Meh, I don’t really like you that much.’” Sophie is particularly interesting, because even though she didn’t tell her family or partner, she still does fall in line with the other participants in that she shared her abortion with the people she was close to; for her, that just happened to be her friends instead of her partner or family.

The only other reason Sophie gives for hiding her pregnancy and abortion was
anxiety over her employment and financial situation. She had just gotten her job, and was afraid about the retaliation she may have faced from her employer had they found out she was pregnant. Losing her job could jeopardize her already precarious positioning in life, let alone her ability to afford her abortion (or so she thought at the time - Planned Parenthood ended up covering all of her expenses).

Sophie is the one respondent in this study who cited a financial or material reason for not being open about her abortion. This, of course, is indicative of the class homogeneity of the sample, and further points to the limitations of this study in accurately representing a diverse range of experiences. Had financial precarity been a factor in the lives or more participants, it appears likely that this would have played a significant role in how people navigated talking about their abortions.

(Un)Emotionality

The only emotionally distressing part of the abortion process Sophie describes is the moment she found out she was pregnant. She had taken an at-home pregnancy test and was waiting for the results with her best friend. When the results turned out to be positive:

...we cried. A lot. And I think to me, the thing I was most worried about was A) it affecting my work. I had just started working at Disney maybe like, three or four months ago. And then B) affording it, which luckily I didn't have to worry about because Planned Parenthood had me covered. But you don't know that until you go and talk to them about it and fill out economic forms.

Here we see another instance in which one additional vector of marginalization - in this instance, class - can compound the impact of certain events in one’s life. For Sophie, she
had little to no strong feelings about being pregnant or having an abortion beyond the fear of what it could do to her already insecure financial status.

Still, in large part (at least in the salvaged portion of the interview) Sophie’s experience with her abortion was relatively unemotional in and of itself. Besides emotions related to her job and financial situation, the only other emotion she describes is annoyance. She tells me, “I had to drive out to Riverside [for the abortion]. So me and two of my best friends, we drove out. And of course at the [Planned Parenthood] in Riverside there were protesters, which is just so annoying.” She continues her story here with, “And luckily I wasn't conflicted. This is honestly like, one of the easiest decisions I've ever made in my life.” This shows that for Sophie, part of the reason her abortion wasn’t particularly emotionally tumultuous is because she felt very confident in her decision. Her confidence even helped turn something that can be incredibly distressing to some, anti-abortion protestors, into little more than a nuisance.

**Naomi**

Naomi is a upper class white Minnesotan who had her abortion in California at the beginning of her junior year of college. She had supportive parents and good health insurance, but a partner that she had recently split up with and who did not act with the emotional maturity to support her. She had actually discovered her pregnancy in the first few weeks after she stopped seeing this person. Taking care of her pregnancy alone, she navigated through insurance and healthcare providers and had her abortion, while trying to balance school and work and life.
The biggest reason Naomi lists for not talking about her abortion is her misgivings on how people respond, and her dislike of people pitying her and treating her like a victim. When asked who she told as she was first going through the abortion, she replies:

My sister. I told my sister and the people in my house. They were just like, “What’s up?” and I told them. And most of them I wish I wouldn’t have, because there was like, this pitying thing. And they were just like, “Oh, you will heal, just give yourself time,” and it’s like, yo, fuck you. You don’t know what I need. Or, they also acted very spiritually about the act of an abortion and spiritually what it does to my body, and how I need to like, recover pieces of myself. And it’s like, fuck off!...The pitying made it seem more just, like I should feel bad about this, and myself.

In their own way, her housemates may have thought they were being supportive. But by assuming that what Naomi wanted or needed was to “heal,” they were tacitly imposing their values of how a person ought to reaction after having an abortion. She continues to describe what’s happened when she’s brought it up in the past, saying:

When I bring it up I feel like it’s this thing, like they’re automatically like, ‘Oh I’m so sorry you were dealing with that,’ and I don’t want it to be that kind of thing. I just want to talk about it and be like, ‘Yeah, I had an abortion.’ Not like this thing where it’s like, ‘Ugh, that must have been so hard. Are you okay? I’m so sorry dude.’ It’s like, I’m completely fine.

In this sense, Naomi’s wariness of other people’s potential reactions to her abortion is distinct from that of the other respondents. She isn’t afraid they’ll box her into certain predetermined stereotypes, or assume that she’s irresponsible or ‘sleeps around.’ Rather, she’s stays silent in apprehension that they’ll treat her as though she should be in pain, as though being upset is the correct way to feel after having had an abortion.

**Emotionality**

Overall, Naomi describes a fairly unemotional reaction to the abortion itself. For
her, pretty much all of the emotions she lists came from being disappointed by her partner. She describes resentment at the way the pregnancy impacted her and her partner differently. She shares:

I was so intimate with this person and they'll have no idea what I went through. Like having to miss classes, and my job, and...I don't know. Just the emotional labor of it. They have no idea, and that's so upsetting.

She goes on to reiterate that the pain from her experience didn’t really come from having the abortion, expressing:

The abortion wasn't really that painful. It’s the fact that I dealt with it completely on my own, after being very intimate with someone...just realizing that you can't share and be in these situations with some people.

Having somebody be such an important figure in their lives only to be left disappointed by them later was the primary source of distress for Naomi.

Beyond that, Naomi mostly recounts feeling relief and gratitude for her abortion. She says to me:

Yeah, I mean in a lot of ways I've forgotten about it. And then when I think about it I'm like super grateful that I have, that I can do that...Yeah, it really wasn't that long ago that like I wouldn't have been able to, so I'm just really grateful I was able to do that and that I had insurance to do that.

Feeling resentment towards her old partner for their immaturity, frustration towards the way the dynamics of the pregnancy played out, but also overarching thankfulness at her privileged position of access essentially encapsulates Naomi’s emotional experience concerning her abortion.

Goals and Ideas for Change

Naomi was distinct in that she listed the profusion of false or misleading faux-medical information published on the internet by anti-abortion groups as something she’d
like to see changed. Like her, I’ve also noticed that unless one adds something like ‘planned parenthood’ to the keywords of an online search, one might have to scroll for pages and pages to find accurate information about abortion. Further, many of these sites do an impressive job masquerading as legitimate sources of information; if you don’t know what to look out for, you can easily be misled. Naomi describes what that process is like for her on the internet:

I feel like another thing that made me really upset was when I was...googling things, and everything that fucking comes up is like, “Your baby is the size of a blueberry.”...[things] like that for pages and pages. And I'm looking up how to get an abortion, and they're just like, saying all these things. Like the first things that pop up aren't Planned Parenthood. And I was just like, fuck, how is that the way it is? Like, I knew [the pages were] all wrong in my head, but I was just so angry.

But, recognizing the ways in which the internet can be a tool for positive change, Naomi was the next respondent to displayed active interest in the email ‘warmline.’ I describe how it works, and considering it, Naomi says:

Yeah no, I think that would be beneficial too. Because I haven't had a lot of satisfying conversations with people who've gone through it. Honestly you are the first person I have. So yeah, definitely.

Naomi mirrors the sentiments of most of the respondents in that they’d like to have more meaningful conversations about their experiences with people who can relate on a fundamentally closer level, but don’t know how to find those people. Thus, at mention of some of the proposed support measures, Naomi appears to have genuine interest and confidence in their potential to combat stigma against abortions.

**Vera**

Vera had her abortion in California soon after graduating from her undergraduate program. She is also white and financially secure, with supportive parents and a ‘liberal’
background and friends. She was only a few weeks into a new relationship upon
discovering her pregnancy. In response to the news, her partner “...sent me the longest
most polite email about how he was not ready to be a father.” She called to reassure him
that she did not intend on becoming a parent at that moment either. She gets a referral to
go to Planned Parenthood through her family’s insurance, opts for the pill abortion, and
then, in her words, “...that was kind of it.”

Silence and Sharing

Vera pretty quickly called both of her parents, and implies how their positioning
informed their reactions:

My mom has been a lifelong, really sort of pit-bullish feminist, and my dad is a trans woman. Do I don’t know. They're both super left leaning liberal. They were mostly concerned about my mental state.

Like Lila, Vera cites her family’s ‘liberal’-ness as a reason for their accepting reactions,
and why she feels comfortable talking about it, at least with them. But beyond telling her
family, Vera’s stance on talking about her abortion most closely resembles Sophie’s; she
doesn’t tell all too many people about her abortion, but only because she kind of forgets
that it happened. She reflects, “I don’t think about it that much, not really. Sometimes I
forget that it happened, even.” Again, like Sophie, Vera’s relaxed attitude about her
abortion and it’s relative unimportance in her life is what stops her from talking about
more so than stigma or fear of shame from others.

(Un)Emotionality
For Vera, the abortion experience was relatively unemotional, at least in the sense that she felt it didn’t take a lot for her to recover from it. Other than neutrality and indifference, the only other statement she makes on her emotions towards it all is when she conveys:

I was actually not that upset about it...The thing that affected me negatively the most was that, it was this sudden - not horrible. It's cool, it's beautiful - but like, this realization that my body could do something like that. I mean, you know, we all know about pregnancy and ovaries and uteruses. But suddenly when it becomes so tangible, it's like this shock. So that was the one thing that really had me freaked out.

The emotion Vera describes is almost a sort of awe and hyperawareness of the capabilities of her own body. Vera is the only person to describe her emotions in a way so directly related to the body, other than perhaps Frankie’s describing her fear when she continues to bleed long after her procedure.

**Goals and Ideas for Change**

When I ask her what kind of resources or support she’d like to see, if any, she muses, “I think [the abortion] may have been a little bit easier if there was more information out there. But I feel like it didn't take me that long to heal...it wasn’t super complicated for me.” Again, this shows how interrelated (un)emotionality can be to willingness to talk about abortion, as well as what kind of resources a person feels they need. Vera attributes both her openness (and her forgetfulness) toward the abortion as well as her relative satisfaction with whatever resources she has utilized to how little the experience impacted her emotionally.
Michele

Michele is currently a mother of two college-aged children. She’s had two abortions, one when she was 21 and the other when she was 24. She is white, financially secure, and had access to good health insurance. With her partner from her first pregnancy, the situation was “....just a short fling that we had, so I didn't expect him to be involved at all.” During the second pregnancy she was in a committed relationship with her partner, and he was there with her at the time. Given that her abortions were some years back, she didn’t recall a whole lot more other details about the circumstances of her abortions at the time.

Silence and Sharing

Speaking on the period in time in which she had her pregnancies, Michele states, “I just don't remember any stigma at the time. Now I think there's a lot more stigma. It was just a matter of fact sort of thing.” This, combined with her knowledge of her mother’s history with abortion, has made Michele relatively open to talking about the subject. She tells me her mother’s story:

My mother - I was born in 1960 - and my mother told me that she didn't want me. We love each other, and it's not a problem at all. But at the time, I mean, my mother was 27 and I was her third kid. And she tried jumping off a table, and you know…if my mother wanted an abortion, I wish she could have had one.

She credits these factors for her lax attitude to sharing abortion. But in terms of actually talking about them, she tells me her abortions aren’t a secret, but not something that she necessarily brings up on her own either. When asked how she approaches talking about her abortions, she reflects, “I never brought it up. I don’t know. It’s not a secret, but it wasn’t something that I advertised. But if it came up, I would tell people without any
shame or embarrassment.” Much like other participants, Michele feels that she would and wants to be vocal and forward with her abortion - but she hasn’t felt like conversational space often permits it.

However, Michele does show a very active, politicized desire to use her story of abortion to help toward normalizing it. This is especially prevalent in a recollection of hers about a recent protest she attended:

Intellectually I’m thinking, I feel an obligation to demystify [abortion] and to, you know, make it okay. So I...in reality I don’t actually find myself really ever talking about it much, but my attitude is that I want to spread the word. But I did go to - you know the thing that happened in Texas, the Supreme Court case about a year ago? Where they were...you know the case?...I proudly carried a sign, and I brought it home and put on the wall, and it said something like, 'Supreme Court, I've had an abortion.' And it was a beautiful sign, and I was just proud.

She feels an ‘obligation’ to leverage her experience to make positive change, and to do so by vocalizing loudly and proudly.

(Un)emotionality

The only emotions Michele uses to describe her abortions are “proud” for having had them, and “neutral” about the experience overall. She says, “It wasn’t good or bad, it just happened and it was fine.” It didn’t come up again in our interview. This also is a likely factor in her candor in regard to her abortions.

Goals and Ideas for Change

When I tell Michele about the zine I’m planning on making from these interviews, she gets very excited. She effuses:

Yeah! I think there's a real place for such a pamphlet [zine]. You know, “So you're looking at having an abortion?” And just what other people are going
through, just like you're saying, and putting it in perspective. I think it's brilliant. And I think it should go in every high school and every doctor's office and every psychologist's office and public service announcements on TV. I think it's great, spread the word. What's the fear? It should be on bumper stickers! Like, “I've had an abortion,” you know? I had a tonsillectomy too, and I'm much happier since I got rid of my tonsils!

Like nearly all the participants, Michele feels actively excited about the idea of generating positive change and destigmatizing abortion by sharing it, and by spreading medically accurate, thorough information far and wide.

**Overall Results**

*Silence and Sharing*

Overall, participants have not and do not talk about their abortions very much. For some, this is because they were conditioned to see their abortions as a big secret, not to be talked about at all, or it was just a matter of generally not sharing information they considered to be personal. On the other end of the spectrum, some respondents were completely open and willing to talk about their abortion at will - however, because “space” was rarely made for the subject to come up in conversation, these people still rarely talked about their abortions anyway.

Most respondents, even the relatively open ones, expressed a desire to talk about their abortions more often than they currently do. They associated sharing their stories with being a part of a greater shift towards destigmatization. Some also saw it as a way to connect to other people struggling through their own abortions, and believe that connecting with those people might help them find closure in their own experiences.
There was truly a broad spectrum of (un)emotional reactions people had to their pregnancies and abortions. Some people conceptualized their trajectory post-abortion as one of closure and healing - which some felt they’d reach, and some did not - while others very actively rejected this mindset. Some people felt sadness because they want very much to have children, but know that their pregnancies didn’t come at the right time in their life for it to actually work out. Some people’s emotions came from feeling let down by their partners or support network, and felt resentment at having had to deal with the process alone. Some felt fairly neutral about the whole thing, or at most somewhat inconvenienced. Some felt pain and shame after being told they should keep their abortions a secret. Many felt relief and gratefulness for having gotten their abortions safely and legally. Which is all to say: **there is no right or wrong way to feel after having an abortion**, and however a person might be feeling, there are certainly many others who have felt the same way.

**Goals and Ideas for Change**

Each of the respondents had lots of ideas for the kinds of information, interactions, and resources that would have made their experience with abortion easier, and how they’d like to see things change for people who go through this in the future. These ideas include, but are certainly not limited to: being connected in some form or another to other people who have had abortions, both to hear stories from others as well as to share them; better reactions from others, such as not judging, being compassionate, listening well, and not pitying the person who’s had the abortion; access to basic
information - about the commonality of abortion, what one should expect during an abortion, medical and safety information, and more; making art, collaborating on project, and hosting events to talk and raise awareness; structured options for support like an email warmline, and a counseling support group specifically tailored to pregnancy and abortion; changing problematic and misogynistic laws and policies, such as waiting periods, mandatory ultrasounds, having to listen to fetal heartbeats, etc.; platforms and conversational “space” in everyday life to talk about abortion; and, just generally, destigmatization.

* * *

Really, all three themes work in tandem. How people feel about their abortions emotionally usually influences how they approach talking about it and what sorts of support they feel they need, and vice versa. There are multitudes of ways that people speak, think, feel about their abortions, and all are equally valid.
CHAPTER FIVE
DISCUSSION

I started this research with an interest in deconstructing abortion stigma. I developed my formal research questions into a list: Do people who’ve had abortions talk about their experiences with others? Why or why not? If they do, how do they talk about their experiences, and with whom? Do they wish that they could speak more openly about their experiences? What do they generally wish the atmosphere or conversation around the subject were like? What do they perceive to be the causes (and effects) of the stigma and absence of conversation around abortion? Do they feel like they’ve had the resources and support they need? What types of resources or changes in the larger conversation around abortion would help people who’ve had abortions feel more supported/able to heal?

The underlying results from this research reveal several things: people who’ve had abortions, for the most part, 1). don’t talk all that much about their abortions, although they do 2). want to talk about their experiences. They want to talk in part because 3). it would decrease their feelings of isolation and shame, but they 4). don’t feel as though there is an accepting enough environment in which it is actually safe to talk about their abortions.

Because of the significant lack in literature relating to abortion as an individually experienced event, the fact that my study exists at is a contribution to existing literature. However, the one study that does most closely resemble mine in its aims and methodology is Kathryn Rhea Smith’s 1998 study, "Experiencing Abortion: A Phenomenological Investigation.” She makes a very similar argument to mine in her
introduction, “It can be said that abortion is a fairly common experience for women of childbearing age. In striking contrast to the relatively common occurrence of abortion is the fact that women rarely discuss their abortions” (Smith, 1998). However, Smith’s study focuses on how participants experience their abortions generally while mine, in part, hones in specifically on how they experience stigma.

Further, my study sheds new light on the experiential aspects of abortion in that it not only integrated a way for participants to generate ideas for positive change in relation to the injustices they’d experienced and the problems they’d faced, but also allowed them to get personally involved in producing that change. Because my participants and I are using the knowledge we collectively generated to change our environment. My participants are able to express pain, anger, and frustration, and then channel it into creating systems of mutual support as opposed to letting the conversation end there, as often happens with a deficit-based approach to research.

Because of my recruitment methods, the results of this study are incredibly limited and do not by any means represent any kind of generalizable sample. All seven people I interviewed are cisgender and able-bodied women. Six of them were relatively wealthy or secure in financial means. Six were white women. To be true, this is certainly somewhat reflective of the demographics of the Colleges; however, it is also important to reflect on how my recruitment methods may have alienated women of color, trans and gender nonconforming people, differently abled people, low-income people and people of other marginalized backgrounds from participating. The stigma and risks associated with abortion affect people differently, and are likely to be more severe and even potentially life threatening to people who experience more vectors of oppression.
Because of this, I recommend that this study not be used as reliable evidence of any generalizable trends, but instead as a call for a much larger and more expansive research project to be taken on. I was only able to interact with seven people in this study, but a better resourced and staffed undertaking could find and engage many, many more people who’ve experienced abortion, and it could also create a more comprehensive, formal, and useful zine or pamphlet to distribute en masse.
CONCLUSIONS

I designed this study as a way to spark a conversation around abortion. When I had an abortion, I felt very alone and didn’t know who I could talk to. I figured others felt the same. I recruited participants for a qualitative, interview-based study in which we would simply talk about their abortion. From these conversations, I grouped my findings into three main parts: silence and sharing, (un)emotionality, and goals and strategies for change. First, I found that no matter their preferences for talking about their abortion (preferring to keep it private, being completely open), in effect, none of the respondents talk about their abortions very often because there is simply no consistent platform for them to do so. Then, as expected, I found a very rich array of emotional and unemotional experiences, thoughts, and reactions among the seven participants, and found that participants often tied their emotional orientation to their abortion in relation to their habits for talking or not talking about it, as well as their ideas for social change, and vice versa. All three elements seemed mutually constitutive in different ways. Finally, I found an equally broad range of ideas for tangible social change and destigmatizing abortion, some of which I (and we) will be working toward actually implementing in the months to come.
REFERENCES


APPENDIX

A). Interview guide

Possible questions to use to during interviews:

• When did you have your abortion?
• What are you comfortable sharing with me about your experience?
• How did you feel at the time when all of this was happening?
• How do you feel about it now?
• Who did you tell about your pregnancy/abortion at the time it was happening?
• Have you told anyone since?
• What do you tell people if/when you talk about it? Why?
• Where were you (geographically) at the time? Do you think that impacted the experience? How?
• How do you generally feel about other people knowing about what you’ve experienced – are you afraid of judgment from others? Bad reactions? What, if anything, stops you from talking about it?
• What do you wish people generally knew about abortion?
• How do you generally wish people would react/think about abortions and people who’ve had them?
• How common do you think abortions are?
• What would you say if I told you that, at current rates, 1 in 4 women will have an abortion before the age of 45?
• Do you feel like you want or need to heal from the abortion? If so, what kind of resources/support/information would help you to do so?
B). “Everyone Knows I Had an Abortion” zine
AN ABORTION HAS HAPPENED TO SOMEONE WHO YOU KNOW. YOU KNOW WHO'S HAD AN ABORTION, BUT IT'S ACTUALLY 1 IN 4. EVERY WOMAN THINKS SHE'S THE ONLY WOMAN SHE KNEW WHO'S HAD AN ABORTION, BUT IT'S ACTUALLY 1 IN 4. OKAY?
In short: CPCS are NOT real abortion clinics.

- Abortion clinics, holding to dubious practices.
- Set up shops very close to legitimate reproductive health centers, hoping to confuse patients.
- Abound their sexual health.

- Advocacy of abortion clinics, instead of giving non-biased, factual information.
- Enlist the help of co-opted doctors, counselors, and counselors.
- Tainted to confuse and mislead.

- Are not siloed by doctors' names, ultrasound techs, or
- In their abortion procedures are common and effective.

- No one deserves to be lied to
- Inquiries about their health
care decisions.

- Uncertain of their existence, they are not giving birth.
- Abortion programs after an abortion that's done, and show no
effect of injury. Injuries are caused by women's own abortions.

- Pregnancy that occurred without desire or marriage."

- Inquiries about their abortion procedures are common and effective.

- Women who've gotten these abortions say:

- How to help groups so-called crisis pregnancy centers in NYC. (2019)"
Instagram

- @showyouareoption

Feel brave.

If you aren't comfortable enough to ask, we can answer the question. I'm hoping you still share your answers. I'm hoping we can normalize the conversation so you don't have to feel "the right" thing to say. I'm hoping we can normalize the difficulty of the conversation. I hope we bring it to a place where it's okay to express feelings.

Abortion is to say about the stigma of abortion, but not the way it is depicted.

I believe the best way to express feelings is okay.

Instagram

- @showyouareoption

Liza -

Good things are coming to you. And you. And me.

It makes you think about a lot of things.

I'm feeling like I'm trying to make myself.

Instagram

- @showyouareoption

Year.

About it, and it's been 14 years since the abortion. Still about having the abortion. Still about knowing the abortion. Still about loving the abortion. Still about not knowing what I feel.

Instagram

- @showyouareoption

Whatever you're feeling is okay!
May 2018
Sarina Gunter
by
Project for Surfrider College
A senior thesis
Submitted as part of